Solomon Islands Family Health and Safety Study:

A study on violence against women and children

Report prepared by the Secretariat of the Pacific Community for
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Honourable Johnson Koli,

Minister of Women, Youth & Children's Affairs

We, who call ourselves Solomon Islanders, pride ourselves on the notion that we are a peace-loving people. Family is important to us. The health and well-being of our families is vital to us. Our unity as a family is central to our lives.

The evidence which we have seen from this report on the Family Health & Safety Study challenges this conception. Two out of three women aged between 15 and 49 years have been abused and the stories about children being abused are unspeakable, yet violence against women and children has often been the subject of continuous denial and suppression by society. We continue to harbour attitudes that do not conform with what we aspire to be. Society has been slow in condemning violence against women and child abuse as crimes and this is exacerbated by the fact that violence against women is very much inherent in gender-based inequalities practised by our society. Whoever is in control shapes the destiny of others and in this equation, the most vulnerable are our women and our children.

...'Two out of three women aged between 15 and 49 years have been abused and the stories about children being abused are unspeakable, yet violence against women and children has often been the subject of continuous denial and suppression by society...'.

The evidence shown throughout this report demands that we take serious action. We must begin to accept the fact that violence against women and children is a crime and that it is very much a human rights issue as well as a health and an economic issue. It is an issue that should hang on our conscience, wherever each of us stands in society. What do we have within us to bring about positive change for Solomon Islands and its people? What legacy do we want to leave our children and grandchildren?

Violence against women and children is complex and diverse in its manifestations. It cannot be tackled through a single process, neither should it be seen through a single lens. Rather the issues need to be addressed through multiple processes because of their complexity. Let us therefore be strategic in our approach, ensuring that the most pressing issues are given the priority they deserve.

A comprehensive and systematic response by the government, stakeholders and all Solomon Islanders is required. All of us have a role to play. We must be firm in our stance that violence against women and girls will not be tolerated in any form, in any context and in any circumstance. Much, I believe, can be achieved from greater political will and capacity, but there is also a need for considerable investment of resources and consistent support.

'We must be firm in our stance that violence against women and girls will not be tolerated in any form, in any context and in any circumstance.'

This is the first time that such a comprehensive nationwide study on gender-based violence has been done in Solomon Islands. I wish, therefore, to register my sincere appreciation to the many who have contributed to the success of the research:

- The Secretariat of the Pacific Community (SPC), which is the implementing agency for the Family Health & Safety Study, for recognising the importance of doing the study in Solomon Islands and Kiribati. An immense amount of effort has gone into the implementation of the project, with dedicated regional and country teams working very hard, sometimes in challenging and heart-wrenching situations, to ensure the success of the research.
- The funding partners, AusAID and UNFPA, for providing financial assistance and support to the project. Thank you for giving Solomon Islands women the opportunity to be seen and heard and most of all the chance to look forward to a future that we can all be proud of.
- The 3,500 women from throughout the country who gave their time to be interviewed, especially on such a culturally sensitive and often emotionally charged subject. This research gives them a window of opportunity to exercise their freedom, to live a life of decency and fairness.
- The research teams who worked tirelessly to provide research of the quality demanded.
- The men who supported the research during the qualitative phase – their contributions have helped us reach deeper into the issue of gender-based violence.
- The premiers, chiefs and traditional leaders, for allowing the research to be carried out in their provinces and communities. They appreciate that when we talk about violence, we are talking about violence that is felt and experienced by their own mothers, sisters, daughters, granddaughters, aunts and nieces – members of their own families and tribes.
- The Solomon Islands National Statistics Office, for their invaluable support and advice throughout the research process and for being a great partner.
- The Solomon Islands Support Committee (SISC), for their guidance and help.

We have come to the end of the research phase and we now have a more challenging road ahead of us. Let us ensure the effectiveness and relevance of the interventions that Solomon Islands makes throughout the next phase and beyond. The fight will not be an easy one because we are actually fighting the persistent discrimination that women continue to face. But we will not give up. Let us unite to fight violence because together, there is greater hope that we will win.

In conclusion, I appeal to all leaders throughout Solomon Islands to take the issue of gender-based violence seriously. We have been entrusted with the responsibility for taking action. **The time for action is now**. Let us stand tall and be counted as leaders who give nothing but our best to honour our people, regardless of gender, position or status.

Hon. Johnson Koli
Minister of Women, Youth & Children's Affairs
Solomon Islands Government

Dr. Jimmie Rodgers,

Director-General,
Secretariat of the Pacific Community

SPC
Secretariat
of the Pacific
Community

...'Leaders believe the Pacific region can, should and will be a region of peace, harmony, security and economic prosperity, so that all of its people can lead free and worthwhile lives...'.

It has been an accepted fact that violence against women and children occurs in Solomon Islands, as it does in many other countries of the region. What was unknown was the magnitude of the problem. For the first time in the nation's history, the *Solomon Islands Family Health and Safety Study* has provided a picture of just how serious and pervasive the problem is – 64% of women aged 15 to 49 who have ever been in a relationship reported experiencing physical or sexual violence, or both, from an intimate partner. This level of prevalence is among the highest reported for countries that have undertaken similar research using the World Health Organization's methodology.

This study, which was funded by the Government of Australia and the United Nations Population Fund, and implemented by the Secretariat of the Pacific Community and Government of Solomon Islands, replicates WHO's Multi-country Study on Women's Health and Domestic Violence against Women. It is only the third comprehensive study of the issue in the Pacific region and the only one in Melanesia. The two other studies relate to Polynesia (Samoa – 2000/01) and Micronesia (Kiribati – 2008/09).

The aim of the study was to quantify the prevalence of violence against women, identify its impact on their health, explore their coping strategies and identify risk factors. The intention is that the results will provide a basis for interventions that will help reduce and ultimately, hopefully, eliminate violence against women and children.

Many of the perpetrators of such violence use the concept of culture to excuse their behaviour. But from time immemorial, Solomon Island cultures have been protective of women and children. However, there has been a noticeable and worrying trend, especially among the younger generation, to use new interpretations of 'culture' as a basis for instigating violence. If allowed to take root, such distortions have the potential to negate the value of interventions to eliminate violence against women and children.

There is already impetus for taking action in Solomon Islands. What is also required is genuine political will founded on the principle that Solomon Islands is a country that values all its people equally and will protect all of them equally.

At the national level, the Constitution of Solomon Islands, the supreme law of the land, is explicit in stating that every person in Solomon Islands is entitled to the fundamental right

of freedom of the individual, regardless of race, origin, political opinions, colour, creed or sex. It further affirms a person's right to life, personal liberty and freedom from torture or inhuman or degrading punishment or other treatment.

At the regional level, in the Pacific Plan to which Solomon Islands is a party, Forum Leaders state: '…the Pacific region can, should and will be a region of peace, harmony, security and economic prosperity, ***so that all of its people can lead free and worthwhile lives.***' Their vision can only become a reality if gender equality is achieved and violence against women and children is eliminated.

At the international level, Solomon Islands is a party to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child (CRC). These two instruments provide international points of reference for putting in place mechanisms to address the challenges of gender-based violence.

The government and its partners now have a 'tool kit' of knowledge that is a first step in the longer-term effort to 'turn the scars into stars'. The ultimate goal is to uphold the rights of women, children and men in Solomon Islands equally, so that all people in Solomon Islands can live and lead free and worthwhile lives. I am confident that Solomon Islands has the necessary capability and that by taking determined action on the issue, the government can unlock a new level of security and confidence that will drive the development of the nation.

'The government and its partners now have a 'tool kit' of knowledge that is a first step in the longer-term effort to "turn the scars into stars".'

Finally, let me reaffirm that the Secretariat of the Pacific Community is committed to supporting the efforts of the Government of Solomon Islands to effectively address violence against women and children.

Dr Jimmie Rodgers
Director-General,
Secretariat of the Pacific Community

Najib Assifi,

Director, Pacific Sub-Regional Office and UNFPA Representative

Today, it is known that around the world as many as one in every three women has been beaten, coerced into sex, or abused in some other way – most often by someone she knows including her husband or another male family member. One woman in four has been abused during pregnancy. This means that the family home cannot be considered a safe place for women and girls.

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

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

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

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

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

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

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

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

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

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

The Samoa study forms part of a UNFPA-supported multi-country study on violence against women in the Pacific and represents Polynesia, one of the three sub-regions of the Pacific. This study was followed in 2008 by similar studies in Solomon Islands and Kiribati, representing Melanesia and Micronesia. Again, SPC acted as the implementing agency and AusAID generously gave funds for these two studies in addition to the support provided by UNFPA.

UNFPA is very proud to have initiated and supported these three national representative studies on domestic violence in the region. We are however very concerned and saddened by the findings, which clearly show the severe pain and persistent suffering of women at the hands of their intimate partners in both Solomon Islands and Kiribati. The very high prevalence rates of domestic violence found in both countries, and the many long-term, negative consequences for women are unacceptable and urgently need to be addressed by national governments, local partners, international donors and development partners in order to develop and implement comprehensive multi-sectoral responses to effectively work towards the elimination of all forms of violence against women and girls in society.

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

As is obvious, this is a major task that requires long-term commitment, coordination, vision and passion to improve the life and future of Solomon Island and Kiribati women and girls. UNFPA Pacific is committed to the task of working towards a life free of violence for women and girls.

Najib Assifi
Director, Pacific Sub-Regional Office and UNFPA Representative

Judith Robinson

Minister Counsellor, Pacific Development Cooperation, AusAID

Australian Government
AusAID

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

'Ending violence against women and children is crucial, therefore, to achieving gender equality and delivering positive development outcomes'.

The *Solomon Islands Family Health and Safety Study: A study on violence against women and children* clearly shows the pernicious nature of the problem of violence against women and children in the Solomon Islands and outlines recommendations to address this problem.

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

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

Judith Robinson
Minister Counsellor,
Pacific Development Cooperation, AusAID

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

The support of UNFPA and AusAID was essential in enabling the study to be conducted.

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

Permanent Secretary Ethel Sigimanu and Women's Development Division officers

The Project Technical Advisory Panel, established in 2007, comprised international experts on gender-based violence. We are grateful to Dr Henrica A.F.M. (Henriette) Jansen, Dr Janet Fanslow, Dr Mary Ellsberg, Dr Claudia Garcia-Moreno and Riet Groenen for their input to this study and the technical guidance they provided to the project team, which ensured that the research was scientifically rigorous and ethically sound.

The project was managed by the National Project Team under the Ministry of Women, Youth and Children's Affairs: Pionie Boso-Lalae, Country Coordinator, Jerolyne Vili, Logistics Officer, Alice Rore, National Researcher, and National Team members Naomi Tai and Lionel Sade, and the Regional Team for SPC: Mia Rimon, Regional Project Coordinator, Lilian Sauni, Regional Researcher, Sharyn Titchener (consultant, UNICEF), who developed and managed the child abuse component of the research, and Freda Wickham and Rose Isukana, Regional Finance and Administration Managers. Interviewer training was conducted by consultant Emma Fulu.

Data entry was carried out at the Solomon Islands Family Health and Safety Study Office and supervised by Douglas Kimi from National Statistics Office (NSO). Five data processors carried out the work over a 10-week period (August–September 2008). The data processors were trained by Douglas Kimi, with technical assistance from the SPC CSPro technical advisor (Leilua Taulealo), who developed the SIFSS database.

The report, including all data analysis, was prepared and written by consultant Emma Fulu in conjunction with the National and Regional Research Teams: Alice Rore, National Researcher, Lilian Sauni, Regional Researcher and Sharyn Titchener, UNICEF consultant. (Note: the views of the authors of the child abuse chapter do not necessarily represent the views of UNICEF.)

Mrs Ethel Sigimanu served as the National Coordinator for the study. Her support for the project team, NSO staff, and field researchers was unflagging and dedicated. Her encouragement and wisdom guided all of those involved in the study at every step.

Data table development was carried out by Douglas Kimi of NSO in Honiara and consultant Emma Fulu, with technical support and training by Leilua Taulealo of SPC.

Nick Gagahe, the National Statistician, and Chris Ryan of SPC were responsible for sample design and strategic planning of the field research and provided technical assistance throughout the research and data analysis phase.

Drafts of the report were reviewed by Dr Henrica A.F.M (Henriette) Jansen, Dr Janet Fanslow, Dr Jimmie Rodgers, Riet Groenen and Mia Rimon, who gave valuable suggestions and input. The report's recommendations were finalised with the input of the Solomon Islands Support Committee.

Permanent Secretary, Ethel Sigimanu, International Women's Day, 2007

NSO was responsible for the logistical success of the survey. Its staff trained the interviewers in household listing and in general survey work in the logistically difficult provincial fieldwork and assisted with canoe and vehicle transportation for field teams, field guides, fuel delivery and questionnaire tracking.

All Solomon Islands photos were supplied by Chris Palethorpe and the Ministry of Women, Youth and Children's Affairs.

We would like to thank the Social Welfare Division (Ministry of Health) for their support throughout the research. They not only provided follow-up for women/children who required support, but also assisted in conducting the qualitative phase of the research.

This study forms part of a UNFPA-initiated and supported multi-country study on violence against women in the Pacific. The countries involved are Samoa (representing Polynesia), Solomon Islands (Melanesia) and Kiribati (Micronesia). SPC was the implementing agency for all three studies and AusAID provided funds for the latter two in addition to the support provided by UNFPA. UNFPA also provided substantative technical support to the project through the Gender Adviser, Riet Groenen. UNICEF Suva kindly provided financial and technical support for the child abuse component of the study.

The Solomon Islands Support Committee comprised key stakeholders, who informed and monitored the project throughout the field work and who continue to be active in the intervention stages. They contributed their expertise and experience to the development and implementation of this research and we are grateful to all of them.

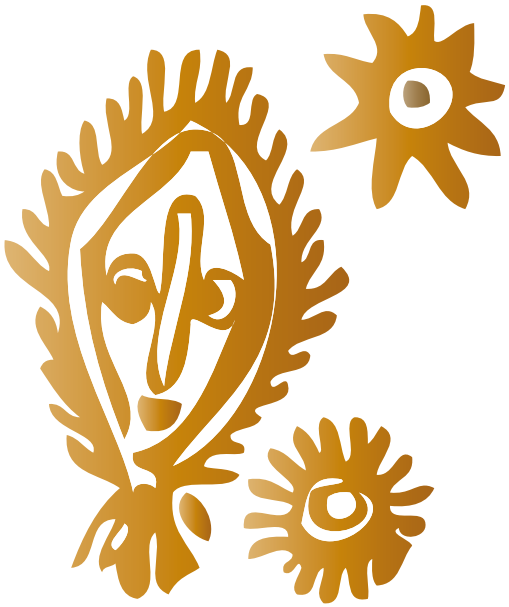
The high response rates and robustness of the data are a testament to the quality of the interviewers, supervisors, editors and data entry staff. They were hard-working, dedicated, and compassionate individuals who truly touched the women they spoke to and in turn were touched by the stories they heard. They are our unsung heroes whose names do not appear in this report for their safety, but whose work was key to the research and production of the report.

The Government of Solomon Islands acknowledges the challenges faced by the Ministry of Women, Youth and Children's Affairs field researchers, the ministry's project team and NSO staff, who tirelessly researched the extent of violence against women and child abuse throughout the country. Their dedication and commitment to the women and children of Solomon Islands have provided data that will guide our work in eliminating violence against women and children in our beloved nation.

ADB	Asian Development Bank
AGO	Attorney General's Office
AOR	adjusted odds ratio
AusAID	Australian Agency for International Development
CCC	Christian Care Centre
CA	child abuse
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
COR	crude odds ratio
CI	confidence interval
CSA	childhood sexual abuse
DEVAW	Declaration on the Elimination of Violence Against Women
GBV	gender-based violence
ICPD	International Convention on Population and Development
IPV	intimate partner violence (physical and/or sexual)
MDG	Millennium Development Goals
MHMS	Ministry of Health and Medical Services
MWYCA	Ministry of Women, Youth and Children's Affairs
NGO	non-government organisation
NSO	National Statistics Office
NZAID	New Zealand Agency for International Development
PACFAW	Pacific Foundation for the Advancement of Women
PPDVP	Pacific Prevention of Domestic Violence Program
PRPI	Pacific Regional Policing Initiative
RRRT	Pacific Regional Rights Resource Team
SHE	Society for Health Education
SICA FOW	Solomon Islands Christian Association Federation of Women
SPC	Secretariat of the Pacific Community
SPSS	statistical package for social sciences
SRQ	self-reported questionnaire
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAW	violence against women
WHO	World Health Organization

Wife bashing

'Sister, I've come to you with my black eye and bruises'
'I'm afraid of your hubby, don't want to get involved,
Go to big brother'
'Brother, can you shelter and feed four more mouths?'
'Any time sis but my wife's tongue is sharper than a two-edged sword,
Ask Dad'
'Dad, I've come back with my problems, plus three kids'
'What did I say daughter? I was against this marriage from the start, but you were too strong for me and wouldn't listen
Go back to your husband, he owns you now'
'Policeman, help me
My husband belted me up last night'
'I'm sorry, but this is a domestic affair
It's private, I don't want to pry'
'Pastor, is there any consolation or prayer for my tormented soul?
I'd divorce him if I could'
'You can't 'cos you have promised,
and the Bible says, 'No divorce"
Impossible to go back to dad,
Sis doesn't want to get involved
Can't stand sis-in-laws tongue
The police don't want to pry
I don't want this cruel treatment from hubby
But where can I go?
'Hubby,
I'm back
I've brought back this battered body,
Battered face plus battered case
I am the ball that players pass around
I've had enough of being tossed around
Like a hot sausage
Now I'm back
Have a ball.'



Jully Sipolo (aka Makini)
(Billy et al. 1983)

This report of the Solomon Islands Family Health and Safety Study analyzes data from the first nationally representative research on violence against women and children in this country. The study, which replicates the WHO Multi-country Study on Women's Health and Domestic Violence against Women, was designed to:

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

Study methodology

The study consisted of a qualitative component and a quantitative component. The quantitative component consisted of a population-based household survey that was conducted around the country. The sample was designed to be nationally representative and aimed to interview 3000 women aged 15–49 years of age.
A stratified multi-stage sample design was used with 25% oversampling to account for non-response.

Within each of 10 strata (nine provinces and Honiara), primary sampling units (PSUs) consisting of adjacent groups of EAs (enumeration areas) containing at least 80 households were selected using systematic sampling with probability proportional to size (PPS). Within these PSUs, one of every four households (based on census information) was systematically selected from the households enumerated during the survey. This method produced a total sample size of 3552 households to be visited during the survey.

In each selected household, only one woman was randomly selected to be interviewed from all eligible women 15–49 years of age in the household.

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

Operational definitions of violence used in the Solomon Islands Family Health and Safety Study (replicating WHO Multi-country Study)

Definitions:

Physical violence by an intimate partner

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

Sexual violence by an intimate partner

- Was physically forced to have sexual intercourse when she did not want to
- Had sexual intercourse when she did not want to because she was afraid of what partner might do
- Was forced to do something sexual that she found degrading or humiliating

Emotional abuse by an intimate partner

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

Physical violence in pregnancy

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

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

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

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

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

Childhood sexual abuse (before age 15 years)

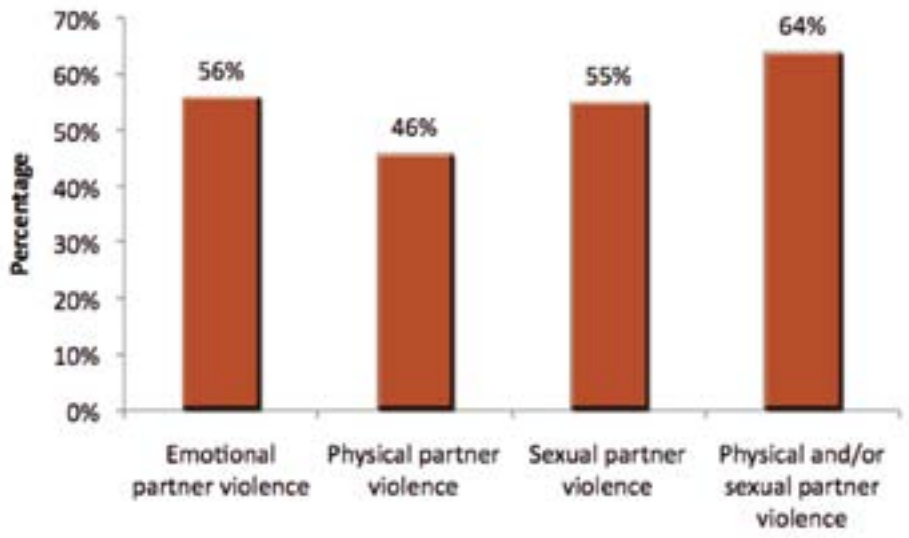
- Before age 15, someone had touched her sexually or made her do something sexual that she did not want to

Controlling behaviour of partner

- Tries to keep her from seeing her friends
- Tries to restrict contact with her family of birth
- Insists on knowing where she is at all times
- Gets angry if she speaks with another man
- Is often suspicious that she is unfaithful
- Expects her to ask his permission before seeking health care for herself

Violence against women by intimate partners

Graph 1: Percentage of women aged 15–49, who have ever been in a relationship, reporting different types of intimate partner violence (N=2618).



Physical and sexual violence against women

The Solomon Islands study shows a high prevalence of violence against women. The data indicate that nearly 2 in 3 (64%) ever-partnered women, aged 15–49, reported experiencing physical or sexual violence, or both, by an intimate partner; 42% of women reported experiencing physical and/or sexual partner violence in the last 12 months. Sexual violence was more common than physical violence, although there was also significant overlap between the two. That is, most women who reported physical violence by an intimate partner also experienced sexual partner violence.

Generally, levels of intimate partner violence were higher in Honiara than in the provinces. These higher levels could relate to the wider availability of alcohol and social problems such as unemployment, overcrowding and high cost of living in the capital city, which may make women more vulnerable to abuse.

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

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

- the acceptability of violence against women – the majority of women (73%) in Solomon Islands believe that a man is justified in beating his wife under some circumstances (in particular, for infidelity and disobedience);
- the frequent use of physical punishment to discipline women who are seen as transgressing their prescribed gender roles;
- the common practice of physically disciplining children, which means that children learn from a young age that physical violence is normal (cycle of violence);
- the fact that the law does not define partner violence, particularly marital rape, as a crime and
- the lack of formal support services, which makes it difficult for women to seek help.

Emotional abuse by intimate partners and controlling behaviours

Emotional abuse by intimate partners was also explored and found to be relatively prevalent. At the national level, 56% of women aged 15–49, who had ever been in a relationship, reported experiencing emotional abuse by a partner at least once; 43% of women had experienced emotional abuse within the 12 months prior to the interview. Emotional abuse is an important element of partner violence and is often cited by women as the most hurtful, leaving long-term psychological scars. However, it is difficult to accurately measure emotional abuse and, as such, the focus of this report is on physical and sexual violence.

The research revealed that *more than half* (58%) of ever-partnered women, aged 15–49, reported experiencing at least one form of controlling behaviour by an intimate partner. There is a significant association between women's experiences of physical or sexual violence by an intimate partner and all acts of controlling behaviour by a partner ($P<0.001$).

Non-partner violence

In addition to partner violence, the study also collected data on physical and sexual abuse against women by perpetrators, male and female, other than an intimate partner. Among women aged 15–49, 18% reported experiencing physical violence by someone other than an intimate partner, and 18% reported experiencing sexual non-partner violence. The most commonly mentioned perpetrators of physical violence were the respondent's male family members, in particular her father or step-father. In contrast, the most commonly mentioned perpetrators of sexual violence were boyfriends, male acquaintances (such as a family friend or work colleague) and strangers.

"The research revealed that more than half (58%) of ever-partnered women, aged 15–49, reported experiencing at least one form of controlling behaviour by an intimate partner."

The data show that women are at greatest risk of violence by an intimate partner rather than by other men or women. Of women physically or sexually abused by any perpetrator since the age of 15 years, 90% reported abuse by a partner.

Sexual abuse in childhood and forced first sex

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

Childhood sexual abuse (sexual abuse before the age of 15) was found to be relatively common in Solomon Islands. We found that 37% of women aged 15–49 had been sexually abused before the age of 15. The data show that girls are at greatest risk of sexual abuse by male acquaintances and male family members.

Among women who reported that they had ever had sexual intercourse, 38% reported that their first sexual experience was either coerced or forced and the younger the girl at first sexual encounter, the more likely sex was forced.

Child protection

Co-occurrence of partner violence and child abuse

Women who were victims of intimate partner violence (IPV) were significantly more likely to report that their current partner, or any other partner, had abused their children (emotionally, physically and/or sexually) (36% versus 11%, P<0.001). In fact, women who have experienced IPV are 4.5 times more likely to have children who are also abused than those who have not experienced partner violence (AOR[1] = 4).

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

	Total Solomon Islands		Never experienced partner violence		Experienced partner violence		P value
	number	%	number	%	number	%	
Total	**2290**		**822**		**1468**		
Did things to scare child(ren) on purpose	509	22.2%	60	7.3%	449	30.6%	P<0.001
Slapped, pushed or thrown something that could hurt them	429	18.7%	57	6.9%	372	25.3%	P<0.001
Hit with his fist, kicked, beaten them up	229	10.0%	30	3.6%	199	13.6%	P<0.001
Shaken, choked, burnt on purpose	49	2.1%	7	0.9%	42	2.9%	P=0.001
Touched child(ren) sexually	25	1.1%	4	0.5%	21	1.4%	P=0.037
Ever emotionally, physically or sexually abused children	608	26.6%	89	10.8%	519	35.4%	P<0.001

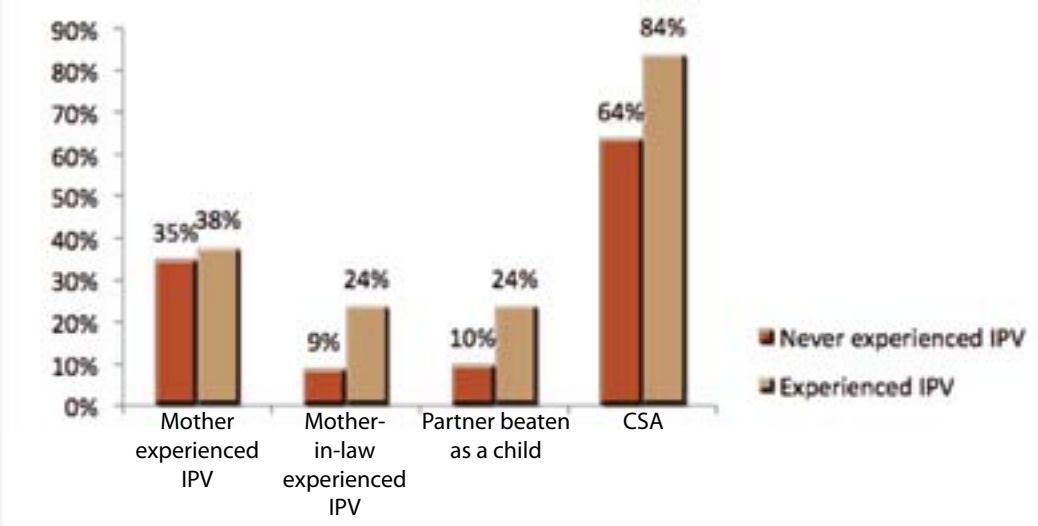
Impact on children who witness violence

There are significant associations between women's experience of IPV and children having emotional and behavioural problems. Women who had experienced partner violence were significantly more likely to report that their child had nightmares, sucked their thumb, was very timid or withdrawn, was aggressive or had run away from home.

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

Cycle of violence: Intergenerational transmission of violence

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



'Of women in Solomon Islands who had ever experienced physical or sexual partner violence, 30% reported being injured at least once'.

One of the most troubling findings for children who have been raised in homes where there is domestic violence, is the association between their exposure to such violence and outcomes in adult life.

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

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

Violence by intimate partners and women's health

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

Injury resulting from physical violence

Of women in Solomon Islands who had ever experienced physical or sexual partner violence, 30% reported being injured at least once. Table 2 shows the types of injuries reported.

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

	Solomon Islands		Honiara		Provinces	
	number	%	number	%	number	%
Total no. of women ever injured by an intimate partner	**507**	**30.4**	**83**	**22.9**	**424**	**32.5**
Cuts, punctures, bites	130	25.6	29	34.9	101	23.8
Abrasion, bruises	348	68.6	48	57.8	300	70.8
Sprains, dislocations	77	15.2	7	8.4	70	16.5
Burns	16	3.2	2	2.4	14	3.3
Deep cuts gashes	92	18.1	16	19.3	76	17.9
Eardrum or eye injuries	88	17.4	10	12.0	78	18.4
Fractures/broken bones	18	3.6	4	4.8	14	3.3
Broken teeth	15	3.0	4	4.8	11	2.6
Internal injuries	90	17.8	21	25.3	69	16.3

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

Physical health

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

	Never experienced partner violence (N=955)		Experienced physical and/or sexual partner violence (N=1663)		P value (Significance levels) Pearson chi-square test
	number	%	number	%	
Poor/very poor general health (three lowest items on five-point scale)	217	22.7	501	30.1	P<0.001
Problems walking	32	3.4	123	7.4	P=0.186
Difficulties with activities	34	3.6	155	9.3	P<0.001
Recent pain	81	8.5	244	14.7	P<0.001
Problems with memory	36	3.8	145	8.7	P=0.243
Recent dizziness	369	38.6	928	55.8	P<0.001
Vaginal discharge	37	3.9	124	7.5	P<0.001

Women who reported violence by an intimate partner were significantly more likely to report that their general health was fair, poor or very poor than women who had not experienced partner violence. Ever-abused women were also more likely to have had difficulties with daily activities, recent pain, dizziness, and vaginal discharge in the 4 weeks prior to the interview. An association between recent ill-health and lifetime experience of violence suggests that the physical effects of violence may last long after the actual violence has ended, or that violence over time may have a cumulative effect.

Mental health and suicide

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

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

Violence during pregnancy and reproductive health

Of women who have ever been pregnant, 11% reported being beaten during pregnancy. Among those, 18% had been punched or kicked in the abdomen when pregnant. The majority of those beaten during pregnancy had experienced physical violence before, and 63% reported that the violence was less severe during pregnancy, indicating that pregnancy may be a protective time.

Women who had experienced partner violence, particularly during pregnancy, were more likely to report miscarriages, abortions and having had a child who died (although this correlation was not statistically significant). A significant association was found between IPV and having a partner who had stopped or tried to stop them from using a form of contraception. Abused women were also more likely to smoke and have unplanned or unwanted pregnancies compared with non-abused women.

Women's responses to intimate partner violence

Who do women talk to

For many women, the interviewer was the first person they had spoken to about their partner's abuse. Of women who had experienced physical or sexual partner violence, or both, 70% reported that they had not told anyone about the violence. When women did tell someone about their partner's behaviour, they most often confided in their family and friends. Relatively few women had told staff of formal services or individuals in positions of authority about the violence

Which agencies and authorities do women turn to

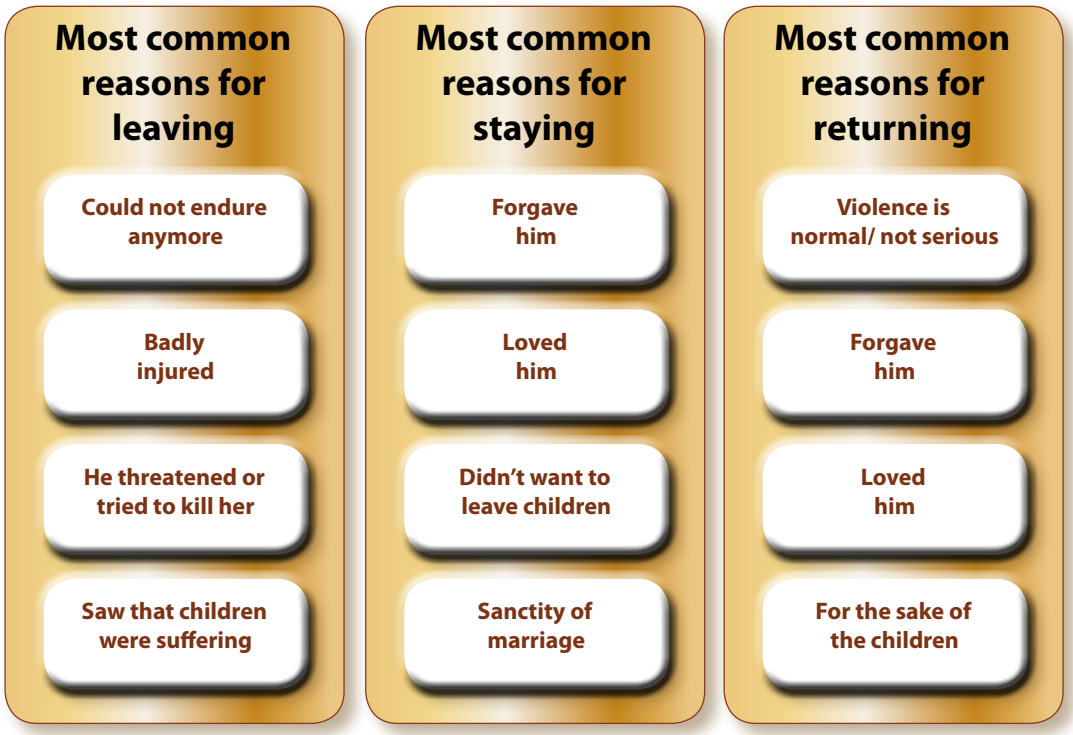
The majority, 82%, of abused women reported that they had never sought help from formal services (health services, legal advice, shelters) or from people in positions of authority (police, NGOs, religious or local leaders). The low use of formal services reflects in part their limited availability; however, the majority of women reported that they did not seek help because they believed that the violence was 'normal' or 'not serious'. On the other hand, the most frequently given reasons for seeking help related to the severity of the violence – could not endure anymore, was badly injured, or was encouraged by friends and family.

Of all the agencies/authorities from which women sought help, the most frequently cited was a religious leader, followed by a health centre/hospital.

Leaving or staying with a violent partner

Women who reported violence by an intimate partner were asked if they had ever left home because of the violence, even if only overnight. Of women who had experienced intimate partner violence, 75% reported never leaving home because of the violence; 17% reported leaving 1–3 times; 3% 4–6 times, 2% 7–10 times and 1% 10 or more times. The majority of women who left (81%) sought refuge with relatives. A number of women also went to stay with the partner's relatives or friends or neighbours. Figure 1 shows the most common reasons given by women for leaving, staying in or returning to an abusive relationship.

Figure 1: Most common reasons given by abused women for leaving, returning to or staying in an abusive relationship.



Risk factors for intimate partner violence

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

The following variables were found to be risk factors for experiencing physical or sexual violence by a current or most recent partner: attitudes to sex (women who believed that a wife can refuse sex with her husband under at least some circumstances); controlling behaviour; women stepping out of accepted gender roles; non-partner sexual violence; bride price; partner's alcohol consumption; partner had affair; partner fights with other men; partner beaten as a child; partner unemployed.

Characteristics of partners more significant than characteristics of respondents

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

Only the respondent's experience of childhood sexual abuse and her attitudes towards a wife refusing sex with her husband were found to be associated with IPV. On the other hand, the majority of her partner's characteristics, including unemployment, were strongly associated with partner violence.

Bride price

Bride price was found to be a strong risk factor for women's experience of IPV. In particular, women whose bride price had not been fully paid were particularly at risk. They were more than two and a half times more likely to experience partner violence than women whose marriage did not involve bride price. Key informant interviews and in-depth discussions with victims of violence indicated that, in recent years, the practice of bride price has changed significantly. Now many people view bride price as giving a man ownership over his wife and the right to beat her and treat her as he wishes. It is believed by some, including many women, that if bride price is paid, a woman cannot leave her husband.

"Now many people view bride price as giving a man ownership over his wife and the right to beat her and treat her as he wishes. "

Alcohol use

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

Intergenerational transmission of violence

An important theory of domestic violence causation relates to the intergenerational cycle of violence, as discussed in Chapter 7 on child abuse. Some of the most significant associations found in the data related to the partners' and respondents' experience of abuse when they were children. We explored the association between women's experience of partner violence and the respondent's experience of childhood sexual abuse; and between the respondent's mother's experience of partner violence, the respondent's partner's mother's experience of partner violence, and the respondent's partner's experience of physical abuse as a child. We found that the respondent experiencing childhood sexual abuse, and the respondent's partner experiencing physical abuse as a child, were significantly associated with IPV. The association between physical punishment in childhood and adult domestic violence suggests that beating teaches children the 'normality' of using violence in punishment and conflict situations. It is likely that children in violent homes learn to use violence rather than other more constructive methods to resolve conflicts (Lee 2007). It may also lead to permissive attitudes towards violence.

Perpetrator characteristics

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

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

We found a strong positive association between women experiencing controlling behaviour and IPV. Women whose partner exhibited at least one form of controlling behaviour had 3.7 times the odds of experiencing partner violence than women whose partner did not exhibit controlling behaviour.

Attitudes to violence and sexual autonomy

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

Male perspectives on intimate partner violence

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

The majority of men consider IPV to be a serious issue in their communities but believe that it is not an accepted form of behaviour. Male participants in focus group discussions mentioned four main reasons for partner violence: bride price, alcohol, acceptability of violence as a form of discipline and gender inequality.

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

Male perpetrators reported that they most often got angry with their wife when, in their eyes, she did not live up to the gender roles that society imposes on women. For example, men reported that they became angry for the following reasons: their wife did not prepare food on time, she did not complete the housework, he was jealous because she spoke with other men, or she left the house.

The most common reason given by men for hitting their wives was disobedience and almost all said that they hit their wives as a form of discipline. Furthermore, when asked what a wife should do to improve the situation, the overwhelming response was that she should learn to obey him and do what he asked. These responses indicate that men do not accept responsibility for their actions but instead blame women's behaviour for the violence that occurs. All male perpetrators reported that they sometimes felt remorseful after beating their wives. However, despite this remorse they did not seem to change their behaviour.

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

Recommendations

The findings of the Solomon Islands Family Health and Safety Study provide vital information and statistics on which to base interventions in Solomon Islands. With this information now available, the need for action is clear. Outlined below are 21 practical recommendations to guide this action.

The recommendations are based on the results of the study, international examples of good practice, and suggestions by various key informants and stakeholders. Generic aspects of good or promising practices can be extracted from a variety of experiences around the world. Common principles of such practices include clear policies and laws that make violence illegal; strong enforcement mechanisms; effective and well-trained personnel; the involvement of multiple sectors; and close collaboration with local women's groups, civil society organisations, academics and professionals (UN General Assembly 2006).

Disseminate findings and advocate for action and positive change

Recommendation 1: Disseminate the main findings of the study

The study provides evidence that the level of violence against women in Solomon Islands is one of the highest found in the countries that have completed this research using the WHO methodology. These findings require immediate attention, especially since there are very few systems and structures in place, including laws, policies and services, to effectively prevent violence and support the victims.

The key findings must be disseminated widely to increase national public awareness and understanding of the causes and consequences of violence against women and children; the level, severity and type of violence reported by the victims; the need for promotion and support of multi-sectoral national, regional and local action; and the need for changes in the attitudes and behaviour of men and women in society.

Recommendation 2: Focus greater efforts on helping people, especially younger generations, to better understand current Solomon Island culture and to stop using 'culture' as a reason or excuse for perpetuating violence against women and children

Many of the perpetrators of violence against women and children used the concept of 'culture' as a convenient excuse for their behaviour. From time immemorial, Solomon Islands cultures have been protective of women and children. However, there has been a noticeable and worrying trend, especially with younger generations, to use the concept of 'culture' as a basis for instigating violence. If not corrected early, this new interpretation of culture could become a norm, and may have already in some areas. Once this sets in, it will be like an incurable disease and will have the potential to negate any useful interventions to eliminate violence against women and children.

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

- involving elders, chiefs in communities, women and men, to help document the basic principles of their particular cultures as they once applied. Positive principles, practices and behaviours, and their accepted interpretations (those that foster respect for women and girls, condemn violence against women, and facilitate equality between women and men) can then form the basis for a common information package on culture and appropriate cultural behavior and practices for the country;

- involving churches in championing positive, empowering cultural practices that are also in keeping with church teachings, and that promote the dignity and rights of women and condemn violence against them;
- involving the education system, to ensure that positive cultural norms and practices relating to women's rights and roles in society become part of the core curriculum in primary and secondary schools and all technical and vocational training institutions;
- involving civil society groups – women, youth, men, and NGOs – to disseminate similar positive messages on culture based on accepted cultural practices and behaviours that condemn violence against women;
- involving all government ministries and departments in a 'whole of government approach' to put into practice 'positive cultural norms and practices' that empower women and increase their standing in society;
- involving all parliamentarians in acting as champions of positive cultural behaviours and practices related to women's right to a violence-free life; and
- involving political leadership that directs the agenda at the top political level.

Recommendation 3: Strengthen national commitment and action

There is a need for national advocacy targeting key decision-makers, including parliamentarians, high-level government officials, media, and social and religious leaders at national, provincial and local levels to inform them of the main findings of the study and to obtain their support on the issues. This needs to be done by linking the study's findings to international, regional and national commitments made by the government, and by accepting national responsibility for providing a life free of violence for all citizens and by supporting victims of abuse and discrimination. Solomon Islands has ratified CRC (1993) and CEDAW (2002), which are international treaties obliging governments to take action in the areas of violence, and women's and children's rights.

In line with current global action promoted in the area of violence against women, the support of key decision-makers is needed for the development of a national action plan to eliminate violence against women that will guide multi-sectoral work in this area over the next decade.

Recommendation 4: Promote gender equality and observance of women's human rights and compliance with international agreements

Violence against women is an extreme manifestation of gender inequality and the power differences between men and women. National efforts are therefore required to promote equality between women and men and to uphold women's rights, in line with the various international agreements and commitments made by the government of Solomon Islands. Cultural acceptance of violence against women, with women being seen as subservient to men, needs to be urgently addressed by national and local leaders, including women's organisations. Equality between women and men is to be promoted in various settings and levels, including in national laws and policies, media campaigns, the educational system, community work etc.

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

We now know that intimate partner violence is the most prevalent form of violence against women in Solomon Islands and that it has a severe impact on the physical, mental and reproductive health of a large proportion of the population. National governments are responsible for the safety and health of their citizens, and it is crucial that governments commit themselves to reducing violence against women.

As noted above, it is recommended at the global level (as initiated by the UN Secretary General) that each country should develop and implement a national action plan to eliminate violence against women. The plan should include clear results to be achieved, indicators, strategies to achieve these results, assigned responsibilities for each of the strategies, as well as a time frame, budget, and monitoring and evaluation mechanism. It should be based on consultation with a wide range of governmental and non-governmental actors, including appropriate stakeholder organisations, such as women's organisations, NGOs, legal experts, experts in the field of violence against women, the donor community and others. This national strategy will guide and coordinate multi-sectoral activities over the next decade to prevent violence against women and will be used to identify and coordinate donor support in this area.

The study shows that violence against women and children involves multi-sectoral issues that require multi-sectoral action. Women experiencing violence have multiple needs and no single provider or profession can adequately address them in isolation. A collaborative and integrated approach that includes the health sector, social services, religious leaders/organisations, the judiciary, police, village-level community structures and national media is required. Currently there is little coordination between the institutions with which abuse victims interact, such as health care, counseling services, child welfare services and law enforcement agencies. Improved working relations and communication between these organisations, including donor organisations supportive of this area, are needed in order to achieve better sharing of knowledge, agreement on prevention goals and coordination of action. It is therefore recommended that a national taskforce or committee be established to coordinate the multi-sectoral effort.

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

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

Recommendation 7: Promote recognition of the relationship between violence against women and violence against children

In addition to finding a high prevalence of violence against women and girls, the research showed the co-occurrence of intimate partner violence and child abuse and intergenerational transmission of violence. Similar findings have been made over the years in many other countries.

The relationship between violence against women and violence against children should therefore be taken into account when developing and supporting relevant actions. Child abuse, particularly the prevention of such abuse, needs much more attention and support in Solomon Islands.

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

This study is the first major step in collecting the data needed to identify the issues, set priorities, guide programme design, and monitor progress. In the future, more research and data collection, analysis and use of data will be needed in order to review the effectiveness of interventions made in order to improve the design and implementation of various programmes. The health care sector, legal sector and community support services,

and all those sectors working with victims of violence, should also keep accurate records and statistics and analyzes the resulting data to improve the country's information base on violence against women and children. In addition, there should be clear procedures on data collection and data sharing as data confidentiality is an issue of great concern in this area. Research on perpetrators and violence against men and boys are other areas that need further work.

Recommendation 9: Reach out to men

Working with men to change their attitudes and behaviour is an important part of any solution to the problem of violence against women. Strategies could include establishing treatment programmes for male perpetrators of violence, and programmes that encourage men to examine their assumptions about gender roles and masculinity.

It is also suggested that programmes could be developed to encourage men to become 'agents for change' and positive, non-violent role models in their communities by teaching other men about gender roles, gender equality and masculinity, and by advocating non-violent behaviour. Other countries provide many models and lessons to draw from.

The analysis of risk factors and protective factors for intimate partner violence found that partner characteristics are much more significant than women's characteristics in relation to violence. We therefore need to target relevant characteristics and ideas of masculinity.

Promoting primary prevention

Recommendation 10: Develop, implement and evaluate prevention programmes

In Solomon Islands, only very limited activities have been implemented and few structures have been put in place to address violence against women and child abuse. In addition, these measures have mainly focused on providing support for victims *after* the event. While these activities are important and need to be substantially strengthened, more attention should also be given to *preventing* the occurrence *of* violence.

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

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

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

The development of multimedia and public awareness activities is also required to challenge women's views on subordination and eliminate barriers that prevent victims from seeking help. Special efforts should be made to encourage men to speak out against violence and challenge its acceptability, providing alternative role models of masculine behaviour.

Recommendation 11: Strengthen efforts to prevent sexual abuse of the girl child

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

Supporting women living with violence

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

According to the study, only a small number of abused women seek help and support from formal services or institutions. This is not surprising as very few services exist and then mainly, or only, in Honiara. They are totally lacking in the provinces. Therefore, formal multi-sectoral support services, with professional staff trained to work to acceptable standards, need to be expanded and strengthened throughout the country, including the provinces, to enable women to safely disclose their experiences of violence and receive the support and care they need.

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

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

A core staff force working in the health, social and legal services, including the police force and relevant NGOs, should be trained and encouraged to make appropriate referrals to other services involved in the area of violence against women. Some medical staff reported making informal referrals for victims to other services. However, there is no formal system, with specific procedures and safety and confidentiality guidelines, despite the critical need. In particular, the need for a formal mechanism for referral to the police was noted as extremely urgent.

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

According to the study, women most often seek support from their friends and family, partly due to the lack of formal support structures. Such networks should be strengthened

so that when women do reach out to family and friends, they are better able to respond in a sympathetic, supportive and safe manner. Information should be disseminated through the media to highlight the extent of violence against women, explain its various aspects, reduce the social stigma surrounding it and promote the role of friends, neighbours and relatives in preventing and managing it.

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

Strengthening the health sector's response

The research clearly shows that violence against women and children is a serious public health issue, impacting significantly on their physical, mental and reproductive health. Recognising violence against women as a public health issue is a vital first step in addressing this problem. The study showed that women who have experienced violence visit health centres more often, are hospitalised more often, and undergo more surgery than women who have not experienced violence. However, the findings also indicate that women often do not inform health service providers of the violence experienced.
A focus group discussion with health-care professionals in Honiara found that they regularly encountered cases of domestic violence and child abuse in their work. Often the police brought victims to the hospital for examination and sometimes women came on their own.

There are currently no policy or protocols in place to guide health-care workers in dealing with these cases. However, medical reports are completed and sometimes used as evidence in court if a case is prosecuted, although this process needs to be substantially strengthened.

Health professionals reported that in their day-to-day work, cases resulting from violence were extremely challenging as they lacked the guidelines and capacity to deal effectively with them. They responded as follows when asked what was needed to best address these issues:

- Include violence against women and children in the national health policy.
- Develop a more effective system for dealing with such cases, including specialised, trained staff whose fundamental role is providing care for abused women and children.
- Establish a formal referral system that health professionals can use to report cases to the police, social welfare and counseling services.
- Develop policy and protocols for dealing with cases of violence against women and child abuse.
- Provide training and sensitisation for all medical personnel on how to deal with these cases, including counseling skills.
- Incorporate modules on violence against women and child abuse in curriculums for medical and nursing students. This would help to ensure that all medical staff have some basic specialised training on dealing with such issues in the health sector.

Recommendation 15: Develop and support capacity building of medical personnel in the area of violence against women

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

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

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

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

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

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

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

Currently, there are no records of how many cases of violence against women pass through the health sector, although such statistics are important for informing policy and programme development. Medical legal forms could be an extremely useful source of statistical information on violence against women if they were consistently used in all cases. Even if these forms are not used to prosecute cases, the basic information could be entered into a computer database (with names excluded to protect confidentiality).

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

This research showed that there is widespread availability and use of reproductive health services (including antenatal and postnatal care), which gives these services a potential advantage for identifying women in abusive relationships and other victims of violence and offering them referrals or support services. Unless providers are able to address violence, they will be unable to promote women's sexual and reproductive health effectively.

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

Recommendation 19: Enhance the capacity of mental health services

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

Legal response

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

Many key informants interviewed considered that the first step in addressing violence against women should be to establish a Family Violence Act or other relevant legislation to effectively deal with various forms of such violence. However, a number of stakeholders noted that this might not be a realistic first step and that it might be more practical to work on changes to the existing penal code to address violence against women more effectively. The Law Reform Commission is currently reviewing the penal code and it would be advisable for the Ministry of Women, Youth and Children's Affairs to make a submission based on the study's findings at the appropriate time. The submission could request a clear and unambiguous definition of domestic violence including a legal definition of rape; and that marital rape and sexual abuse within marriage be considered a crime punishable under the law. The Pacific Regional Rights Resource Team (RRRT) is planning substantial work on legal reform and capacity building in the area of violence against women in Solomon Islands – their expertise and advice will be essential.

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

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

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

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

A module on violence against women and children has recently been included in training for police recruits. However, stakeholders suggested that this training module should be expanded. Training and sensitisation is also needed for police officers already in the force as well as ongoing refresher training on a regular schedule to ensure that all police are aware of the police force's domestic violence policy and of the legal framework for laying charges in cases resulting from violence against women and children.

Training and sensitisation is also needed for those who work with survivors and perpetrators in the courts. From magistrates down to court clerks and registrars, sensitised treatment of survivors and a greater understanding of gender-based violence and its causes and effects can assist the judiciary in serving survivors more appropriately.

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

In-depth study on all forms of violence against women – Report of the UN Secretary-General

In the past few decades, violence against women, or gender based violence, has been recognised as a worldwide problem, crossing cultural, geographic, religious, social and economic boundaries. In 2006, the United Nations Secretary General released an in-depth study on all forms of violence against women, which highlighted 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'. The pervasiveness of violence against women across boundaries points to its roots in the systematic subordination of women in relation to men. However, it is also shaped by the interaction of a wide range of factors, including histories of colonialism and post-colonial domination, nation-building initiatives, armed conflict, displacement and migration. Furthermore, the specific expressions of violence against women in different contexts are also influenced by economic status, race, ethnicity, class, age, sexual orientation, disability, nationality, religion and culture (UN General Assembly 2006).

Therefore, understanding violence against women in a particular setting must take into account the specific factors that disempower women and contribute to the manifestation of violence. This study examines the prevalence, nature, consequences and risk factors associated with violence against women in the specific cultural context of Solomon Islands. An international methodology was used to carry out the study to produce cross-country comparable data, and to enable women's experiences of violence to be understood in a global context.

Violence against women takes many forms including intimate partner violence and marital rape; sexual violence; dowry-related violence; female infanticide; sexual abuse of female

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

In the WHO multi-country study on domestic violence in Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, the former Serbia and Montenegro, Thailand and the United Republic of Tanzania, the lifetime prevalence of physical violence by an intimate partner ranged between 13 and 61%. In most of the sites surveyed, the range was between 23 and 49% (Garcia-Moreno et al. 2005). The lifetime prevalence of sexual violence by an intimate partner was between 6 and 59%. A previous review of 50 population-based studies in 36 countries showed that the lifetime prevalence of physical violence by intimate partners ranged between 10% and over 50% (Heise et al. 1999). Population-based studies report that between 12 and 25% of women have experienced attempted or completed forced sex by an intimate partner or ex-partner at some time in their lives (WHO 2002). Given the global prevalence of intimate partner violence, the Solomon Islands study focuses on this form of violence, although many other forms of abuse are also explored.

...'Far too often, crimes go unpunished, and perpetrators walk free. No country, no culture, no woman, young or old, is immune.'

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

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

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

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

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

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

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

Definitions

The United Nations Declaration on the Elimination of Violence against Women (United Nations 1993) defines the term 'violence against women' as:

> *Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.*

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

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

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

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

Child protection is defined by UNICEF as

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

International conventions, agreements and regional support

'Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women and ensuring women's ability to control their own fertility are cornerstones of population and development-related programs'.

The recognition of violence against women as a human rights and development issue has been underscored and strengthened by agreements and declarations at key international conferences. The 1979 Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) establishes international standards for guaranteeing equality between women and men within the family and the state. The essence of this convention, and of the Universal Declaration of Human Rights (UNDHR), is respect for human dignity and respect for the human capacity to make responsible choices. The 1993 World Conference on Human Rights in Vienna insisted that state and local biases in the implementation of CEDAW, due to religious and cultural interpretations or reservations, be eliminated. The Declaration on the Elimination of Violence against Women, adopted by the UN General Assembly in 1993 and the Beijing Platform for Action of 1995 later helped to further crystallize the doctrine that women's rights are human rights (Burton et al. 2000:8–9). In addition, the International Conference on Population and Development (ICPD), Program of Action 1994, reinforced the CEDAW principles stating that, 'advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women and ensuring women's ability to control their own fertility are cornerstones of population and development-related programs'.

Regional efforts have been made to bring together women from respective countries to deliberate on CEDAW and adapt it to the Pacific context. Solomon Islands became a party to CEDAW when it ratified the convention in May 2002. A workshop for ratifying countries in the Pacific was held in Apia, Samoa, in 2003. Approximately 50 women from various non-government organisations (NGOs), government and international organisations attended to report on progress on their commitments to CEDAW. Solomon Islands failed to meet the 2004 deadline for submission of its first CEDAW report according to its 'Action Plan Report'; however, in 2008, progress was made on the preparation of the first report for submission to the CEDAW Committee.

As a signatory of CEDAW and CRC (UN Convention on the Rights of the Child), the government has made a strong commitment to address violence against women and children. This study conducted by the Ministry of Women, Youth and Children's Affairs examines the prevalence, nature and impact of violence against women and children and aims to promote the changes needed to protect the rights of women and children (Hon. Peter Tom, Minister of Women, Youth & Children's Affairs, 2008). This is a major step towards honouring these commitments to CEDAW and CRC. On behalf of the Solomon Islands Regional Project Advisory Committee, the Minister said:

We do indeed have a very important task ahead of us. We will not choose to ignore this task because for many victims of violence and abuse, violence is their world … I believe this is the time when we can help make that difference, one that is fulfilling and enriching, one that gives victims of gender based violence and child abuse hope that there is indeed a brighter tomorrow.

(Hon. Peter Tom, 11 February, 2008)

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

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

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

Solomon Islands

In 1976, Solomon Islands became self-governing and in 1978 became independent. The country is a scattered archipelago of about 1000 mountainous and heavily forested islands and low-lying coral atolls. It lies east of Papua New Guinea and northeast of Australia in the South Pacific. The islands include Guadalcanal, Malaita, Isabel (Santa Ysabel), San Cristobal (Makira), New Georgia, the Santa Cruz Islands, the Shortland Islands and numerous smaller islands. The capital Honiara is on Guadalcanal. However, the majority of the population (84%) lives in rural communities. The total land area is 27,990 sq km.

The population (2007 est.) of Solomon Islands is approximately 566,842 and Honiara is home to approximately 80,000 people. The population annual growth rate was 3.3% between 1970 and 1990, dropping to 2.7% between 1992 and 2006 (Hong and Bridle 2007). Solomon Islands has a relatively young population with 42% aged between 0 and 14 years; 55% aged between 15 and 64 years; and only 3% aged over 65 years. The majority of inhabitants are Melanesians (94.5%), followed by Polynesians (3%) and a small percentage of Micronesians (1.2%). The remaining 1.3 per cent of the population is mixed, with a sizeable Chinese ethnic heritage noticeable in regional towns. The average household size in Solomon Islands is 6.3.

Approximately 80 languages are spoken throughout the country. English is the official language and a Melanesian pidgin is the lingua franca. Christianity is the dominant religion (97.5%) with various denominations being practised. The Church of Melanesia has the biggest membership (33.9%), followed by the Roman Catholic Church (19%), South Seas Evangelical Church (17.7%), Seventh-day Adventist Church (11%), United Church (11%) and Christian Fellowship Church (2%). Ancestor worship accounts for 2.1% of the population.

Government and the economy

Solomon Islands is a constitutional monarchy and is governed under the 1978 constitution. The head of state is the governor-general who represents the British crown. The Prime Minister heads the government, which comprises 50 members in the National Parliament, all elected by vote for four-year terms.

The per capita GDP (2007 est.) is US $1,900. The real growth rate is 5.4% and inflation is 6.3% (Commonwealth of Australia 2006). Solomon Islands' main source of domestic revenue is from subsistence agriculture and exploitation of natural resources such as forests, fisheries, cocoa beans, copra, and palm kernels. Primary exports include timber, fish, copra, palm oil, and cocoa, while the country imports foodstuffs, machinery, manufactured goods, fuels and chemicals. Environmental degradation, over-exploitation of natural resources, and the distribution of financial benefits and royalties remain contentious issues.

Health and education

Solomon Islands is one of the least developed countries in the world, ranking 129 out of the 177 countries in the human development index (UNDP 2007). According to the most recent estimates, extreme hardship is experienced by Solomon Islanders at the bottom end of the income spectrum. Low-income families in urban areas and young people are emerging as the first generation of Solomon Islanders living in absolute poverty (UNICEF 2005).

Health indicators in Solomon Islands are among the lowest in the region. Average life expectancy is 61.1 years. The total fertility rate of 4.8 and the infant mortality rate of 66 per 1000 births are both some of the highest rates in the Pacific region. Furthermore, maternal mortality is high at 130 per 100,000 live births.

The population continues to experience health problems consistent with poverty and a high fertility rate. The major determinants of population health are water quality and sanitation, but there is a high incidence of infectious diseases, including malaria, respiratory infections and water-borne diarrhoeal disease (UNICEF 2005). Its malaria rate at 15% is among the world's highest (UNESCAP, UNDP and ADB 2005:13). Health services have developed at a slow pace. The demand for overall health care far exceeds the supply of health resources and facilities (i.e. nurses, doctors, medicine, clinics, equipment etc).

The formal education system consists of a 12- or 13-year programme from primary to secondary school. In most community high schools, the sixth form is the highest class, while senior secondary schools have introduced a seventh form. There are a number of tertiary institutions including the Solomon Islands College of Higher Education (SICHE), University of the South Pacific Centre and other church or private institutions that provide further training in various fields.

The net primary school enrolment ratio in 1999 was 56%, the lowest among 14 Pacific Island countries. According to UNICEF (2005), the average participation rate was still below 60% in 2005. The locally based NGO, World Vision, says that one of the biggest challenges is that education is not free or compulsory. For many families providing for their daily survival needs takes priority over the education of their children (World Vision 2004:14). Girls are particularly disadvantaged and participation rates are lowest in Malaita and Guadalcanal. According to Lawrence and Allen (2006), this is not only a reflection of the isolation of many rural communities but also of cultural influences that disempower young women. Solomon Islands ranks poorly relative to other Pacific Island countries on gender equality, with only 30 women for every 100 men enrolled in tertiary education in 1999.

Ethnic tensions

The internal armed conflict ('the tension') that occurred in late 1998 in Solomon Islands continued until July 2003 when the Regional Assistance Mission to the Solomon Islands (RAMSI) arrived. In early 1999, a local Guadalcanal militia group called the Isatabu Freedom Movement (IFM) expelled more than 20,000 Malaitans from Guadalcanal. The Malaitan settlers had migrated to the capital, Honiara, largely due to employment opportunities, and to plantation areas around Guadalcanal, where many had remained and been joined by family members. Many Malaitans had purchased land on Guadalcanal or were residing in plantation areas or in squatter settlements. The tensions had historical roots in the struggle for land, resources and power related to this internal migration (Lawrence and Allen 2006; Leslie and Boso 2003), which contributed to increasing social and economic imbalances between urban and rural areas in the 1990s and underpinned much of the unrest of that period. As a result of the ethnic conflict, a rival Malaitan militia group was formed, the Malaita Eagle Force (MEF). In June 2000, the MEF raided police armouries and stole police weapons, forced a coup with the resignation of the Prime Minister (the late Bartholomew Ulufa'alu), and took control of Honiara. In mid-June 2000, both rival parties agreed to a cease-fire, just barely preventing a larger scale civil war. In October 2000, the Townsville Peace Agreement (TPA) was signed. However, internal conflict between two Guadalcanal militia groups, the IFM and the Guadalcanal Liberation Front (GLF) continued in Southern Guadalcanal and Honiara remained largely under the control of MEF and former MEF militants. Guadalcanal people continued to stay away from Honiara and there was general lawlessness in Honiara. Surrounding areas were also severely affected due to disruption of normal police services.

It is estimated that during the period of civil unrest, there were between 150 and 200 deaths and 450 gun-related injuries and that approximately 35,000 people were displaced throughout Guadalcanal and Malaita. The fighting in Honiara also caused people to flee to their home provinces. Continuing lawlessness and the gradual degradation of infrastructure and services over subsequent years compounded the hardship.

At the request of the Prime Minister, in July 2003, a 2250 strong international peacekeeping force (Regional Assistance Mission to the Solomon Islands – RAMSI) led by Australia arrived in Solomon Islands to restore order, disarm the militias and reform the local police force. Six years following RAMSI's intervention, the country has remained fairly stable. However, the devastating impact of the 'tension' on the population and on civil society is still evident.

The nation as a whole felt the impact of the tension with the total disruption of many basic services. As stated by Chevalier (2000:5), the government was bankrupt and unable to provide money for services or to cover its national and foreign debts. The government was powerless, unstable and ill-equipped to deal with the conflict and its impacts on the nation, particularly the issues affecting the people of Malaita and Guadalcanal. Health services across the nation were affected. For instance, at the rural level, health centres, clinics and aid posts were barely operational. Even in Honiara itself, nurses and doctors were working under threats from the militants. However, a special trust fund set up by AusAID kept the hospitals going (Sasako 2001:2).

Education was also affected. Many schools closed, while enrolments suddenly increased in certain schools on Guadalcanal and Malaita (the warring islands) due to movement of schoolchildren from one place to the other (Chevalier 2000:6). The economy of the country began to collapse due to large companies closing their doors, the closure of a number of businesses in Honiara along with markets for agricultural and marine products, a reduction

in provincial remittances, and high levels of unemployment and inflation. Infrastructure and communication services were also affected

According to the Gendered early warning report No. 1 compiled by Vois Blong Mere and UNIFEM (2005), the tension had extensive effects, not only on the two island provinces involved but spilling over to neighboring provinces in different ways. As previously mentioned, on Guadalcanal and Malaita alone there were about 150–200 deaths, approximately 450 gun-related injuries, and more than 35,000 internally displaced persons (IDPs). Women's low status contributed to their vulnerability during the tension (Amnesty International 2004). Many young girls and women were raped and forced to prostitute themselves to the militia. It is alleged that sexual exploitation of young girls actually increased after the Peace Agreement because some ex-militants received large compensation payments, and/or wages if they were recruited to the police force, and so had the means to utilise sex workers (UNICEF and Solomon Island Government 2003:10).

'Women were victims of the lack of health care, lack of education for their children, homelessness, separation, grief, death, rape, personal trauma, death of family members, threats of violence (intimidation, being held at gunpoint), domestic violence and family breakdowns.'

Women were victims of the lack of health care, lack of education for their children, homelessness, separation, grief, death, rape, personal trauma, death of family members, threats of violence (intimidation, being held at gunpoint), domestic violence and family breakdowns. They also experienced increased tension in their homes and restrictions on freedom of movement and opportunity to seek assistance, such as medical care or protection. Increases in maternal mortality, childbirth complications and post-conflict health consequences were also significant (Amnesty International 2004:12-14). In fact, one in 20 maternal deaths reported for the period 1997–2002 were attributed to suicide (Solomon Islands Government 2001). Many women lost their husbands or other family members, leaving them financially vulnerable. There was also an increase in separation and divorce. It has been reported that some men rejected wives who had been sexually assaulted.

Situation of women and children in Solomon Islands

In Solomon Islands, women are generally regarded as having lower status than men and a gradual shift from an extended family structure to a nuclear family structure is said to have promoted men's control of the family unit (UNICEF and the Government of Solomon Islands, 2002). Women in Solomon Islands continue to face inequalities in many aspects of life. The gender gap remains obvious in education and literacy levels, although it has decreased over the years (Solomon Islands Government 2007). There are no women among the 50 elected members of the Solomon Islands parliament (Commonwealth of Australia 2008:131). Following the failure to elect any women to parliament in the national elections in April 2006, a Diagnostic Study of Women in Government was undertaken by the RAMSI Machinery of Government Programme in October 2006 (Whittington et al. 2006). The results identified a number of barriers to women's political participation:

- Flaws in the electoral system and process, particularly in relation to voter registration, campaign financing and the dominance of men in electoral staff.
- Lack of cohesiveness of women as an interest group.
- Lack of connection of women candidates to their electorate because the women standing mainly lived in Honiara.
- Discrimination because women candidates challenged women's traditional roles.
- Lack of capacity of many women candidates to plan campaign strategies, develop clear electoral messages, use the media effectively and elicit support from key constituents.
- Cultural norms that define power and leadership as the preserve of men and reinforce the domestic role of women

Women continue to face discrimination in formal and informal sectors of the economy, as well as economic exploitation within the family, which can place them at increased risk of violence. This lack of economic empowerment is also reflected in lack of access to and control over economic resources in the form of land and personal property, as discussed below. The Solomon Islands Demographic Health Survey (Solomon Islands Government 2007) found that 42% of currently married women aged 15–49 were employed during the last 12 months. In comparison, 87% of currently married men in the same age group were employed in the last 12 months, indicating that there is still significant gender disparity in the employment sector in Solomon Islands. However, it is noteworthy that within the definition of 'employed in the last 12 months' used in the DHS, 56% of women were not paid for their work. In contrast, only 24% of men were not paid for their work. 'While economic independence does not shield women from violence, access to economic resources can enhance women's capacity to make meaningful choices, including escaping violent situations and accessing mechanisms for protection and redress' (UN General Assembly 2006:32).

Traditionally, the role of women in Solomon Islands is that of housewife, mother, family bread-winner, and backbone of the kin group (Pollard 1988). Women are responsible for agriculture as well as for collecting firewood, fishing, fetching water and carrying out domestic chores, child rearing and caring for the aged. However, as women's activities have become increasingly associated with child bearing and caring for the family, their work as producers and resource managers has been devalued (UNICEF & Solomon Islands Government 2005). 'This lack of voice in decision-making leaves women vulnerable to exploitation and abuse, while their inferior status may deny them equal access to education and employment' (UNICEF & Solomon Islands Government 2005).

Mrs Joy Kere, Permanent Secretary, Ministry of National Unity, Reconciliation & Peace

According to customary laws, there is no legal minimum age for marriage. However, the Islanders Marriage Act (Cap 171) established the legal age for marriage as 15 years of age. Marriage under the age of 18 years requires the consent of the father, and if he is not alive or is of unsound mind, the consent of the mother (pers. comm. Kylie Anderson, Public Solicitor's Office, 2008).

In Malaita and some other communities in the eastern part of the country, the marriage contract involves bride price. Some traditional practices such as bride price and arranged marriages may increase the risks of violence for women. A number of victims of violence that we spoke to during the in-depth interviews explained that they had little choice in their marriage partner. One woman explained,

> *'I met my husband when he came and fix our phone at home. We had this relationship going for 3 years, when one day my mother gave me the shocking news. She said, "I heard that you are planning to get married". She told me that my husband's parents had already asked them if I am willing to marry their son. I was so shocked, I told my mum that I have no idea whatsoever about that plan. One day my husband came and told me that we were going to the market. But he was just lying; instead he took me to his parent's house. That evening I wanted to go home but he refused to take me back so we lived there until we got married. We never had any ceremony or marriage or signing of paper in the magistrate. We just live like this till now.'*
>
> Survivor of partner violence, in-depth interview, Honiara

Most societies in Solomon Islands are patriarchal and men are the decision-makers who govern and uphold the traditional system (Commonwealth of Australia 2008:137). For example, land ownership, which is core to one's identity, is inherited through men. This is

an example of customary law (unwritten) taking priority over the written law. As will be discussed throughout the report (particularly in Chapter 5) the subservient role of women within the marital relationship is generally accepted by both men and women in society but continues to make women vulnerable to partner violence. From the qualitative research we observed that women are expected to be obedient, faithful, perform household chores, defer to their husband on decision-making and bear children. Physical punishment is often used to discipline women who are seen as stepping outside their prescribed gender roles. For example, the most common reason that men gave for hitting their wife was that she disobeyed him, and almost all said that they hit their wives as a form of discipline. The majority of women interviewed also believed that a husband is justified in hitting his wife under some circumstances, such as if she disobeys him or is unfaithful.

This patriarchal dominance also influences the position of children in Solomon Islands, particularly girls. Although children are often referred to as 'precious' and 'gifts from god', the reality is that Solomon Island children have little status in either the family or the community, and their participation in decision-making is rarely sought. The use of physical violence, verbal abuse and ridicule/humiliation are accepted forms of child discipline and are often justified in a cultural or traditional context. Child rights are an issue that is receiving increasing attention in Solomon Islands and practices such as the assumption that children have no rights and the use of physical punishment are now being challenged. The issue of commercial sexual exploitation of children (CSEC) is also an increasingly serious concern in Solomon Islands and studies conducted in 2004 (UNICEF 2006) and 2006 (Herbert 2007) highlighted that this issue requires urgent attention.

'The most common reason that men gave for hitting their wife was that she disobeyed him, and almost all said that they hit their wives as a form of discipline.'

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

However, it is also important to deconstruct cultures. Culture is a non-homogenous, non-singular entity that is always changing. As the Special Rapporteur on violence against women argues, 'Human rights standards are not in contradiction with culture. They are in contradiction with patriarchal and misogynist interpretations of culture' (quoted in APWLD 2006:16). Customary approaches to domestic violence cases often involve compensating the injured party's family and suggestions to reconcile by the chief or church leader. According to an AusAID (Commonwealth of Australia 2008) report on violence against women in Solomon Islands, most women do not feel that the traditional justice system meets their needs because it is administered by men and upholds traditional gender norms that favour men.

Furthermore, we must remember that international law is clear that states cannot 'invoke custom, tradition, or religious considerations to avoid their obligations with respect to the elimination of discrimination against women' (Article 4, DEVAW); rather, the state is obliged to change the attitudes and behaviours that perpetuate violence (CEDAW and ICCPR). All Pacific Island countries that are party to CEDAW, including Solomon Islands, are required by article 2(f) to take all appropriate measures, including passing legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against women. As well, states that have signed CRC have an obligation to protect children against forms of abuse. However, according to Jalal (2008) so far, most countries in the region are in breach of Article 2(f).

Legislative and judicial framework

Currently, there is no legislation specifically relating to domestic violence and marital rape is not an offence. With domestic assault not recognised as a specific crime, general assault laws are used. However, such cases are very rarely prosecuted. Esther Lelapitu (key informant interview, 1 September 2008), a female magistrate, reported that the successful prosecution of domestic violence cases is very rare. She said that most domestic violence incidents, particularly in rural areas, are settled by customary practice and other informal mechanisms. Although judges can provide short-term protection orders for women, these are not necessarily respected by police or easy to enforce.

Table 1.1 shows the number of cases of violence against women that have been reported to the High Court in the past 10 years.

Table 1.1: Number of cases of violence against women reported to Solomon Islands High Court from 1998 to 2008.

Type of case	Number of cases
Rape	84
Attempted rape	21
Indecent assault	21
Murder	11
Manslaughter	14
Incest	33
Total	184

Source: Extracted from desk review document, 2008.

In a United Nations paper entitled 'Good practices in legislation on violence against women: A Pacific Islands regional perspective', Jalal (2008) explains that despite efforts by women's NGOs there has been minimal legislative change in the area of domestic violence. She raises the following main issues:

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

Another legal constraint to addressing violence against women is that the victim is responsible for laying and pursuing charges and there is a consistent focus on reconciliation. The cultural approach to resolving domestic violence limits the exercise of the law accordingly. For example, it is common for compensation to be paid to the wife's family if the husband is considered to have acted wrongly or for payments to be made to the husband's family if the wife is considered to have been at fault. Both parties are often then directed by the village chief or community leader to reconcile, especially in rural areas. As one police officer from the Family Violence Programme of the Royal Solomon Islands Police (RSIP) explained, 'We need a better police response to domestic violence incidents and the only way that will happen is through legislation…At the moment the police practice is more towards a civil resolution, forgiveness or customary approaches through the village chief system resolution' (key informant interview). A police officer in the RSIP Family Violence Unit stated that attitudes about the cultural acceptability of violence are still enshrined in the police response to family violence cases.

'It is also linked to when a man beats his woman, and when a police officer attends, they're looking at it in the frame that it is not their problem to sort out, and leaving it to the man and woman to sort out. So they not applying the law or the practice they have learnt at the academy. They step into a different mode' (key informant interview).

Legal issues relating to violence against women in the Solomon Islands include the fact that prosecutions for marital rape are not allowed, which reflects the belief that a man is entitled to sexual access to his wife by right of marriage. Non-marital rape is also relatively common, according to the Sexual Assault Unit. However, women rarely report such incidents because of the shame associated with rape.

Solomon Islands still allows the corroboration warning, a long-standing discriminatory practice under common law, whereby the Court has the right to warn itself or a jury that it is dangerous to convict on the independent, uncorroborated evidence of the victim. The corroboration warning, based on a belief that women habitually lie about rape, is considered one of the worst of all legal practices according to Jalal (2008).

'Violence against women is rife; it exists and we can no longer ignore the fact that it is occurring. There must be zero tolerance for men's violent behavior.'

(quoted in Commonwealth of Australia 2008:131)

All key informants interviewed felt that introducing a specific and dedicated Domestic Violence Act would go a long way to addressing these legal constraints and inconsistencies with international law. This is discussed further in the recommendations.

Initiatives addressing violence against women and children

In recent years, government, non-government and international agencies have taken a number of steps to address violence against women and children in Solomon Islands. The major initiatives are briefly outlined here to provide an overview of the work done so far and also to inform the recommendations made in the final chapter of this report to ensure there is useful collaboration with existing services and that areas that have not yet been targeted can be addressed.

Violence against women exists around the world and according to Mrs. Ethel Sigimanu (Permanent Secretary, Ministry of Women, Youth and Children's Affairs) is a serious and common problem in Solomon Islands.

The issue of violence against women was identified as a concern by the National Council of Women (NCW) when it was established in 1983. According to Billy (2000), speaking out against the issue was a challenge for the new NGO in the early days and it was branded as an importer of foreign ideas, run by divorced women and intent on breaking up families. The NCW has continued to carry out programmes to address violence against women and advocate for change. In particular, the council has been active in highlighting a number of serious cases of violence against women, speaking out in the media and appealing for judicial reform.

Other significant moments in the women's rights movement in Solomon Islands include the establishment of the Ministry for Women in 1993 (it was eliminated during the ethnic tension and only re-formed in 2007) and the development of a National Plan for Women in 1998. The Family Support Centre (FSC) is an NGO that was established in 1995, specifically in response to a case of a student being raped and nothing being done by the police. It gets most of its funding from Oxfam. FSC gives direct support to women and children affected by violence and usually sees eight to nine clients per day. It offers counseling and legal information and facilitates referrals to other stakeholders such as police, the Public Solicitors Office, the Prosecutions Office and the Christian Care Centre shelter. FSC also provides awareness-raising programmes and skills training for community groups on violence against women.

Vois Blong Mere is a networking and media-oriented NGO that promotes women's rights through disseminating information and facilitating nationwide networking. It broadcasts radio programmes, produces publications and works in partnership with other stakeholders to document women's stories and provide information about CEDAW and women's rights. Vois regularly works on the 16 Days of Activism and International Women's Day celebrations with the Family Support Center, disseminating information on gender-based violence. In future, it intends to work on domestic violence, prostitution and HIV and AIDS (key informant interview, Vois Blong Mere, 1 September 2008).

Most church organisations are active in a range of community affairs, including rights advocacy, vocational training and income generation. Solomon Islands Christian Association, Federation of Women (SICA FOW) coordinates women's groups from the five biggest churches and has conducted programmes in the past on domestic violence awareness. The federation identified that more must be done to raise awareness of sexual violence within marriage and stated that it was important to invite men and priests to participate in domestic violence workshops in the future. Ethel Suri of SICA FOW said, 'Violence is about power and when a man feels he is more powerful than the woman he will exert his influence' (key informant interview, SICA FOW, 1 September 2008).

The only women's shelter in Solomon Islands, the Christian Care Centre (CCC), was established in 2005 and is run by the sisters of the Church of Melanesia. CCC sees approximately four women per week with their children (key informant interview, CCC, 1 September 2008), but has sheltered up to 15 women and their children in the past and at various times, especially over the holidays, their 20 rooms are full. The centre receives referrals from the police and FSC, while some women come directly. CCC provides counselling services and activities for victims residing at the centre as well as community education. It is about 20 minutes drive from Honiara and while transport is provided by CCC it is difficult for many women to access, particularly those from rural areas. Women are also isolated from their informal support networks during their time at CCC and most end up returning to their husbands after staying there.

The Family Violence Unit (FVU) and Sexual Assault Unit (SAU) were established in the police force in 2005. RSIP has a domestic violence policy, including 'no-drop' procedures that mean, once a case is lodged, the investigation should continue and the case be sent to the magistrate, regardless of whether the woman subsequently asks to have the charges dropped. There is also mandatory arrest for offenders and a 'no-tolerance' approach towards police suspected of domestic violence abuses. The FVU has conducted training within the police force on the RSIP's new domestic violence policy, which details procedures and policies for both police and civilian offenders, and since 2003 new police recruits and police officers have received training on how to deal with domestic violence cases. In February 2009, RSIP completed training family violence coordinators for each province, including Honiara. These officers will be the focal points for domestic violence cases that come into provincial police posts and will be responsible for protection of survivors, appropriate action on cases, and accurate statistical recording of complaints.

SAU currently has four staff, three female officers and one male. The unit deals with cases of rape, incest, indecent assault, attempted rape and statutory rape (under 15 years). Staff usually receive reports from the public and then carry out a formal investigation. They liaise with the Department of Public Prosecutions on rape cases, while other cases go through the police prosecutions process. Florence Taro, Officer in Charge, reported that rape and attempted rape are the most common cases seen. Most often, the perpetrator is a family member or close friend of the family.

In recent years, the protection of children has been recognised as a concern by the Solomon Island government, NGOs and the Division of Social Welfare. This recognition has led to the introduction of a number of training and education programmes by NGOs and Social Welfare. These activities have not only highlighted children's rights and need for protection, but have also focused on empowering children to participate in decision-making about their future. The re-establishment of the Ministry of Women, Youth and Children's Affairs in 2007 was a significant step by the government in acknowledging that the needs of women, youth and children are often interconnected and also require specialised attention.

In 2003, Solomon Islands established a National Advisory Committee on Children (NACC), which includes a Child Protection sub-committee. In response to studies of the commercial sexual exploitation of children (Herbert 2007; UNICEF 2006), the Child Protection sub-committee formed a smaller working party in 2007 entitled TACSEC (Taskforce Against the Sexual Exploitation of Children). This taskforce has been conducting education workshops in 2008–2009 in provincial areas where CSEC is suspected or known to be occurring. The Social Welfare Division has also been actively working towards providing a child protection service and recently opened its second provincial office in Makira.

UNICEF, in collaboration with five Pacific nations including Solomon Islands, has drawn up the Pacific Regional Framework Document (2006), which outlines a new strategic direction for child protection. The important feature of this document is its focus on using a 'protective environment approach' to implementing child protection programmes. The Child Protection Programme (UNICEF Multi-Country Program) will be implemented in Solomon Islands and four other countries during 2008–2012. It is based on the two key features of the protective environment approach: addressing the environment around children and protecting children over time (UNICEF 2008).

Interventions to date on violence against women:

- Solomon Islands domestic violence research was conducted by FSC in 1995.
- White Ribbon Day and 16 Days of Activism campaigns and International Women's Day advocacy campaigns have been undertaken regularly for over a decade.
- The Ministry of Women was revived in 2007.
- CEDAW committees were formed.
- UNIFEM assisted with training on integrating CEDAW into national laws and transfer of skills to local stakeholders.
- UNFPA/MHMS preliminary introduction to gender-based violence survivor treatment began in November 2008 for all reproductive health workers.
- The Stepping Stones behavioural change programme (mainly targeting HIV and AIDS education) was piloted in Honiara and Guadalcanal for national roll-out in 2009. The programme includes a unit on gender-based violence and family communication.
- Qualitative research on gender-based violence in two overcrowded urban settings was conducted by World Vision in late 2008; activities to empower women and teach and enable protective mechanisms are now underway.
- Training on alcohol awareness and family recovery was offered by the Ministry of Women in Choiseul and Guadalcanal provinces; 27 personnel were trained to provide courses in the provinces, and 315 people with alcohol and other substance abuse problems have completed the training in 2008/2009.
- Two CCC counsellors have undertaken training on alcohol abuse counselling for perpetrators of domestic violence.

The WHO methodology for the Solomon Islands Family Health and Safety Study includes both quantitative and qualitative research. This combination of methods is useful for documenting the reality of different types of abuse and presenting it in the voices of women who have survived it. Statistics can make the case, while personal perspectives can evoke empathy and understanding.

In the WHO methodology, the qualitative research is considered a formative phase and is carried out before the quantitative research. However, a review of the GBVCA project in Solomon Islands and Kiribati recommended that the quantitative component be carried out first, primarily because the resources of the National Statistics Office, such as staff, boats and vehicles, would be available for this phase of the research prior to the Solomon Islands census.

Questionnaire development and translation

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

The questionnaire was adapted to the Solomon Islands context as follows through a stakeholder workshop with the regional and national team (changes were kept to a minimum to ensure that international comparability was maintained):

- A new section (SI10) with six questions was added to explore the possible co-occurrence of partner violence and child abuse in the same home.
- Three questions were added to examine the impact of partner violence on women's parenting and whether or not they took their children with them the last time they left an abusive relationship.

3. "Following an extensive review of a range of pre-existing study instruments, and consultation with technical experts…the core research team developed a first draft of the questionnaire. This was then reviewed by the expert steering committee and experts in relevant fields, and suggestions and revisions were incorporated". Garcia-Moreno, C., Jansen, H.A.F.M., Ellsberg, M., Heise, L. and Watts, C. 2005. WHO Multi-country Study on Women's Health and Domestic Violence Against Women: Initial results on prevalence, health outcomes and women's responses. Geneva: Worth Health Organization. The revised questionnaire was then reviewed by country teams and translated and pre-tested in six countries (Bangladesh, Brazil, Namibia, Samoa, Thailand and Tanzania) after which further revisions were made. The completed version 9.9 was used in these six countries. An updated version of the questionnaire (version 10), which incorporates the experiences of the first eight countries, was the one on which the Solomon Islands study was based.

- A response category to include 'militants' was added to explore the impact of the ethnic tension on non-partner violence. Nine questions were also added to explore the impact of the tensions on women's experiences of partner violence. (Note: Given that the focus of this research was not on the ethnic tensions, we recognise that this will likely only provide minimal information on this issue).
- Two questions on ethnicity and matrilineal and patrilineal societies were included.
- One question was added to identify if respondents had any form of disability.
- The WHO study questions on HIV and AIDS were not included because the prevalence of HIV/AIDS in Solomon Islands is relatively low and because a demographic and health survey and UNFPA surveys had previously collected data on this. As the questionnaire was becoming very long it was decided to remove these questions.
- The WHO study questions on bride price and arranged marriage were included.
- Various other response options were made country specific.

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

Once the questionnaire had been finalised in English, it was translated into Pidgin by the National Researcher. A back translation was done independently by the National Statistics Office. When the translation was finalised, the questions were again discussed during interviewer training sessions on the basis of a question-by-question description of the questionnaire. During the training, further revisions were made to the translated questionnaire and final minor modifications were made after the pilot survey in the field.

See Annex 1 for a copy of the questionnaire.

Adding a component on child abuse to the WHO questionnaire

The WHO Multi-country Study was originally conducted in 10 countries around the world, and the methodology has since been used in at least five additional countries. Although the study primarily focuses on intimate partner violence, there are some questions related to the association between intimate partner violence and child abuse, for example, whether children are present during incidences of domestic violence and whether there is an association between exposure to domestic violence and children's behaviour and disruption of schooling. However, when links are made between domestic violence and children's well-being, we should consider the possible existence of the confounding variable that many of these children are also subjected to direct abuse.

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

The co-occurrence of domestic violence and child abuse in the same families is well documented (Appel and Holden 1998; Edleson 1999b; Jaffe et al. 1990). There is a growing

body of research that not only provides empirical evidence that different types of violence may co-occur in a family, but also that the occurrence of one form of violence in a family may be a strong predictor of the presence of other forms of violence. The studies that have produced such findings may need to be viewed with some caution because there are differences between them in both the definitions used and the methodologies employed (Edleson 2001). However, despite these recognised differences, the following common themes emerge that cannot, and should not, be ignored by researchers, policy makers, clinicians and practitioners working in the field of domestic violence and/or child abuse:

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

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

Children were not interviewed directly because of the ethical and safety issues that this would have raised. For example, there is no protective framework in Solomon Islands for children who disclose abuse. Furthermore, there are minimal support services to which we could have referred children who disclosed abuse. In addition, the UNICEF Child Protection Baseline Research Study being conducted during the same period was directly seeking the views and opinions of children. UNICEF has the skills and resources required to safely interview children for research purposes, whereas we did not.

Exploring the impact of the ethnic tension

Qualitative research by other organisations has indicated that violence against women and children during the years of ethnic tension was very high. For example, the Christian Care Centre reported a marked increase in demand for shelter services during the main years of the conflict. An Amnesty International report on the tensions (2004) suggests that violence against women and children during these years was very high. Other research indicates that women and children are particularly vulnerable to violence during periods of social conflict. It can be expected that those who are raised in environments more conducive to violent means of conflict resolution might be more likely to engage in violence as a form of social control later in life (Mahajan 1995; Widom 1989). A number of studies have found that violence against women is much more likely in cultures that condone the use of force by adults to resolve conflict (Levinson 1989; Sanday 1981). Heise (1998:282) says, 'In short, where interpersonal violence is tolerated in the society at large, women are at greater risk'. Similarly, violence against women has been found to be more prevalent in societies that are in conflict or post-conflict situations. As such, the United Nations now clearly acknowledges that the general breakdown in law and order that occurs during conflict and displacement leads to an increase in all forms of violence (Swiss and Giller 1993; UNHCR 1995). Furthermore, tension engendered by conflict, and the frustration, powerlessness and loss of traditional male roles associated with displacement, may result in an increased incidence of violence against women.

The current nature of violence against women and children in Solomon Islands cannot truly be understood outside the scope of the civil conflict. As such, it was decided that it was important to try to explore the impact that the ethnic tension may have had on women's experiences of violence. There are no statistics on the prevalence of violence before or during the conflict so we could not directly compare prevalence rates. However, if women reported experiences of emotional, physical or sexual violence by a partner, we asked if, during the tension, their partner's behaviour became worse (more frequent or more severe), better or stayed the same. In terms of non-partner violence we included 'militant' as a perpetrator category. It must be noted that this was a very minor element of the study – to fully understand the impact of the tension on women's and children's experiences of violence would require more detailed and specific research.

Interviewer selection and training

'Taking part in the national survey on violence against women and girls was an eye-opener for me to the many problems that we Solomon Island women face, especially with domestic violence. It helped me to see that Solomon Islands faces a lot of problems in terms of health, economic equality and so forth. I did not know about these until this survey and I questioned how I would do something for these women. We are struggling but I am happy because of the self-realisation that I am not immune to these problems and that I can help to address them.'

Survey supervisor

International research indicates that women's willingness to disclose violence is influenced by a variety of interviewer characteristics, including sex, age, marital status, attitudes and interpersonal skills (Ellsberg 2001; Jansen et al. 2004). As such, the selection and training of interviewers is of paramount importance. Drawing from the guidelines for the WHO study, the Solomon Islands study used only female interviewers and supervisors.

A large pool of 60 potential interviewers was recruited based on experience and attributes as recommended in the WHO guidelines. During the training and pilot survey, the pool was narrowed to a final group of 45 field researchers to conduct the survey. The team found that age and previous work experience were not the most important criteria for identifying good interviewers. In fact, we found that many of the older women did not have the literacy skills required to follow the relatively complicated questionnaire. The most important qualities for successful interviewers were an ability to listen and instill confidence that answers would be confidential, empathy with respondents, and higher education levels.

Selected interviewers signed oaths of confidentiality with a magistrate prior to starting their field work.

Given the complexity of the questionnaire and the sensitivity of the issues to be covered, additional training over and above what is normally provided to survey research staff was deemed necessary. Based on the WHO study standardised training course for interviewers, 3 weeks of in-depth training was conducted with regional and national project office staff and interviewers and supervisors recruited by the project office in Solomon Islands. The training was carried out by a consultant with experience in replicating the WHO Multi-country Study and a UNICEF consultant (child abuse component). The training included sensitisation on gender, child abuse, gender-based violence, interviewing techniques, ethical and safety considerations and the use and administration of the questionnaire and other relevant survey materials. The WHO course materials including a training facilitator's

manual, a question-by-question explanation of the questionnaire, and specific procedural manuals for interviewers, supervisors, field editors and data processers adapted to country context and translated where necessary. Local gender specialists were utilised during gender sensitisation training sessions.

Two extra days were dedicated to supervisor and field editor training for those selected by the project team (trainers and the National Statistics Office) to take on these roles. This training included instructions on household listing; household coding; quality control procedures; fieldwork protocols; responding to cases of child abuse and high-level violence; managing finances; travel and accommodation arrangements; ethical and safety protocols; and procedures for editing questionnaires. At the end of the training all trainees were thoroughly assessed using an oral test and a short role-play covering sections 7 and 10 of the questionnaire. In addition, the pilot testing provided an opportunity for final selection of interviewers to be made based on their ability to fill out questionnaires accurately and to demonstrate an understanding of the research procedures.

Box 2.1: Goals of interviewer training

To ensure that interviewers:

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

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

Sample design

Solomon Islands is divided into nine provinces:

- Choiseul
- Western
- Isabel
- Central
- Rennell/Bellona
- Guadalcanal
- Malaita
- Makira
- Temotu

For surveys conducted in Solomon Islands, it is common for these provinces to form separate strata, with the province of Guadalcanal split into two strata: Honiara, which represents the main urban area of the Solomon Islands, and the rest of Guadalcanal. Therefore, 10 strata were used for the survey.

Sample selection

The sample selection was carried out in three stages:
Stage 1: Establish primary selection units (PSUs)
Stage 2: Select households from each PSU
Stage 3: Select a female from the target group in the selected households

Stage 1: Selection of PSUs

While it is common to select enumeration areas (EAs) as the first stage of the sampling process for household surveys in Solomon Islands, it was decided to group EAs into PSUs first and then select a sample of PSUs from each province. This was done to ensure the PSUs contained sufficient households to enable a reasonably sized sample of households to be selected from each, while still remaining within the guidelines of the survey and not selecting more than 1 in 4 households from any region. WHO ethical guidelines stipulate that there should be a maximum sampling density of 25% in each cluster (island); that is, no more than 1 in 4 households on an island should be sampled. This guideline is designed to preserve confidentiality and ensure that the nature of the survey (i.e. that it asks about violence against women) does not spread around the island too quickly as this could put the safety of both respondents and interviewers at risk and reduce the likelihood of open and honest responses by women.

EAs were therefore grouped in such a manner that they were neighbouring EAs, each containing around 80 or more households. PSUs were then selected using probability proportional to size (PPS) sampling for each of the 10 strata.

Stage 2: Selection of households

It was initially planned to select a fixed cluster size of 20 households from each PSU, but this approach was modified to enable a larger sample of households to be selected, while still following the survey guideline of not selecting more than 1 in 4 households from any region. This was administered as follows: the sample from each selected PSU was altered to be 1/4 of the number of households listed in that PSU. For example, if a PSU had a population of 88 households, then 22 households would be sampled from the PSU. If it was found during the updated listing exercise that the number of households was different (often the case, sometimes differing considerably), the sample size for this PSU was not altered. The households were selected from the PSU using systematic sampling.

Stage 3: Selecting a female from the target group in selected households

The target population was women aged 15–49. For each selected household, a female aged 15–49 was selected at random by drawing names out of a hat. If no female aged 15–49 lived in the household, then no interview for that household took place.

Table 2.1: Allocation of sample size.

Province	Population	Final Sample Size	Adjusted for non-response (+20%)
Choiseul	5,889	160	192
Western	18,487	460	552
Isabel	5,989	140	168
Central	6,357	160	192
Rennel	689	60	72
Guadalcanal	17,821	440	528
Malaita	36,403	500	600
Makira	9,193	240	288
Temotu	5,557	140	168
Honiara	14,412	660	792
TOTAL	**120,797**	**2,960**	**3,552**

It was thought that the nature of the survey might increase the possibility of non-response cases. To adjust for a possible reduction in the actual sample size due to non-response, the sample size was inflated by 20%. Table 3.1 shows the new target sample size after non-response adjustment.

With this adjustment, the total sample size of households to be visited for this survey was 3552 households. The sample size represents 5.4% of all households in Solomon Islands and 3.6% of the female population aged 15–49 in Solomon Islands.

Fieldwork procedures

After training, seven field teams were formed with their size proportional to the sample size of the area they had to cover. Each team had one supervisor, one field editor and between two to four interviewers.

The seven teams first carried out the research in Malaita, Makira, Choiseul, Central, Western (two teams), and Rennel provinces. Once this work was completed, the teams moved to the other provinces and conducted interviews under the guidance of the supervisor. Data collection took approximately 22 weeks (April–September 2008). For Honiara, data collection was carried out after NSO had finalised the household listing. On completion of all provincial sites, interviewers who were still available then assisted the Honiara team. There was also some reshuffling of team members due to illness, family issues and some reaching the 100-questionnaire limit as per the WHO protocol.

Interviewers out in the field

Quality control mechanisms

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

- Use of detailed standardised training package.
- Clear explanations of the requirements and conditions of employment given to each interviewer and supervisor, as outlined in a contract with the Ministry of Women, Youth and Children Affairs.
- Compilation of the details of eligible members of each household during the survey so that possible sampling biases could be explored by comparing the sample interviewed with the distribution of eligible respondents.
- Close supervision of each interviewer during fieldwork, e.g. the supervisor observed the beginning of a proportion of the interviews.
- Random checks of some households by the supervisor, without warning, during which respondents were interviewed by the supervisor using a brief questionnaire to verify that the respondent had been selected in accordance with the established procedures and to assess the respondent's perceptions of the initial interview.
- Continuous monitoring of each interviewer in each team using performance indicators such as response rate, number of completed interviews and rate of identification of physical violence.
- Review of completed questionnaires by the questionnaire editor in each team to identify inconsistencies and skipped questions, thus enabling any gaps or errors to be noted and corrected before the team moved on to another cluster.
- Second level of questionnaire editing upon arrival of the questionnaires in the central office.
- Extensive checking of validity, consistency and range, conducted at the time of data entry by the check programme incorporated in the data entry system, and double entry of 100% of all questionnaires followed by validation of double entry and correction of computer-identified errors (Garcia-Moreno et al. 2005: 101-104).

Data processors entering data

Data processing

Data processing was carried out by NSO, which trained data entry clerks and monitored and supervised the data processing. The latter involved manual and automatic processes that could have a direct impact on the quality of the data. The main procedures used in data processing were:

1. Reception and verification of questionnaires
2. Data entry (first entry and verification)
3. Secondary editing
4. Recoding new variables
5. Tabulation

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

Reception and verification of questionnaires

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

Data entry

Every batch was entered twice, performing 100% verification. The two data files were compared and the supervisor fixed any differences found until both files matched. The first entry data was used to run the secondary edits, while the second entry data was stored as raw data.

A secondary editing program was used to check the structure of the questionnaire, validate individual data items and check and test consistency between items. This was run on every batch once secondary entry was completed and no more differences were found between data sets. When data entry was completed, all batches were combined into one single data file, and the batch edit program was re-run on the combined data file to make sure that all errors had been fixed and the data was ready for generation of the final tabulations.

Tabulations

Tabulations were produced following the tabulation plan provided by the research team.

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

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

Ethical and safety considerations

The Solomon Islands study followed the WHO ethical and safety guidelines for research on violence against women. The guidelines emphasise the importance of ensuring confidentiality and privacy, both to protect the safety of respondents and field staff, and to improve the quality of the data. Researchers have a responsibility to ensure that the research does not lead to the participant suffering further harm or traumatisation. Furthermore, interviewers must respect the respondent's decisions and choices.

Office editors editing completed questionnaires

Box 2.2: Ethical and safety guidelines

- Safety of respondents and the research team was taken to be paramount, and guided all project decisions.
- The study aimed to ensure that the methods used built on current research experience on how to minimise the underreporting of violence and abuse. For example, the questionnaire did not use loaded terms such as violence, abuse, rape, etc. Rather, specific acts of violence were described and women reported whether they had experienced such acts (see Box 3.1).
- Mechanisms were established to ensure the confidentiality of women's responses. For example, names and addresses were not recorded; a coding system was used, interviews were only conducted in private; interviewers were trained to change the subject if interrupted; and the survey was referred to as 'The Survey on Women's Health and Life Experiences' so as not to alert the public to the nature of the study.
- All research team members were carefully selected and received specialised training and support.
- The study design included actions aimed at minimising any possible distress caused to the participants by the research.
- Fieldworkers were trained to refer women requesting or needing assistance to available local services and sources of support (Garcia-Moreno et al. 2005: 21).

Interview guidelines

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

Qualitative research

The Ministry of Women, Youth and Children's Affairs, with technical support from the Secretariat of the Pacific Community, undertook qualitative research on violence against women and child abuse from August to October 2008. The results were designed to be used in conjunction with the quantitative results to develop a comprehensive understanding of the issue in Solomon Islands. The research included interviews with key informants; in-depth interviews with survivors and perpetrators of violence; focus group discussions with women and men of different age groups; and focus group discussions with health professionals.

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

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

Key informants

Key informant interviews were conducted in August 2008. Key informants included representatives from the government, health sector, legal sector, police, non-governmental and church organisations such as Vois Blong Mere, SICA FOW, and the Christian Care Centre (Annex 2 lists all key informants interviewed).

In-depth interviews with survivors and perpetrators of violence

In-depth semi-structured interviews were conducted with 29 women who were known to have experienced different forms of violence; 16 interviews were conducted with women who had experienced partner violence; and 10 interviews were conducted with survivors of child abuse and non-partner violence, including rape by a stranger and workplace harassment. These interviews were used to gain a better understanding of how women describe experiences of violence and to help interpret the survey findings and supplement the quantitative data obtained.

In-depth semi-structured interviews were also conducted with 13 male perpetrators of violence. While the questions followed a similar format to that used for female interviews, care was taken to ensure that the interviewer did not come across as moralising or judgmental in order to encourage open and honest responses and avoid defensiveness. Male interviewers conducted the interviews with male perpetrators, while female interviewers conducted the interviews with female survivors of violence.

Participants were recruited through counsellors from the Family Support Centre, Christian Care Centre, Police Family Violence Unit, Social Welfare and referrals from stakeholders. The interviews were carried out with women from Honiara, Malaita and Temotu to represent both urban and rural experiences. It is important to note that many of the people interviewed in Honiara came from a diverse range of origins in Solomon Islands.

During the interviews, attention was paid to the ethical and safety issues associated with the study. Care was taken to ensure that strict confidentiality was maintained, and that the respondents could not be identified in follow-up dissemination activities. Each interview aimed to end on a positive note, identifying respondent's strengths and abilities.

Annex 3 contains a copy of the in-depth interview questions, which were based on a format developed by the WHO Multi-Country Study of Women's Health and Domestic Violence Against Women.

Table 2.2: Number of in-depth semi-structured interviews conducted.

	Honiara	Malaita	Temotu	Total
Survivors of IPV	8	3	5	**16**
Survivors of non-partner violence	10	0	0	**10**
Male perpetrators of IPV	4	6	3	**13**
Total	**22**	**9**	**8**	**39**

Focus group discussions

Fourteen focus group discussions were conducted in September 2008 to explore general community attitudes and beliefs about violence against women. The results were intended to be used to develop appropriate and effective recommendations and to assist in the analysis of the quantitative research. The focus group discussions were held in Honiara, Malaita and Temotu to cover both rural and urban settings. Each focus group discussion consisted of 6–10 people and groups were separated by sex and age. Female facilitators conducted the female focus group discussions while male facilitators conducted the male focus groups to encourage open and honest responses.

Groups included representatives of various ages as follows:

- 2 x males 15–19 years
- 2 x males 20–34 years
- 2 x males 35–49 years
- 3 x females 15–19 years
- 2 x females 20–34 years
- 2 x females 35–49 years
- 1 x health professional

The participants were randomly selected from the community. Care was taken to ensure a cross-section of society was represented, such as church affiliation, socio-economic status, employed and unemployed. The female focus group discussions were facilitated by women while the male focus groups were facilitated by men.

The focus group discussions used a story completion model based on a format developed by the WHO Multi-Country Study of Women's Health and Domestic Violence against Women. A brief story about a third person experiencing domestic violence or sexual abuse was read to the group and then the group was encouraged to discuss the issues that arose based on guiding questions asked by the facilitator. Four different stories were presented:

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

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

Annex 4 contains a copy of the focus group discussion guides.

Strengths and limitations of the study

While the research methodology and findings are robust and consistent with international findings, as with all research there are some limitations that should be mentioned.

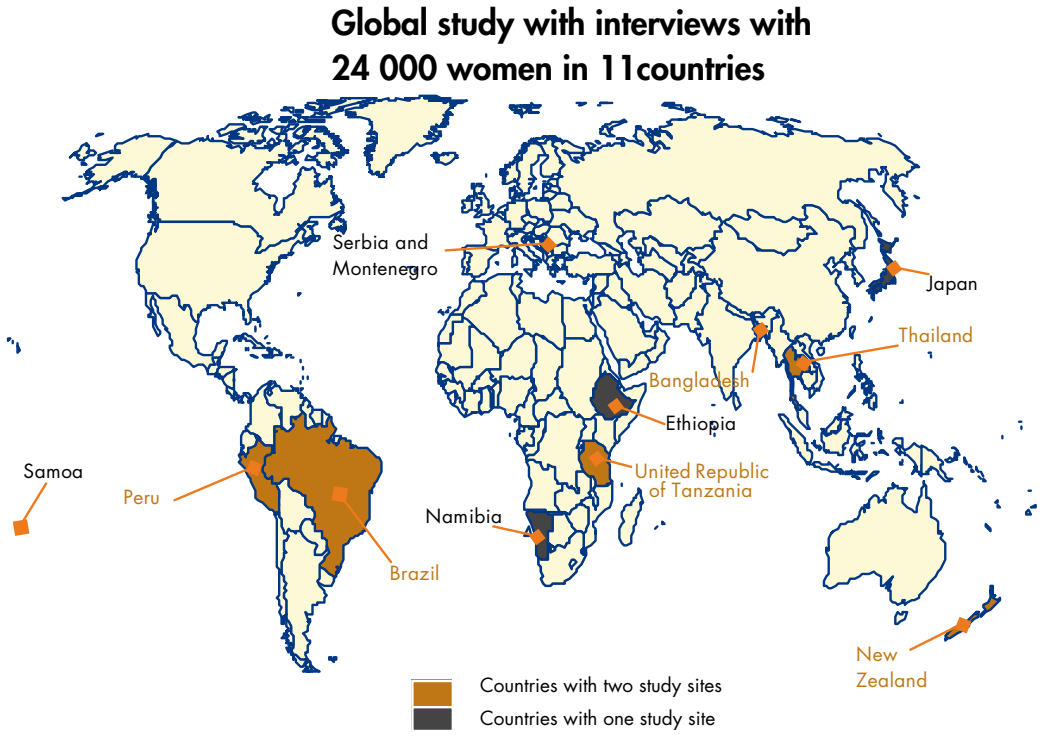
First, the cross-sectional design does not permit proof of causality between violence by an intimate partner and health problems or other outcomes. Nevertheless, the findings give an indication of the types of association and the extent of the associations.

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

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

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

Figure 2.1: Countries in which the WHO Multi-country Study on Women's Health and Domestic Violence has been conducted (Garcia-Moreno et al. 2005: 8). (Note: the study has since been conducted in Turkey, Vanuatu and a number of other countries.)



Focus group discussion – qualitative research

Objectives of research

In line with the WHO multi-country study, the Solomon Islands Family Health and Safety Study (hereafter referred to as the Solomon Islands study) aimed to:

- obtain reliable estimates of the prevalence and frequency of different forms of physical, sexual and emotional violence against women in Solomon Islands, with particular emphasis on violence perpetrated by intimate male partners;
- document the consequences of violence against women, including effects on general and reproductive health and effects on children;
- document and compare the coping strategies and services that women in Solomon Islands use to deal with the violence they experience;
- identify factors that may protect women from, or put them at risk of, intimate partner violence;
- explore the association between intimate partner violence and child abuse within the same home; and
- explore men's attitudes to intimate partner violence and child abuse;
- explore the impact of the ethnic tension on violence against women.

Research questions

The WHO multi-country study questionnaire used for this study (with some adaptation) was originally designed to answer the following research questions:

1. What is the prevalence and frequency with which women are physically or sexually abused by a current or former intimate partner? To what extent does violence occur during pregnancy?
2. What is the prevalence and frequency with which women have ever been physically or sexually abused by someone other than an intimate partner (for example, in the workplace or by another family member or stranger)?
3. To what extent is domestic violence against women witnessed by children within the household? To what extent are other family members aware of the abuse?
4. What are the consequences of domestic violence against women on their children? Does it appear to affect factors such as school enrolment, or whether children have nightmares or behavioural problems?
5. To what extent is a history of violence associated with different indicators of women's physical, mental and reproductive ill-health and the use of health services?
6. What are the consequences of domestic violence on different aspects of women's lives? To what extent does violence affect women's ability to work, provide for their family, and interact with the community?

7. What family and individual factors are associated with different forms of domestic violence against women occurring? Is there an association with factors such as a woman's access to and control of resources, the willingness of her family members or friends to intervene, a history of previous victimisation by other perpetrators, or her access to formal and informal sources of support?
8. What range of strategies is used by women to minimise or end violence? Specifically, to what extent do women experiencing abuse retaliate against the perpetrator, leave the relationship, or seek help from family members, friends, or different service providers or support agencies? What are their feelings about the adequacy of the response, and are there groups from whom they would like to receive more help?
9. What are women's attitudes to violence, particularly domestic violence? What do they consider acceptable behaviour for men and women in situations of conflict?
10. What are men's attitudes to violence against women and children? What do they consider acceptable behaviour?
11. What is the association between a woman experiencing partner violence and the same partner being violent towards the woman's children?
12. What individual factors are associated with men being violent towards their partners? Is there an association with factors such as men having witnessed violence between their parents as children, male loss of status, male violence towards other men, or alcohol and drug use?

The Solomon Islands study questionnaire includes the following 12 sections. The questionnaire replicates the WHO multi-country study questionnaire, version 10. However, Section SI10, which looks at potential emotional, physical and sexual abuse against the respondent's children by her partner/s, was added specifically for the Solomon Islands study.

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

SI10. Partner's treatment of children

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

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

Sections 5, 7, 8 and 9 were administered to women ever or currently married or with a current regular partner (these women were considered 'ever partnered' in this study). They were not administered to women who had never been in a relationship. Sections 8 and 9 were only administered to those who reported physical and/or sexual violence in Section 7. Sections 4 and SI10 were only administered to women with children. The time required for each questionnaire interview was 30–90 minutes, depending on the participant's experiences of being in a relationship, intimate partner violence and violence during childhood.

Measuring violence

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

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

Box 3.1: Operational definitions of violence used in the Solomon Islands Family Health and Safety Study (replicating the WHO multi-country study)

Definitions:

Physical violence by an intimate partner–

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

Sexual violence by an intimate partner–

- Was physically forced to have sexual intercourse when she did not want to
- Had sexual intercourse when she did not want to because she was afraid of what her partner might do
- Was forced to do something sexual that she found degrading or humiliating

Emotional abuse by an intimate partner–

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

Physical violence in pregnancy–

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

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

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

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

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

Childhood sexual abuse (before age 15) –

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

Controlling behaviour–

- Tries to keep her from seeing her friends
- Tries to restrict contact with her family of birth
- Insists on knowing where she is at all times
- Gets angry if she speaks with another man
- Is often suspicious that she is unfaithful
- Expects her to ask his permission before seeking health care for herself

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

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

Box 3.2: Severity scale used to rate level of violence

'Moderate' violence:

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

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

'Severe' violence:

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

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

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

Ever-partnered women

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

Violence by non-partners

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

Child sexual abuse

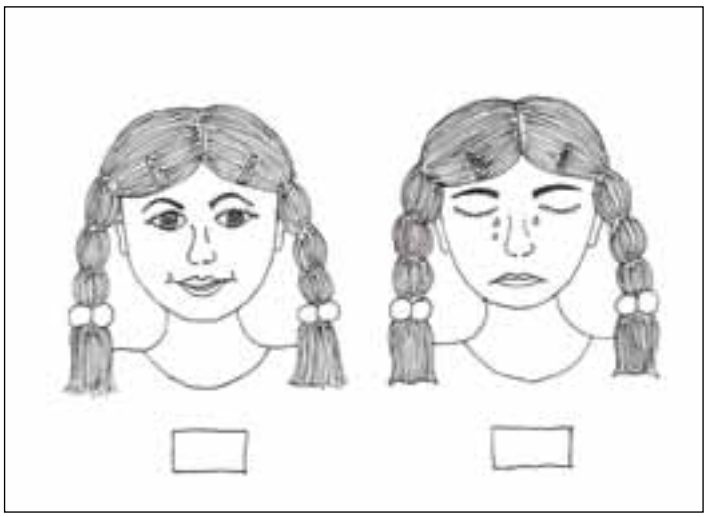
The survey also explored the extent to which women had been sexually abused by others before the age of 15. Early sexual abuse is a highly sensitive issue that is particularly difficult to investigate in survey situations. As such three approaches were used. First, respondents were asked in interview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

Secondly, at the end of each interview, respondents were offered an opportunity to indicate whether anyone had ever touched them sexually, or made them do something sexual that they did not want to do, before the age of 15 years, without having to disclose their reply to the interviewer. For Q 1201, respondents were handed a face card that had a pictorial

representation for 'yes' and 'no' and asked to record their response in private (Figure 2.1). The respondent then folded the card, placed it in an envelope and sealed the envelope before handing it back to the interviewer. The sealed envelope with the card was attached to the questionnaire to allow the information to be linked to the individual woman during data entry.

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

Figure 2.1: Face card used for examining childhood sexual abuse[6]



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

Despite concerns about the possibility of low response rates because of the sensitive nature of the questionnaire, an exceptionally high household response rate of 98.9% and individual response rate of 97.2% were achieved (Tables 4.1 and 4.2). There was no difference in household response rates between Honiara and the provinces. Overall, 2882 women completed the questionnaire; the non-response rate did not exceed the 20% by which the sample was inflated to account for possible refusals. The size of the sample thus exceeded the size needed to be nationally representative. In addition, the high individual response rate means that any possible participation bias is likely to be low.

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

'As women are commonly stigmatised and blamed for the abuse they experience, there is unlikely to be over-reporting of violence'

Garcia-Moreno et al. (2005:23)

Table 4.1: Household response rate.

		number	%
Household (HH) results	HH interview completed	3278	93.3%
	HH refused	37	1.1%
	HH empty/destroyed	198	5.6%
	HH speaking strange language	0	0%
Total Households		**3513**	**100%**
Household response rate	HH refused	37	1.1%
	HH interview completed	3278	98.9%
Total Households		**3315**	**100%**

Household response rate is calculated as: completed interviews/(HH sampled - empty/ destroyed).

Table 4.2: Individual response rate.

		number	%
Individual results	Indiv. interview complete	2882	88%
	Indiv. interview refused	60	1.8%
	Indiv. absent/postponed/incapacitated	23	0.7%
	No eligible woman in HH	313	9.5%
Total women		**3278**	**100%**
Individual response rate	Indiv. refused/absent/not complete	83	2.8%
	Indiv. interview completed	2882	97.2%
Total HH with eligible women		**2965**	**100%**

Individual response rate is calculated as: completed interviews/eligible women in HH.

'I feel good that I have told you my sad story. I felt bad to tell someone before.'

Survey respondent

Respondent's satisfaction with interview

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

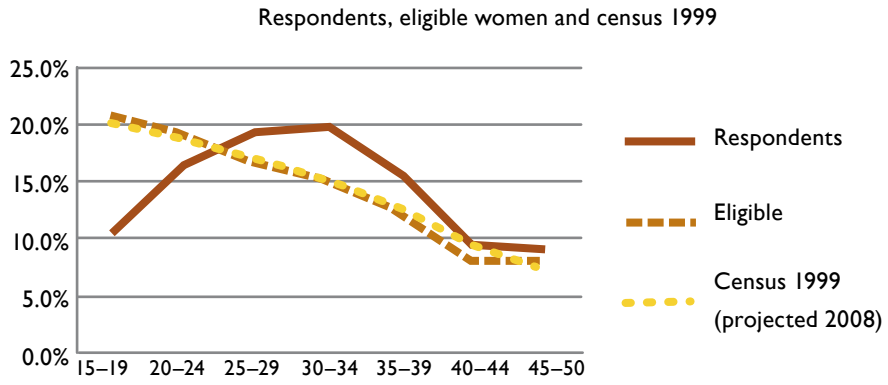
When asked at the end of the interview if they felt better, no different or worse after the questionnaire discussion, nearly all women respondents (97.5%) said they felt better. Women who had experienced partner violence were even more likely to report that they felt better after the interview (98.3%). Very few women said they did not feel any different (1.8%) or worse (0.8%) (Table 4.3). This confirms that although domestic violence may be considered by some to be a private family matter, women want to, and benefit from, sharing their experiences when asked in a confidential, kind and respectful manner (Jansen et al. 2004).

Table 4.3: How respondents felt after the interview.

	All respondents (%)	Respondents who reported partner violence
Better	97.5	98.3
Same	1.8	0.9
Worse	0.8	0.8

Characteristics of respondents

Graph 4.1: Age distribution of respondents, eligible women in household (unweighted data) and census



As would be expected from the demographic profile of Solomon Islands, there were fewer respondents in the older age groups than in the middle age groups. In terms of potential sampling bias, if we compare the age distribution of the respondents to that of the actual population of women aged 15–49 in Solomon Islands (according to the 1999 census) we find some disparities. Graph 4.1 shows that the younger age groups are underrepresented and those in the middle age groups (25–40) are over-represented. But if we look at the age distribution of all eligible women in the household, we see that this closely matches the national age distribution.

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

In the case of Solomon Islands, this disparity is larger than in many places. This could be because there are many households, particularly in the provinces, where households only have one eligible woman in the 25–40 year-old age range because her children have been sent to boarding school in Honiara. In fact, we found that the proportion of younger women interviewed was higher in Honiara than in the provinces.

To assess this potential bias, the prevalence estimates for violence were compared with the weighted estimates, taking into account the number of eligible women in each household. Table 4.4 shows the unweighted and weighted prevalence of partner violence.

Table 4.4: Prevalence of violence against women by an intimate partner among ever-partnered women.

Type of violence	Unweighted prevalence (%)	95% CI assuming simple random sample	Prevalence weighted for number of eligible women in HH (%)	Prevalence weighted for effects of sampling (%)
Physical violence	45.5	44–47%	46.5	45.2
Sexual violence	54.7	53–57%	55.4	56.4
Physical and/or sexual violence	63.5	62–65%	63.9	64.4

We found that the prevalence of physical and sexual violence weighted for number of eligible women in the household was only slightly higher than the unweighted prevalence. In our unweighted sample, younger women (in households with several eligible women) were under-represented compared to age groups around 30–40 (Graph 4.1). Weighting for number of eligible women corrects for this. The fact that the prevalence of violence is higher in the weighted analysis could imply that women in larger households are at a slightly increased risk of partner violence. It could also imply that younger women are at increased risk of partner violence, as the results indicate (see Chapter 12).

We also calculated the prevalence of physical and sexual violence and corrected the effects of sampling using person weights, in order to correctly reflect population estimates among all women aged 15-49 years in Solomon Islands (see Annex 5 for procedure used to calculate person weights). The results of this correction are reflected in the last column in Table 4.4. The weighted estimates for physical or sexual violence or both are all similar to the unweighted results and all within the 95% confidence intervals calculated for the unweighted data under the assumption of simple random sampling. This shows that thanks to the self-weighted sampling strategy together with the very high response rate, the sample accurately reflects rates in the whole population. It should be noted that throughout the rest of this report, unweighted data are used.

Education of respondents

Almost 85% of respondents had completed primary level education and above, with Honiara having a higher attainment rate (90%) compared to the provinces (83%). As expected, there was a much higher percentage of respondents with secondary and tertiary level education in Honiara (55%) than in the provinces (27%). Most respondents from the provinces (55%) had completed primary education, while 25% had attended secondary school and 3% had achieved higher education; 17% had no education. The results from Honiara show that more respondents had secondary level (40%) as opposed to just primary level (35%) education. More respondents in Honiara had achieved higher education (15%) and only 10% had not had any education. This is also consistent with national statistics (National Statistics Office 2002).

Financial autonomy of respondents

A substantial number of respondents (70%) were currently earning income of some kind, while 30% earned no income. As expected, the provinces had more respondents (74%) earning an income than did Honiara (54%). This supports results from the 1999 Census (National Statistics Office 2002) and People's Survey 2008 (ANU 2008) indicating that there are more opportunities for women to earn money in the provinces because of access to resources.

Current partnership status of respondents

Of all respondents, 91% had been ever-partnered. Most respondents were currently married (75%), with a higher proportion currently married in the provinces (78%) compared to Honiara (66%). This is probably because a higher number of 15–19 year old respondents came from Honiara (16%) than from the provinces (5%) and were likely to be still in school and not yet married. In Solomon Islands and many other Pacific Island countries, many young women/girls from the provinces come to the main urban area/city to attend secondary school and technical institutions or to look for work, and only return to the provinces during the Christmas holidays. Three per cent of all women aged 15–49 were living in a de facto relationship (not married); 8% of women were in a dating relationship but not living with their partner; and 6% reported that they were not currently in a relationship but had been in the past.

Statistics and tables

All prevalence rates were calculated taking into account any overlap between different forms of violence experienced by women. This means that there has been no double counting for women who have experienced multiple types of violence, for example, childhood sexual abuse and intimate partner violence.

Not all respondents answered all parts of the questionnaire. The questionnaire was designed so that respondents were not asked questions that were not relevant to them. For example, questions on intimate partner violence were only asked of women who were defined as 'ever-partnered' as described above. Only women who reported having ever been pregnant were asked about miscarriages and stillbirths. As such, the denominators for various statistics throughout this report vary depending on who was asked the relevant question. The denominator is represented by 'N' in the tables and usually explained in the title of the table/graph or in a footnote to the table/graph. For example, while 2882 women completed the questionnaire, only 2618 were defined as 'ever-partnered'. The N (denominator) for most calculations on intimate partner violence is therefore 2618. The 'number' in the tables refers to the total number of women who responded 'yes' to the relevant category and the percentage is the 'number' as a proportion of 'N'.

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

Table 4.5 shows the age, partnership status and educational characteristics of all respondents who completed the interview.

Table 4.5: Characteristics of respondents (for all respondents who completed interviews).

	Solomon Islands		Honiara		Province	
	N	%	N	%	N	%
Age respondent in 5yr age groups						
15–19	303	10.5	103	15.5	200	9.0
20–24	473	16.4	113	17	360	16.2
25–29	558	19.4	123	18.5	435	19.6
30–34	572	19.8	126	18.9	446	20.1
35–39	446	15.5	94	14.1	352	15.9
40–44	269	9.3	56	8.4	213	9.6
45–50	261	9.1	50	7.5	211	9.5
Education						
never attended school	436	15.1	63	9.5	373	16.8
primary education	1471	51	234	35.2	1237	55.8
secondary education	809	28.1	266	40	543	24.5
higher education	166	5.8	102	15.3	64	2.9
Employment						
not earning cash	870	30.2	301	45.3	569	25.1
earning cash	2007	69.8	364	54.7	1643	74.1
Current partnership status						
never partnered	272	9.4	121	18.2	151	6.8
currently married	2177	75.6	441	66.3	1736	78.3
living with men not married	87	3.0	11	1.7	76	3.4
current regular partner living apart	228	7.9	61	9.2	167	7.5
formerly married divorced/separated	35	1.2	9	1.4	26	1.2
formerly cohabitating, separated	20	0.7	5	0.8	15	0.7
currently no partner, widowed	24	0.8	8	1.2	16	0.7
former dating	37	1.3	9	1.4	28	1.3
Total women	**2882**	**100**	**665**	**100**	**2217**	**100**

CHAPTER 5:
PREVALENCE OF INTIMATE PARTNER VIOLENCE

MAIN FINDINGS

- Almost 2 in 3 women aged 15–49 (64%), who had ever been in a relationship, reported experiencing physical and/or sexual violence by an intimate partner.
- More than 1 in 2 ever-partnered women aged 15–49 (56%), reported experiencing emotional abuse by an intimate partner.
- Reports of intimate partner violence were slightly higher in Honiara than in the provinces.
- Women were much more likely to experience severe forms of physical violence such as punching, kicking or having a weapon used against them by partners rather than moderate forms of physical violence (slapping, objects thrown at them).
- The experience of physical and/or sexual violence by intimate partners tends to be accompanied by highly controlling behaviour.
- There is significant overlap between emotional, physical and sexual violence by partners with most women reporting experiences of all forms of violence.

'I first experienced this problem when I had my first child. He always beats me and swears at me or says bad words to me. Since 1999 to 2007 he always beats me. Then last year he beat me very badly and I had bruises on my face and my nose was hurt. I took all the kids away and moved out.'

IPV in-depth interview,

Honiara

This chapter explores various types of intimate partner violence, including acts of physical, sexual and emotional abuse by a current or former intimate partner, whether married or not. In the study a range of behaviour-specific questions relating to each type of violence was asked (see Chapter 2 for definitions). Of all women who completed the questionnaire, 2618 were defined as 'ever-partnered', that is, ever having been married or in an intimate relationship. Therefore this number is used as the denominator in prevalence calculations that relate to 'ever-partnered' women.

National level prevalence rates

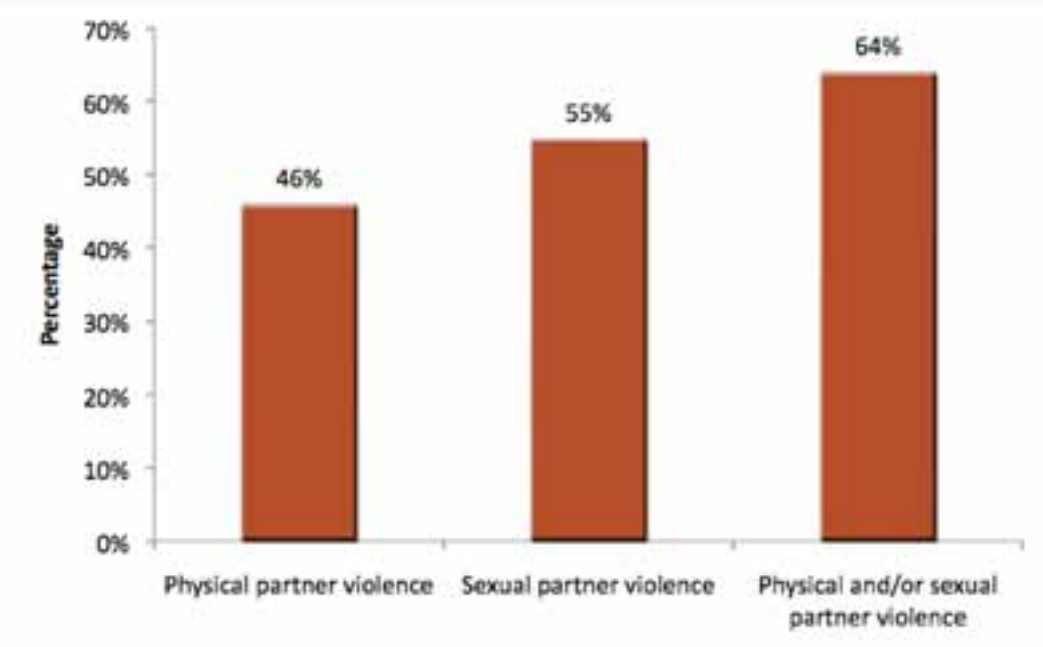
Table 5.1 shows the national prevalence rates of different forms of intimate partner violence, defined as a woman having experienced at least one act of a specific type of violence, at least once in her life.[7]

Table 5.1: Percentage of women aged 15–49, who have ever been in a relationship, reporting different types of intimate partner violence (N=2618).

	Ever experienced physical partner violence		Ever experienced sexual partner violence		Ever experienced sexual and/or physical violence by partner	
	number	%	number	%	number	%
No	1426	54.5	1187	45.3	955	36.5
Yes	1192	45.5	1431	54.7	1663	63.5

- Sexual partner violence was reported to be the most prevalent form of intimate partner violence at 55% followed by physical partner violence (46%).
- Overall, 64% of ever-partnered women aged 15–49 reported experiencing physical or sexual violence, or both, by an intimate partner.

Graph 5.1: Percentage of women aged 15–49, who have ever been in a relationship, reporting different types of intimate partner violence (N=2618)



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

Table 5.2: Types of physical and sexual intimate partner violence reported among ever-partnered women aged 15–49 (N=2618).

		number	%
Types of physical violence	Slapped or threw something	1057	40.4
	Pushed or shoved	812	31.0
	Hit with fist of something else	797	30.4
	Kicked or dragged	563	21.5
	Choked or burned	261	10.0
	Threatened with or used a weapon	390	14.9
Types of sexual violence	Forced sexual intercourse	1373	52.4
	Had sexual intercourse because afraid	1120	42.8
	Forced to do something sexually degrading/ humiliating act	731	27.9

Table 5.2 shows a detailed breakdown of the types of physical and sexual violence reported by respondents. In terms of physical violence, the most common forms of abuse appear to be being slapped, pushed or shoved. However, many women also reported being hit with a fist and kicked. The prevalence rates for different forms of violence decrease with the severity of the act as we move down the list. The one exception is choking or burning, which appears to be a relatively uncommon act in Solomon Islands.

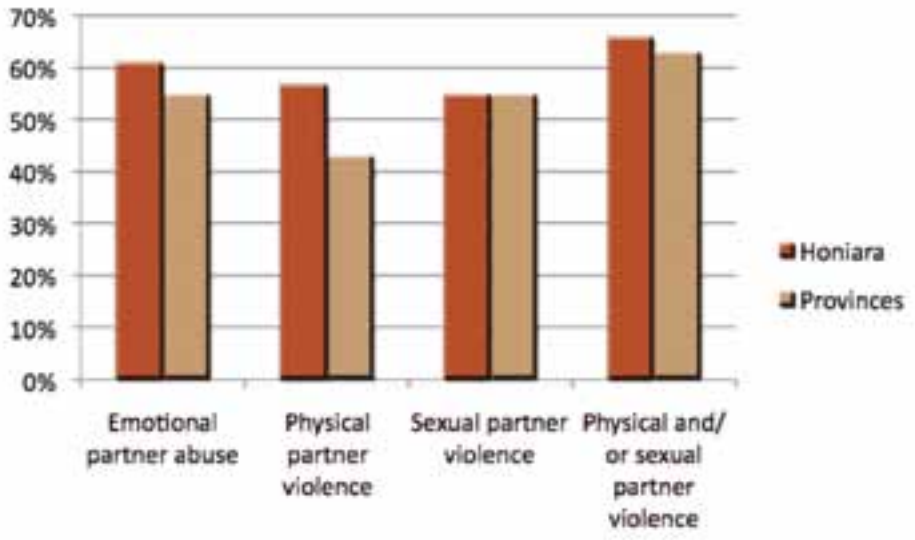
In terms of sexual abuse, the most common form of abuse that women reported was being forced to have sex when they did not want to. That is, 1 in 2 ever-partnered women aged 15–49 reported being raped by their partner, which is extremely high. A high proportion (43%) also reported having sex because they were afraid of what their partner might do if they refused, and 28% also reported that they had been forced to do something sexual that they found degrading or humiliating.

One woman explained that she would have sex with her husband to avoid being forced or being beaten.

> *'Every time when he went out to drink, I did not know what was on his mind. If I saw him when he came home and he had a different expression on his face, I knew for sure that although he asked me for sex, and although I did not want to, for sure, he will force himself on me. So because I was scared that he might bash me I agreed, not that I was willing. Just imagine that it was two or three in the morning when you are asleep and your body is not up to it, then he arrives. Sometimes he would come in and I didn't know, he would remove my clothes and try to have sex with me.'*
>
> Respondent, IPV in-depth interview, Honiara

Graph 5.2 shows the percentage of women reporting intimate partner violence (IPV) and emotional abuse by region. There are some variations in the prevalence of IPV between Honiara and the provinces, but the differences are minimal. Overall, we find that the prevalence of IPV is slightly higher in Honiara than in the provinces.

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



'The only thing I wanted was for him not to break my heart, to not make my mind sad like that. I did not want to answer back to him or argue with him but just kept my problems to myself.'

Respondent,
IPV in-depth interview,
Temotu

Emotional abuse and controlling behaviour

The specific acts of emotional abuse that were asked about included being insulted or made to feel bad about oneself; being belittled or humiliated in front of other people; being intimidated or scared on purpose; and being threatened with harm. As Table 5.3 shows, 56% of ever-partnered women, aged 15–49, reported experiencing one or more forms of emotionally abusive behaviour by an intimate partner. Table 5.3 shows that 43% of women had experienced emotional abuse within the 12 months prior to the interview. The acts most frequently mentioned by women were being insulted and being intimidated or scared on purpose by their husband/partner.

Table 5.3: Prevalence of emotional abuse (by act and any act), current and lifetime, among ever-partnered women (N=2618).

		Current (last 12 months)		Lifetime (ever)	
		number	%	number	%
Type of emotional abuse	Insulted	1100	42.0	1374	52.5
	Belittled or humiliated	636	24.3	785	30.0
	Intimidated or scared	697	26.6	859	32.8
	Threatened with harm	455	17.4	553	21.1
Any of above acts (at least one act) of emotional abuse		1115	42.6	1470	56.1

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

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

The research revealed that more than half (58%) of all ever-partnered women, aged 15–49, reported experiencing at least one form of controlling behaviour by an intimate partner. This high percentage indicates that controlling behaviours are a frequent part of many intimate relationships in Solomon Islands. The most common forms of controlling behaviour identified were insisting on knowing where she was at all times; expecting her to ask permission before seeking healthcare for herself; and becoming angry if she spoke with another man (Table 5.4).

One woman explained that her husband was extremely controlling and jealous.

> *'When I was working he was very jealous of my male workmates. He often went there and would start fights and in one situation he shot one of my workmates with a dart arrow … Every time when I came home from work he would always want to check me and make sure that I did not have sex in the office or he would accuse me of having an affair with someone. And he even checked me, like he wanted to find out if I had sex. He would push his finger inside to feel the sperm inside or I really don't know what he was thinking. But that was what he usually did to me.'*
>
> Respondent, IPV in-depth interview, Honiara

Table 5.4: Percentage of ever-partnered women reporting controlling behaviour by their partner, in relation to their experience of physical and/or sexual partner violence.

	Ever-partnered women (N=2618)		Never experienced partner violence (N=955)		Experienced partner violence (N=1663)		P value[a]
	number	%	number	%	number	%	
Keeps her from seeing friends	590	22.5	65	6.8	525	31.6	P<0.001
Restricts her contact with family	306	11.7	31	3.2	275	16.5	P<0.001
Wants to know where she is at all times	1,094	41.8	224	23.5	870	52.3	P<0.001
Ignores her, treats her with indifference	422	16.1	53	5.5	369	22.2	P<0.001
Becomes angry if she speaks with other men	838	32.0	103	10.8	735	44.2	P<0.001
Often suspicious that she is unfaithful	816	31.2	81	8.5	735	44.2	P<0.001
Controls her access to health care	828	31.6	187	19.6	641	38.5	P<0.001
Experienced at least one act of controlling behaviour	1,513	57.8	332	34.8	1,181	71.0	P<0.001
Experienced 4 or more acts of controlling behaviour	511	19.5	49	5.1	462	27.8	P<0.001

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

There is a significant association between women's experiences of physical or sexual violence by a partner and their experiences of at least once act of controlling behaviour by a partner (P<0.001). Among women who reported experiencing intimate partner violence, 71% reported that their partner displayed controlling behaviour (Table 5.4). For women who had not experienced intimate partner violence, only 35% reported that their partners exhibited controlling behaviour. Women who experience partner violence are significantly more likely to experience multiple acts of controlling behaviour than women who have not experienced partner violence. In fact, 28% of women who had experienced partner violence reported four or more acts of controlling behaviour compared with only 5% of women who had not experienced partner violence (P<0.001).

Looking at the mean number of controlling acts experienced by women by the type of violence experienced, we find that women who have experienced no violence had a mean number of controlling acts of 0.78, compared with 1.3 for women who had experienced sexual partner violence only, 1.9 for women who had experienced physical partner violence only, and 3.2 for women who had experienced both sexual and physical violence.

Looking at specific acts, we see that 34% of women who experience partner violence reported that their partner kept them from seeing their friends.

Looking at specific acts, we see that 34% of women who experience partner violence reported that their partner kept them from seeing their friends. This is consistent with the qualitative findings where almost all women who took part in the in-depth interviews reported this behaviour. For example, one woman explained,

> *'He doesn't allow me to associate with my friends and relatives because he thinks that my friends will influence me to leave him.'*
>
> Respondent, IPV in-depth interview, Honiara

Another woman reported,

> *'My first husband doesn't allow me to go and talk with other people, even within the family like my brothers and sisters. When they come to visit me and he sees us talking or laughing he just comes directly to me and hits me or drags me away from my relatives. He does not respect my relatives.'*
>
> Respondent, IPV in-depth interview, Malaita

Financial control

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

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

Women who had experienced IPV were significantly more likely to report that their partner had been financially controlling. For example, Table 5.5 shows that 19% of women who had experienced IPV had had their earnings or savings taken from them by their partner against their will compared with only 5% of women who had not experienced partner violence. Similarly, 20% of women who had experienced partner violence reported that their partner had refused to give them money for household expenses compared with only 5% of non-abused women.

One woman explained,

> *'I cannot provide for my own family because my husband does not support us … I do not have any money to go and visit my friends and relatives and if I complain about the lack of household things he gets angry and usually hits me. I am usually saved by the children crying.'*
>
> Respondent, IPV in-depth interview, Malaita

Another woman told us,

> *'He does not provide for me to do the household chores … like buying soap for washing clothes and so on. So I have to beg my uncles to give me money to pay for these things. I feel very shy and small when doing this but I have to. Whenever I ask him to give me money, he always tells me that his salary is too small … Then I have bad thoughts like selling myself to get money to buy food or things for the home.'*
>
> Respondent, IPV in-depth interview, Malaita

Table 5.5: Percentage of women aged 15–49 who have ever experienced financially controlling behaviour from their current husband/partner, by women's experiences of IPV.[a]

	Ever-partnered women (N=2264)		Never experienced partner violence (N=834)		Experienced partner violence (N=1430)		P value[b]
	number	%	number	%	number	%	
Given up/refused job because of partner	113	5.9	32	3.8	101	7.1	P=0.001
Partner taken earnings/ savings against her will	315	14.0	40	4.8	275	19.3	P<0.001
Partner refuses to give money for household expenses	338	14.9	41	4.9	297	20.8	P<0.001

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

Overlap between physical and sexual partner violence

Figure 5:1: Overlap between physical and sexual partner violence, among women reporting intimate partner violence (N=1663)

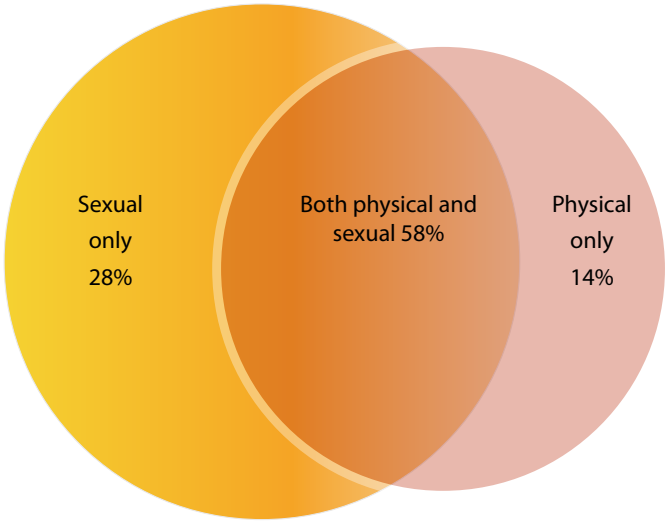


Figure 5.1 shows the considerable overlap between physical and sexual violence among women who reported experiencing partner violence. In fact, the majority of women who experience partner violence suffer both forms of violence (58%). Only a very small percentage of women (14%) experience physical violence only. However, it is slightly more common for women to experience sexual violence without physical violence (28%).

Women who reported physical abuse were also asked if during or after an incidence of violence their partner had ever forced them to have sex. Half (52%) of the women reported that this had happened at least once; 9% said it had happened many times. Forced sex after a violent incident was found to be more common in the provinces than in Honiara (Table 5.6). This result further supports the finding that physical and sexual violence often overlap in abusive relationships and also confirms the high prevalence of sexual violence by partners.

One woman explained,

> *'Most of the time, when he came back [from drinking] he would bash me. Because I know he was usually violent when he went away and came back at night I did not usually ask him where he had been. I usually waited for the next day when he was sober, then I asked him where he had been. But I don't know what's wrong with him because if he came back then he would just bash me, and after he hit me then he would want to have sex with me. Imagine you are a human being, you had just badly beaten a woman then you expect that after you did that, she would be happy?'*
>
> Respondent, IPV in-depth interview, Honiara

Table 5.6: Forced sex during or after a violent incident, among women who have ever experienced physical violence by a partner.

	Solomon Islands		Honiara		Provinces	
	number	%	number	%	number	%
Never forced	518	43.5	176	56.8	341	38.5
Once or twice	242	20.3	53	17.1	189	21.3
Several times	295	24.7	38	12.3	256	28.8
Many times	103	8.6	29	9.4	74	8.4
Don't know	21	1.8	8	2.6	13	1.5
Refused	13	1.1	6	1.8	13	1.5
Total	**1192**	**100.0**	**310**	**100.0**	**886**	**100.0**

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

Table 5.7 presents prevalence rates for emotional, physical and sexual partner violence separated into categories of previous or current partner violence. Current prevalence of partner violence is the proportion of ever-partnered women reporting that at least one act of violence took place during the 12 months prior to the interview. Women who have experienced violence by a partner, but not in the last 12 months, are defined as having experienced previous partner violence (see definitions in Chapter 2).

Table 5.7 shows that, at the national level, 42% of women reported currently experiencing physical or sexual violence, while 32% reported currently experiencing emotional violence. A larger proportion of women reported that violence had occurred within rather than prior to the last 12 months.

Table 5.7: Prevalence of physical and/or sexual violence by an intimate partner among ever-partnered women, according to when the violence took place (N=2618).

	Current (last 12 months)		Prior to last 12 months	
	number	%	number	%
Emotional partner violence by period	1115	31.7	355	10.1
Sexual and/or physical partner violence by period	1095	41.8	568	21.7

Severity of physical violence

'I beat her very badly and she ended up in the hospital because I cut her with a knife, and I tell you, if there was a prize for wife beating I would have already got it. I beat her repeatedly, cut her leg and I was surprised that when she went to the hospital and was admitted, she instead told them (that's what's special about this woman) that she was injured from her own knife.'

Male perpetrator, in-depth interview, Malaita

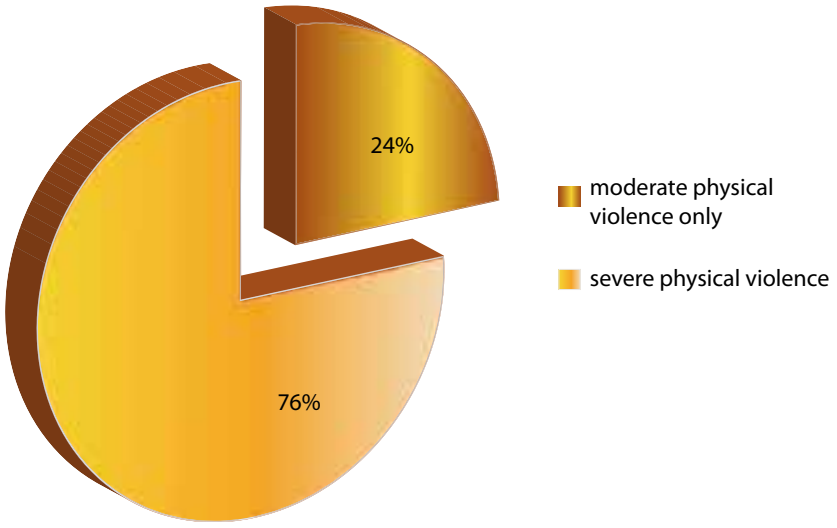
For the purposes of analysis, the questions on physical violence were divided into those considered 'moderate' violence or 'severe' violence, where the distinction is based on the likelihood of physical injury.

Table 5.8 shows that 34% of ever-partnered women aged 15–49 reported severe violence, while 11% reported experiencing moderate acts of violence. Graph 5.3 shows the proportion of women who reported moderate violence compared to severe violence, among all those who experienced physical partner violence. This indicates that women in Solomon Islands are much more likely to experience severe violence such as punching, kicking, or having a weapon used against them, rather than moderate violence (see Table 5.2).

Table 5.8: Severity of physical partner violence reported by ever-partnered women (N=2618).

	number	%
No physical violence	1426	54.5
Moderate physical violence only	291	11.1
Severe physical violence	901	34.4

Graph 5.3: Percentage of women reporting moderate violence compared with severe violence, among all women reporting physical partner violence (N= 1192)



Situations leading to violence

'I first experienced this problem when I had our first child. Often he would never come home, especially during the weekends and so I began to suspect that he was up to something (playing around). My suspicions were aroused by seeing girl's underwear in his vehicle. If I asked him about his whereabouts he would beat me up and things would get worse.'

Respondent, IPV in-depth interview, Honiara

'After having our first child, we started having problems, which was in 1997. He started going out on weekends, getting drunk and then would bash me up when he came back home.'

Respondent, IPV in-depth interview, Honiara

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

'It is a good idea to have sex with your husband whenever he likes because if a wife refuses, the husband will turn and around and fist [hit] her'
Female respondent, survey, Honiara

Women who reported physical partner violence were asked if there were any particular situations that tended to lead to violence. Table 5.9 shows the results of this question. According to respondents, the most common situation leading to violence was the partner being drunk (29%). However, women in the provinces were much less likely to identify this as a trigger for violence than women in Honiara (25% compared to 45%), probably because alcohol is less readily available in the provinces.

For example, one woman from Honiara explained,

'The problems get worse when he is drunk and he physically abuses me. When he is not drunk, we only argue.'

Respondent, IPV in-depth interview, Honiara

For women in the provinces, the most common answer given for situations that tended to lead to their partner's violent behaviour was jealousy (28%). This was supported by the qualitative research. Many women living with violence who gave qualitative interviews reported that their partner was extremely jealous, possessive and did not want them to talk with other men. Stark (2007:248) explains that, 'Male jealousy is as often the context for intimidation, isolation and control as it is for physical abuse'.

Women also reported that when they disobeyed their partner (26%) this tended to lead to violence. Women in the provinces were more likely to report this than women in Honiara (28% compared to 17%). Thirteen per cent of women reported that their husband tended to be abusive if they refused sex. One respondent explained,

'It is a good idea to have sex with your husband whenever he likes because if a wife refuses, the husband will turn and around and fist [hit] her'

Female respondent, survey, Honiara

Table 5.9: Situations leading to violence among women who have ever been physically abused by a partner.[a]

	Solomon Islands (N=1663)		Honiara (N=362)		Provinces (N=1304)	
	number	%	number	%	number	%
No reason	260	15.6%	86	23.8%	174	13.3%
Drunk	484	29.1%	161	44.5%	323	24.8%
Jealous	432	26.0%	74	20.4%	358	27.5%
Disobeyed him	426	25.6%	60	16.6%	366	28.1%
Refused sex	214	12.9%	35	9.7%	179	13.7%
No food at home	144	8.7%	18	5.0%	126	9.7%
Financial problems	142	8.5%	35	9.7%	107	8.2%
Pregnant	42	2.5%	6	1.7%	36	2.8%
Problem family	42	2.5%	11	3.0%	31	2.4%
Problems at work	37	2.2%	10	2.8%	27	2.1%
Unemployed	29	1.7%	8	2.2%	21	1.6%
Other	6	0.4%	2	0.6%	4	0.3%

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

Women's attitudes towards violence

To explore women's attitudes towards intimate partner violence and whether such behaviour is normative, a series of questions were asked of all respondents (including those never partnered). The first set of questions asked women if they agreed or disagreed with a number of statements about families and acceptable or desirable behaviour for men and women in the home. Table 5.10 shows that the majority of women (66%) agreed with the statement, 'A good wife obeys her husband even if she disagrees,' and 'A man should show his wife who is the boss' (71%). A significant number of women also felt that it is a wife's obligation to have sex with her husband even if she does not feel like it (40%). Such findings are of concern because they indicate that the subordinate status of women within the marital relationship is generally accepted by women themselves. Most women felt that family problems should only be discussed within the family (74%); however, 78% of women believed that if a man mistreated his wife, others outside the family should intervene. This shows that women do not necessarily see partner violence as only a family issue but believe that women in such circumstances should receive help. Furthermore, according to respondents, people who are aware of situations of violence against women have a responsibility to act.

This finding was supported by the focus group discussions where most women said that friends, families and neighbours should intervene if a woman was experiencing violence.

> *'Even though bride price is paid, Margaret [case-study character] is still part of the family and so they should help her.'*
>
> Female focus group discussion, age 21–35, Honiara

Table 5.10: Women's attitudes about families and the roles of men and women in the home, among all women.

	Solomon Islands (N= 2882)	Honiara (N=665)	Provinces (N=2217)
	Agree (%)	Agree (%)	Agree (%)
A good wife obeys husband even if she disagrees	66.4	53.7	70.3
Family problems should only be discussed within the family	74.4	61.7	78.2
A man should show his wife who's boss	70.9	62.7	73.3
Women should be able to choose their own friends	49.7	43.3	51.6
A wife is obliged to have sex with her husband, even if she doesn't want to	39.8	43.2	38.8
If man mistreats his wife, others outside the family should intervene	77.5	74.9	78.3

'Twenty per cent of respondents believed that if a wife refuses sex, it is acceptable for her husband to beat her.'

The second set of questions was designed to identify situations under which respondents considered it acceptable for a man to hit or mistreat his wife. Table 5.11 shows the percentage of women who believed that a man has the right to beat his wife under certain circumstances such as not completing housework properly, refusing sex, disobeying her husband or being unfaithful. Overall, 73% of women agreed with one or more of the justifications given for a husband hitting his wife. The justifications for violence that women most commonly agreed with were unfaithfulness (63%); disobedience (41%): suspicion of unfaithfulness (27%); or housework not completed to his satisfaction (23%). Twenty per cent of respondents believed that if a wife refuses sex, it is acceptable for her husband to beat her.

The rate of concordance with these beliefs was significantly higher in Honiara where 83% of women agreed with one or more of the justifications given for a husband beating his wife, compared to the provinces where the percentage was 70%. In most other countries where this research was undertaken, a higher percentage of women in rural areas than in urban areas believed that a husband was justified in beating his wife under some circumstances. However, the fact that the rate was higher in Honiara is consistent with the finding that IPV prevalence is higher in Honiara than in the provinces.

Table 5.11: Ever-partnered women's attitudes towards intimate partner violence, by location.

A man has good reason to beat his wife if:	Solomon Islands (N=2882)		Honiara (N=665)		Provinces (N=2217)	
	number	%	number	%	number	%
She doesn't complete housework to his satisfaction	652	22.6	126	18.9	526	23.7
She disobeys him	1191	41.3	285	42.9	906	40.9
She refuses to have sex with him	576	20.0	216	32.5	360	16.2
She asks him whether he has other girlfriends	554	19.2	234	35.2	320	14.4
He suspects that she is unfaithful	774	26.9	248	37.3	526	23.7
He finds out that she has been unfaithful	1821	63.2	498	74.9	1323	59.7
Percentage of women who agreed with one or more justification above	2096	73.2	547	83.0	1549	70.3
Percentage of women who agree with no reasons for husband hitting wife	767	26.8	112	17.0	655	29.7

Table 5.12 compares the rate of acceptance of various justifications for violence between women who have and women who have not experienced physical or sexual violence by an intimate partner. The proportion of women agreeing with each justification was higher among women who had experienced partner violence than among those who had not. This was found to be statistically significant for three of the justifications.

Table 5.12: Ever-partnered women's attitudes toward intimate partner violence according to their experience of physical and/or sexual partner violence.

A man has good reason to beat his wife if:	Never experienced partner violence (N=955)		Experienced partner violence (N=1663)		P value[a]
	number	%	number	%	
She doesn't complete housework to his satisfaction	215	22.5	390	23.5	P=0.558
She disobeys him	382	40.0	695	41.8	P=0.517
She refuses to have sex with him	150	15.7	379	22.8	P<0.001
She asks him whether he has other girlfriends	149	15.6	347	20.9	P=0.004
He suspects that she is unfaithful	222	23.2	467	28.1	P=0.009
He finds out that she has been unfaithful	583	61.0	1056	63.5	P=0.451
Percentage of women who agreed with one or more justification above	683	71.9	1210	73.3	P=0.442

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

Table 5.13 examines the sexual autonomy of women in marital relationships. The questionnaire asked women if they believed that a woman has the right to refuse sex with her husband in a number of situations, such as when she is sick, does not want to, or he is intoxicated. The reason that most women identified as being an 'acceptable' circumstance for refusing sex was mistreatment. The least 'acceptable' circumstance given by women was not

wanting to. The proportion of respondents who felt that women could not refuse sex under any circumstances was 13% for the country as a whole with virtually no difference between Honiara and the provinces.

Table 5.13: Sexual autonomy as indicated by women's views on when it might be 'acceptable' for a woman to refuse sex with her husband, by location.

A woman has the right to refuse sex with her husband if:	Solomon Islands (N=2882)		Honiara (N=665)		Provinces (N=2217)	
	number	%	number	%	Number	%
She does not want to	1777	61.7	326	49.0	1451	65.4
He is drunk	2177	75.5	461	69.3	1716	77.4
She is sick	2159	74.9	501	75.3	1658	74.8
He mistreats her	2218	77.0	507	76.2	1711	77.2
Percentage of women who agreed with at least one reason for refusing sex	2507	87.4	580	87.3	1927	87.4
Percentage of women who agreed with none of the reasons listed	362	12.6	84	12.7	278	12.6

'There was no variation between Honiara and the provinces; in both cases 92% of women reported never initiating violence.'

Violence against men

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

Among women who had experienced partner violence, 92% reported never initiating violence against a partner, 4% reported initiating violence once or twice, 3% several times, and less than 1% many times. There was no variation between Honiara and the provinces; in both cases 92% of women reported never initiating violence.

Thus, in this study, the percentage of women who reported initiating violence was very small in relation to the prevalence of male partner violence against women. However, it is important to note that the study focused on women in violent relationships and did not investigate whether women who are not abused by their husbands initiate violence.

Discussion

The Solomon Islands study found that 64% of ever-partnered women, aged 15–49, reported experiencing at least one act of physical or sexual violence, or both, by an intimate partner at some point in their lives. This rate of intimate partner violence, which represents approximately 2 in 3 women aged 15–49, is one of the highest recorded in any of the countries that have undertaken research using the WHO study methodology. The fact that women in Solomon Islands are more likely to experience severe rather than moderate forms of violence is particularly alarming.

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

- As the section on women's attitudes shows, the majority of women in Solomon Islands believe that a man is justified in beating his wife under some circumstances (in particular, for infidelity and disobedience). Compared to other countries where this research was conducted, the percentage of women expressing such beliefs was relatively high (Garcia-Moreno et al. 2005: 38–39). This shows that partner violence is considered by many to be an acceptable form of discipline for female behaviour that contravenes certain expectations. It may also indicate that, women learn to 'accept' or rationalise violence in circumstances where they themselves are victims, or that women are at greater risk of violence in communities where a substantial proportion of individuals subscribe to the acceptability of violence (Garcia-Moreno et al. 2005:40).

- The qualitative and quantitative research indicated that women are expected to be obedient, faithful, perform household chores, defer to their husband on decision-making and bear children. Physical punishment is often used to 'discipline' women who are seen to have transgressed their prescribed gender roles. Here, violence against women serves as a mechanism for maintaining male authority and also reinforces prevailing gender norms.

- Solomon Islands law does not define partner violence, particularly marital rape, as a crime. According to the UN special report, impunity for violence against women compounds the effects of such violence as a mechanism of control. When the state fails to hold the perpetrators accountable, impunity not only intensifies the subordination and powerlessness of the targets of violence, but also sends a message to society that male violence against women is both acceptable and inevitable. As a result, patterns of violent behaviour are normalised (UN General Assembly 2006).

- Lack of formal support services makes it difficult for women to seek help. Prosecutions for marital rape are not allowed, which reflects the belief that a man is entitled to sexual access to his wife by right of marriage.

- Physical disciplining of children is relatively common practice in Solomon Islands. The study found a strong cycle of violence (intergenerational transmission of violence), whereby children who witness or experience violence are more likely to end up in violent relationships later in life (see Chapter 7). It is possible that the practice of physically disciplining children also contributes to the high rate of partner violence because children learn from a young age that physical violence is normal.

Interestingly, sexual violence by a partner was found to be more prevalent than physical violence by a partner in Solomon Islands. As the following chapters show, we also found sexual violence by non-partners to be relatively prevalent, as was childhood sexual abuse. This indicates that sexual violence in many forms is a serious issue in Solomon Islands. While physical partner violence was found to be more prevalent in most countries where the WHO study was undertaken, sexual partner violence was found to be higher than physical partner violence in Ethiopia and Bangladesh. This finding was also discussed in detail with stakeholders and key informants who suggested a number of possible explanations:

- Many women and men believe that a wife is obliged to have sex with her husband and that if she refuses he has the right to force her. Many women therefore believe that forced sex within marriage is normal.

- Many respondents reported that one situation that tended to lead to their partner's violent behaviour was refusing sex. A woman may therefore have sex even when she does not want to because she is afraid that she will be beaten if she refuses.

'Marital rape is not viewed, legally or culturally, as a crime in Solomon Islands.'

- The privacy that surrounds sexual activity enables this form of violence to be perpetrated more readily.

- Arranged marriage still exists in Solomon Islands. A woman in an arranged marriage may describe her first experiences of sex within marriage as forced, even though it is an expectation that the marriage will be consummated.

- Marital rape is not viewed, legally or culturally, as a crime in Solomon Islands. In fact, there has never been a conviction for marital rape in Solomon Islands despite some situations where charges have been laid. Given this level of impunity, men may feel that they are not doing anything wrong, and that they will not be held accountable.

- It is possible that as women begin to assert their rights in terms of sexual autonomy, men react violently to re-assert their power. As discussed in Chapter 11, we found that women who believed that they could refuse sex with their husband under some circumstances were four times more likely to experience partner violence than women who did not believe in refusing sex under any circumstances.

Emotional abuse and controlling behaviour also constitute a significant part of the combination of experiences that make up partner violence in Solomon Islands. This illustrates that the enactment of male power and control in violent relationships does not rely on violent acts alone (Wilcox 2006:13). Emotional abuse is very difficult to measure and these results should not be taken as reflecting the overall prevalence of emotional violence. This is particularly relevant for Solomon Islands where the reported rate of emotional abuse was lower than the reported rate of physical violence by a partner. In the majority of the other WHO study sites, emotional partner violence was higher than physical or sexual partner violence, indicating that there may have been under-reporting of emotional abuse in Solomon Islands. How women themselves interpret acts that could be considered 'insulting' or 'humiliating' will also affect their responses to questions on emotional abuse. Where abuse is particularly normalised, the threshold for what women see as an insult or humiliation may be higher than in places where violence is less frequent.

In this report, the associations between experiences of emotional abuse and health consequences are not explored. This is not because emotional abuse does not impact on women's health, but because the issue would require further work. It should be noted that

qualitative research in Solomon Islands and in other countries has shown that women frequently consider emotionally abusive acts to be more devastating than acts of physical violence (Garcia-Moreno et al. 2005: 35). Kirkwood (1993: 44) found that women experience emotional abuse as a 'deeper and more central form of abuse' and Burman et al. (2003) show that women are likely to conceptualise verbal abuse as an expression of violence.

Women who experience physical and/or sexual partner violence are more likely to report controlling behaviours by intimate partners than non-abused women. This finding is consistent across all countries that undertook the WHO multi-country study (Garcia-Moreno et al. 2005: 36). Male use of controlling behaviour has been found to be a common pattern in violent intimate partner relationships, and the majority of professionals in the field now view domestic violence as a pattern of intimidation, coercive control and oppression (Brewster 2003; Coan et al. 1998; Holtzworth-Munroe 2000; Pence and Paymar 1993; Shepard and Pence 1999; Stark 2007; Strauchler et al. 2004; Warrington 2001; Yllo 1993).

It is noteworthy that there is considerable overlap between physical and sexual partner violence. The majority of women who reported partner violence experienced both physical and sexual violence. It was rare for women to experience physical violence alone. A number of women (52%) who reported physical partner abuse also revealed that they were sometimes forced to have sex during or after an incidence of violence. This supports findings in many other studies, which indicate that women often experience a combination of different forms of violence in intimate relationships (Ellsberg 2000; Heise and Garcia-Moreno 2002; Jones et al. 1999). As Bennett and Manderson (2003:1) maintain, 'In the case of violence against women … power is wielded via a myriad of violent technologies to reinforce women's subordination'. The intimate association between sexual violence and other forms of violence in marriage supports feminist analyses that assert that rape and sexual assault are motivated by the desire for domination of women and are not the result of uncontrollable biological urges for sex (Idrus and Bennett 2003: 50).

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

However, it is important to note that even in Honiara, access to support services for women is still very limited, and therefore, leaving a violent relationship is difficult. In fact, stakeholders suggested that education and awareness training and workshops on violence against women are generally targeted more at rural areas than at Honiara. Furthermore, in Honiara, the same groups of people tend to attend all workshops on gender issues, whereas at the village level, a broader cross-section of the community has the potential to benefit from sensitisation programmes.

According to various key informants that we consulted on this finding, one of the factors that could contribute to the higher prevalence of partner violence in Honiara is alcohol abuse. Alcohol is much more readily available in Honiara than in the provinces and women in Honiara were more likely to report 'drunkenness' as a factor leading to their partner's violent behaviour than were women in the provinces. This is supported by our analysis of risk and protective factors (see Chapter 10). Honiara also has greater social problems such as unemployment, overcrowding and high cost of living, than the provinces. These stresses may make women living in Honiara more vulnerable to abuse. As discussed in Chapter 11, some literature suggests that changes in gender relations, which are more likely to occur in Honiara, may increase women's risk of violence as men attempt to reassert their authority.

Women in Honiara are generally more financially dependent on their husbands than those in the villages (see Chapter 4). This dependency makes it more difficult for women to leave an abusive relationship. Furthermore, in the urban centre, women are less likely to have family living close by. They therefore are unable to seek refuge from traditional sources of protection, such as birth and extended family.

Nightclub in Honiara, capital of Solomon Islands

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

MAIN FINDINGS

- 18% of women aged 15–49 reported experiencing physical violence by someone other than an intimate partner (a non-partner) since the age of 15.
- 18% of women aged 15–49 reported experiencing sexual violence by a non-partner since the age of 15.
- Male family members including fathers and step-fathers were identified as the most common perpetrators of physical non-partner violence.
- Boyfriends, strangers and male acquaintances were identified as the most common perpetrators of sexual non-partner violence.
- Women's highest risk of violence is from an intimate partner.

'One day when I was at the bus stop, all of a sudden, my brother-in-law came and hit me, punched me and slapped me and I fell to the ground on the roadside. There were a lot of people standing around at the bus stop and they were looking at us. I wanted to cry but could not and he went on to verbally abuse me and shouted, 'Do you think your husband will come back to you again, useless, you stupid woman'.

In-depth interview,
non-partner violence,
Honiara

This chapter explores women's experiences, from age 15 onwards, of physical and sexual violence perpetrated by people other than an intimate partner, male or female (non-partner violence). Women were asked whether, since the age of 15, anyone other than their intimate partner had ever beaten or physically mistreated them in any way. Follow on questions were used to identify the perpetrators and frequency of the violence. Respondents were also asked whether, since the age of 15, they had ever been

forced to have sex or perform a sexual act when they did not want to, by anyone other than an intimate partner.

The results show that women in Solomon Islands face both physical and sexual violence from people other than intimate partners and that these forms of violence occur across all parts of the country. The prevalence of physical and sexual violence by non-partners was the same at 18%. The prevalence of non-partner physical violence was higher in Honiara than in the provinces. However, the prevalence of sexual violence was slightly higher in the provinces. Overall, we found that 29% of women aged 15–49 in Solomon Islands had experienced some form of physical and or sexual violence by someone other than an intimate partner since the age of 15.

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

	Solomon Islands (N=2882)		Honiara (N=665)		Provinces (N=2217)	
	number	%	number	%	number	%
Non-partner physical >15 years	525	18.2	158	23.8	368	16.6
Non-partner sexual >15 years	518	18.0	113	17.0	405	18.3
Non-partner physical or sexual >15 years	839	29.1	224	33.7	615	27.8

'Male family members, particularly fathers and stepfathers, were identified as the most common perpetrators of non-partner physical violence.'

Non-partner physical and sexual violence is most often a repeated form of abuse rather than a one-off incident. Of the women who reported experiencing physical non-partner violence, 39% said they had experienced violence once or twice and 61% reported that they had experienced it three or more times. Of women who reported non-partner sexual abuse, 43% said it had occurred once or twice and 57% said it had occurred three or more times.

Perpetrators of non-partner violence

Male family members, particularly fathers and stepfathers, were identified as the most common perpetrators of non-partner physical violence. Interestingly female family members (most often the mother) were also reported to be frequent perpetrators of physical violence against women after the age of 15, demonstrating that violence is not only perpetrated by men. Acquaintances such as teachers, friends of the family and work colleagues were also identified as perpetrators. Physical violence from strangers was the least common.

The situation is different for sexual violence by non-partners. Fathers and stepfathers were very rarely identified as perpetrators of sexual violence against women after the age of 15. Most commonly, boyfriends, strangers and male acquaintances such as friends of the family, teachers and work colleagues were identified as perpetrators.

For example, one woman with whom we conducted an in-depth interview described how she had been sexually harassed in the workplace.

> *'When I first started work, one of the first incidents was with my boss. It was nearly 4:30 pm and I took the files in to his office and he asked me to stay back late. So I thought I was going to stay late because of some work needed to be done. Not for work but he said, 'I've got S200 dollars here', so I said, 'No'. He continued, 'I've got $200 dollars here', so I said, 'No'. Then he closed the door and I said, 'If you are trying to do anything to me, I will report you even though you are my boss.*
>
> Victim of workplace harassment, in-depth interview

Another woman said,

> *'My male workmates were the ones who usually sexually harassed me … A lot of times the men touched my private parts and harassed me for sex. They also made sexual comments towards me. And a lot of times, if I asked them to do any work for me because it relates to my work, they harassed me. They wanted me to touch their private parts or have sex with them before they would do the work being asked.'*
>
> Victim of workplace harassment, in-depth interview

During the qualitative research, a woman described being raped by a stranger.

> *'There was one time when I was working in a restaurant and I came back from work at night. I got off the bus and walked along the road but I didn't see that a man was following me. He came and grabbed me on the way … It happened to me in the night time … He held me and did things that are wrong to women (implying sex/acts here).'*
>
> Non-partner violence, in-depth interview

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

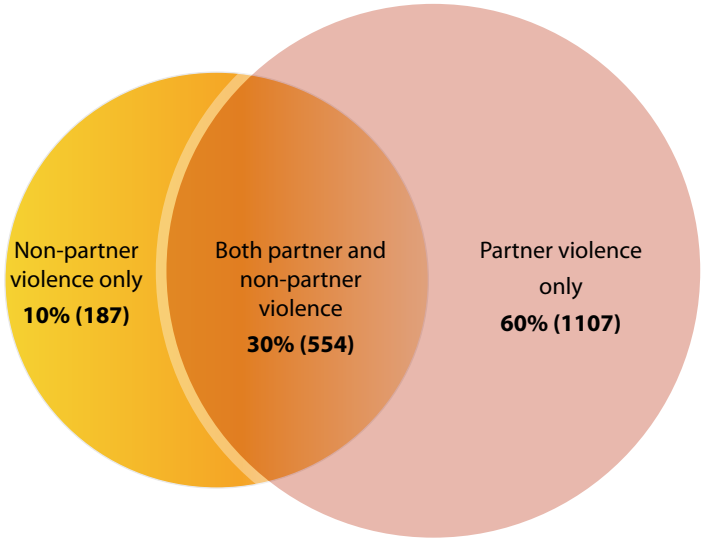
	Physical >15		Sexual >15	
	number	%	number	%
Frequency				
1-2 time	205	39.0	222	43.0
>3 time	320	61.0	294	57.0
Perpetrators[a]				
Father/Step-father	151	59.0	5	0.01
Male family member	123	23.4	44	8.5
Female family member	132	25.0	2	0.0
Acquaintance (teacher, friend of family, work colleague)	92	17.5	125	24.1
Boyfriend	66	12.6	247	47.7
Stranger	25	4.8	139	26.8
Militant	0	0	2	0.0
Other	58	11.0	52	23.9
Total number of women reporting violence	**525**		**518**	

a. More than one perpetrator could be reported; therefore the total percentage is greater than 100%.

Partner violence compared with non-partner violence

Figure 6.1 compares the proportion of women who experienced violence from partners and non-partners. Clearly, women's highest risk of violence is from partners, with 90% of women who reported violence experiencing it from a partner. The figure shows that 30% of all women who reported experiencing violence had experienced both partner and non-partner violence. Only 10% of women aged 15–49 who reported experiencing violence had been abused only by a non-partner. This challenges the common assumption in Solomon Islands that women are most at risk of violence from strangers, for example, rape by a stranger.

Figure 6.1: Proportion of women who have experienced partner and non-partner sexual or physical violence, or both, since the age of 15.



'Only 10% of women aged 15–49 who reported experiencing violence had been abused only by a non-partner.'

Impact of the ethnic tensions on women

The Solomon Islands Family Health and Safety Study was not designed to specifically examine the impact of the ethnic tension on violence against women and children. However, given the many informal accounts indicating that women and children faced increased levels of violence during this period, we decided to explore this issue to some extent using both qualitative and quantitative methods. This section presents the findings from these components, but cannot be considered, in any way, a comprehensive analysis of the impact of the ethnic tension on women. It simply represents a snapshot of some women's experiences during this time. More specific research on the impact of the tension on women's experiences of violence would be needed to explore the issue in depth.

Impact of ethnic tension on non-partner violence

> *'When I talked with this woman, I knew that she had experienced sexual violence. This happened during the tension. This man came and pointed a gun at her and took her away. He forced her to have sex with him and her family could not say anything because of the gun and this man was a militant.'*
>
> Survey interviewer

The category of 'militant' was included among possible perpetrators in the non-partner violence section of the questionnaire. However, this did not yield significant results. In fact, only two respondents reported that they had experienced sexual violence by a non-partner/militant. It is possible that some women identified the perpetrator simply as a 'stranger' even if the violence they experienced was related to the tension. It is also possible that because

women were extremely fearful of violence during the tension, they hesitated to report it, even many years later. Clearly this does not reveal the true extent of the violence that women experienced during this period in Solomon Islands.

The following case study of a woman sexually assaulted during the tension gives an in-depth account of the type of violence women faced during this period.

Box 6.1: Case study of non-partner violence during the ethnic tension (from in-depth interview)

Mary (a pseudonym), has three children and lives in Honiara. She was sexually assaulted by a group of militants during the ethnic tension when she was 8 months pregnant. She says, 'During the ethnic tension people used take advantage of this situation and do bad things.' She explained what happened to her: 'One day when I was home alone, about 20 masked men with guns came into the house. I was really scared but just acted very bravely.' Mary tried her best to answer the men's questions nicely, to try to avoid further harassment. 'I felt helpless at that point in time,' she says. 'They stripped off my clothes and pushed me around. I thought that I would die. All of a sudden one man charged towards me and asked for my chain. He asked me where the money was and I emptied my purse. Then he told me to take off my panties and asked whether I still have sex with my husband. At that time he told me to lie on my bed and close my eyes. Then he put his finger to my private parts. That's when I told him, 'Listen my brother I am ready to deliver my baby.' Then he let go of me and ordered me to sit on the floor and he pointed the gun to my head. Then all of a sudden he pushed me to the ground and walked away.'

Mary never reported this to the police because she was scared that they might retaliate and do the same thing to her daughters. She said, 'It might not be safe for me to take such things to be dealt with by the police.'

Mary said that this experience really affected her well-being. 'If I hear the word militant, or see them around, my blood pressure goes up. I have nightmares. Seeing them makes me sick and I want to kill them.'

Mary suggests that other women who have experienced what she has should report the matter and seek help: 'She must report this matter immediately. This will ease her mind.'

Impact of the ethnic tension on women's experiences of intimate partner violence

Some additional questions were also included in the questionnaire for women who reported intimate partner violence. We asked whether the partner violence they experienced got better or worse, or stayed the same during the ethnic tension. Some other reports suggest that the incidence of domestic violence increased during the crisis.

> *'Women report a very high incidence of domestic violence and believe that the crisis contributed to significant family breakdown, particularly in those areas most affected by armed conflict.'*
>
> (Commonwealth of Australia 2008: 328)

Table 6.3 shows that the majority of women who experienced partner violence during the ethnic tension reported that, compared to before the tension, the violence stayed the same or 'got better' (less severe or less frequent). Only 3% of women reported that emotional abuse was worse during the tension, 3% reported that physical abuse became worse and 2% said that sexual partner violence became worse. Furthermore, only a very small percentage of women (1–2%) reported that violence by an intimate partner had actually first started during the ethnic tension.

Table 6.3: Percentage of respondents reporting that intimate partner violence became better or worse or stayed the same, among women who experienced intimate partner violence during the ethnic tension.

	Emotional partner violence		Physical partner violence		Sexual partner violence	
	number	%	number	%	number	%
Violence got better	357	34.0	407	47.1	284	26.8
Violence got worse	27	2.6	29	3.4	22	2.1
Violence stayed the same	578	55.0	378	43.7	662	62.6
Violence first started during the tensions	14	1.3	14	1.6	13	1.2
Don't know/refused	74	7.0	37	4.3	77	7.3
Total	**1050**	**100.0**	**865**	**100.0**	**1058**	**100.0**

Women who reported that violence by their intimate partner got better during the ethnic tension were asked why this was the case. Table 6.4 shows that the most common reason given by respondents was that their partner had a stronger feeling of responsibility towards his family and the community during the tension. Between 69% and 81% of women reported this for different forms of violence. The next most common answers were that their partner stopped substance abuse, law and order were restored, or that they got divorced or separated during the tension.

'Of 55 women and teenage girls who lived on the western Weathercoast during the conflict and gave individual testimony, 19 had the courage to admit being raped by forces occupying or raiding their village'

(Amnesty International 2004: 27)

Table 6.4: Reasons for less severe or frequent violence by partner during the ethnic tension, among women who reported that violence 'got better'.

	Emotional partner violence (N=357)		Physical partner violence (N=407)		Sexual partner violence (N=284)	
	number	%	number	%	number	%
Increased feelings of responsibility towards family/community	290	81.2	258	72.3	195	68.7
Partner stopped substance abuse	39	10.9	44	12.3	16	4.5
Restoration of law and order	29	8.1	41	11.5	21	5.9
Divorced/separated	27	7.6	25	7.0	28	7.8
Partner deceased	7	2.0	10	2.8	12	3.4
Don't know	15	4.2	49	13.7	11	3.1
Other	16	4.5	17	4.8	16	4.5

Women who reported that the violence became worse were also asked why, although very few women reported this to be the case. The most common reasons given for worse violence were lack of law and order, their partner joined the militants, and increased stress.

Case study on the impact of the tension on women at village-level

We also conducted some qualitative research to explore the impact of the tension on women. Additional surveys were carried out in a village in the Weathercoast region, which was particularly affected by the tension. Amnesty International conducted interviews with women in the region following the tension and reported that, 'Of 55 women and teenage girls who lived on the western Weathercoast during the conflict and gave individual testimony, 19 had the courage to admit being raped by forces occupying or raiding their village' (Amnesty International 2004: 27). This village was not part of the Solomon Islands study's random sample and is therefore not included in the overall study statistics. However, these interviews provide a qualitative account of village-level experiences.

Box 6.2: Impact of ethnic tension on women in a village in the Weathercoast region

In Rada village (not the real name) in the Weathercoast region, 22 out of 24 respondents interviewed reported that they had experienced violence by an intimate partner. Twelve respondents said that partner violence began before the tension, four reported that violence in their homes started during the tension, and six said that the violence began after the tension.

A number of women reported severe violence. For example, one woman who was a victim of both physical and sexual violence by her partner had many injuries and other health problems. She had a spinal injury, a cut above her eye (scar), burn scars and a tooth missing. Other women could not be interviewed because their husbands would not allow it.

One interviewer reported, 'Taem mi herem stori blong woman ia, hem sore something tumas for me. Husband blong hem, hem been faetem hem somefala taem last time and hem garem bone mis long back blong hem, and garem somefala skras tu long bodi blong hem.' *(When I heard this woman's story, it was so sad for me. Her husband used to beat her before; he dislocated her backbone and she has scratches all over her body.)*

During taem blong interview, disfala woman ia hem reportem staka something tumas. Hem been suffer tumas long both violence, staka taem husband faetem and forcim hem for sex. Hem say that hem taet tumas long kind way ia nao. Kaen violence ia hem happen last 12 months and dis yia to…. (Rada village). *(During the interview, this woman reported many incidents. She has suffered so much from the many times her husband has beaten her or forced her to have sex. This violence happened in the last 12 months and this year as well.)*

Interviewers were warned by the respondents that the village was unsafe. One woman explained to the interviewer, 'I am very scared of reporting this violence. Violence is a high risk in Rada community. Doing revisits here will cause a high risk.'

Another woman explained, 'Disfala community hem wanfala very hard community. Boys or married man still actim olketa ways blong tension ia. Risk tumas for mifala girls and woman for come and sleep long this fala area ia.' *(This is a very hard community. Boys and married men still act like they did during the tension. It is very risky for girls and women to come and stay here.)(Respondent in Rada village).*

Discussion

In Solomon Islands, 29% of all women surveyed had experienced physical or sexual violence, or both, by non-partners, since the age of 15 years. Non-partner physical violence was more prevalent in Honiara than in the provinces, while the opposite was true for sexual non-partner violence. While non-partner violence was relatively prevalent, women were at higher risk of violence from their intimate partners. This is a common pattern around the world. In fact, in all but one (Samoa) of the 15 study sites where this survey was conducted, women were significantly more likely to experience sexual or physical violence, after the age of 15, by an intimate partner rather than by other men or women (Garcia-Moreno et al. 2005: 47).

It was also a common finding among the countries that took part in the WHO study that non-partner perpetrators of physical violence had different characteristics from non-partner perpetrators of sexual violence. As was the case in Solomon Islands, in many study sites, family members were identified as the most common group of non-partner perpetrators of physical violence, whereas non-partner sexual violence was most commonly perpetrated by acquaintances and strangers. Moreover, there was less overlap between physical and sexual violence by non-partners than by partners. It appears that non-partner violence is a different

phenomenon from partner violence, which has important implications for deciding on the best focus for anti-violence programmes.

The small amount of data gathered on the impact of the ethnic tension on women's experiences of violence showed mixed findings. The qualitative research suggests that the incidence of non-partner violence, such as stranger rape, was high during this period. However, the quantitative component of the research did not yield strong results in this area, probably because the survey did not specifically ask about violence related to the ethnic tension.

Some areas of Solomon Islands, such as the Weathercoast region, were severely affected by the tension and we were told that, even today, these areas are considered dangerous for women. Qualitative research revealed high rates of partner violence and extreme fear among respondents, with local women warning interviewers that it was an unsafe area.

While the tension had a strong impact in some parts of the country, it appears that in the country overall, intimate partner violence may have been less severe or frequent during this period. The majority of women who experienced intimate partner violence before and during the tension reported that it either stayed the same or got better during this period. The women's most cost common explanation for this phenomenon was that men felt an increased sense of responsibility for their families and communities at this time. This finding challenges the usual assumption that women are at greater risk of partner violence in conflict situations and may indicate that in times of stress and trauma, families become more closely bonded to work through their problems together.

MAIN FINDINGS

- 37% of women aged 15–49 reported that they had been sexually abused when they were under the age of 15. The most common perpetrators were acquaintances.
- We found significant co-occurrence of intimate partner violence and child abuse; 36% of women who had experienced intimate partner violence by their current/most recent partner reported that their child(ren) had been emotionally, physically or sexually abused by the same partner.
- Women who had experienced domestic violence were 4.5 times more likely to report that their child(ren) had been emotionally, physically or sexually abused by their partners, compared to women who had not experienced partner violence.
- 59% of women who had suffered violence reported that they believed the violence had affected the way they parented their children.
- Of the women who had experienced intimate partner violence, more than half said that their children had witnessed this violence, with 10% reporting that their children had witnessed many incidents of violence.
- There were significant associations between women's experiences of intimate partner violence and their children having emotional and behavioural problems.
- We found strong evidence for intergenerational transmission of violence: women who had experienced partner violence were more likely to have experienced child sexual abuse, witnessed violence as children, and have partners who witnessed or experienced violence as children.

'When I was away for a year, one of my children got burned because he did the cooking by himself and the other one got a broken arm because his dad hit him with a piece of firewood. And another child, he tied him up and sprayed him with a hose pipe.'

Victim of intimate partner violence whose children were also being abused, Temotu

This chapter explores a number of issues relating to violence against children. We first look at the prevalence of sexual abuse of girls under 15 years of age, the main perpetrators of childhood sexual abuse and the nature of girls' first sexual experience. Next we examine the co-occurrence of partner violence and child abuse and the impact that partner violence may have on parenting. We also examine the effects of intimate partner violence on children's behavioural and emotional responses and its impact on their schooling.

Prevalence of child sexual abuse (girls under 15)

The following section explores the rate of sexual abuse of girls in Solomon Islands. The methods used to examine child sexual abuse are outlined in detail in Chapter 2. The following prevalence rates are based on questions asked of women aged 15–49 about their experiences before the age of 15. As explained in Chapter 2, a number of strategies were used to ensure the highest possible rate of disclosure on the very sensitive subject of childhood sexual abuse (CSA). The use of the child face card was particularly effective in Solomon Islands. Answers to question 1003 of the questionnaire indicated that the overall national prevalence of child sexual abuse was 11%. However, the results from the face card showed that 37% of women aged 15–49 reported that prior to the age of 15 someone had touched them sexually or made them do something sexual that they did not want to (see Graph 7.1). The face card was used more by women in Honiara than in the provinces. Women in the provinces seemed more comfortable reporting through the questionnaire.

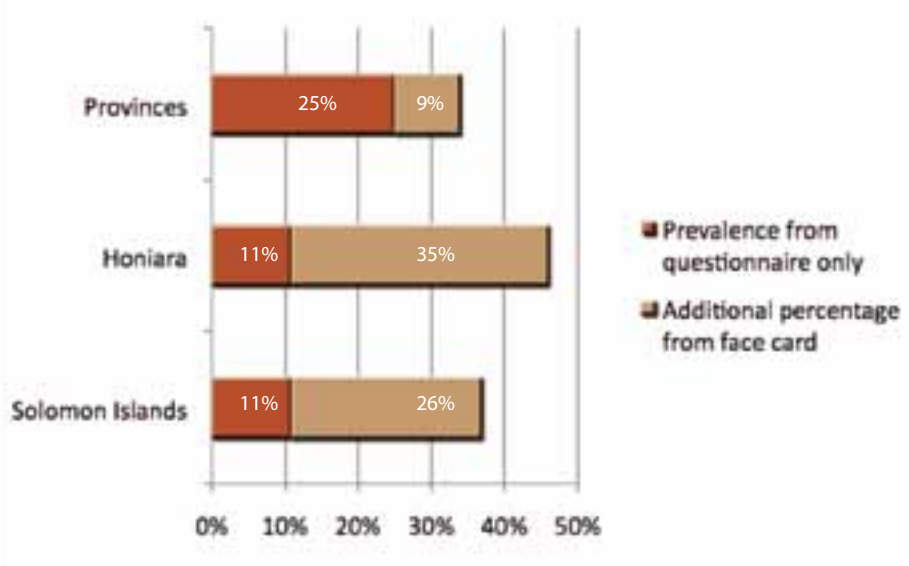
Many women find it difficult to disclose experiences of childhood sexual abuse in response to a question, due to the secrecy that surrounds it and the shame that adult women often feel about what happened to them as children. The face card proved successful because it enabled women to provide this information in a totally secret manner.

Table 7.1 shows the prevalence of childhood sexual abuse for different regions of the country. The rate reported is higher in Honiara but still quite high in the provinces. Of the women who reported child sexual abuse, 47% reported that the abuse had happened once or twice, while 53% reported that such incidents had occurred three or more times.

Table 7.1: Prevalence of sexual abuse of girls under age 15, by region.

	Solomon Islands (N=2882)		Honiara (N=665)		Provinces (N=2217)	
	number	%	number	%	number	%
CSA questionnaire	313	10.9	77	11.6	549	24.8
CSA face	951	33.0	278	41.8	673	30.4
CSA both	1064	36.9	303	45.6	763	34.4

Graph 7.1: Prevalence of sexual abuse of girls under age 15, by region



Perpetrators of sexual abuse of girls

Respondents who reported having been sexually abused before the age of 15 years were asked who the perpetrator was.[8] Table 7.2 groups perpetrators into five categories: father/stepfather; family member; male friend of the family; acquaintance; boyfriend; stranger; militant/police; and other.

Table 7.2: Perpetrators of sexual abuse of girls, for women who reported being sexually abused before the age of 15.[9]

Perpetrator	number	%
Father/stepfather	5	1.6
Family member	61	19.5
Male friend of family	50	16.0
Acquaintance (teacher, colleague)	48	15.3
Boyfriend	114	36.4
Stranger	76	24.3
Militant/police	6	1.9
Other	2	0.6
Total	**313**	

Of the women who reported childhood sexual abuse, approximately two-thirds said that they had been abused by someone they knew (family member, friend of the family, boyfriend or acquaintance); 24% reported that they had been abused by a stranger; and 2% by a militant or police officer. The most commonly identified perpetrator of the abuse was a boyfriend.

We can share some descriptions of specific experiences from qualitative interviews with women who experienced child sexual abuse – one by a family member and one by a stranger.

8. Women who disclosed child sexual abuse only though the anonymous face card were unable to be asked follow-on questions related to perpetrators and frequency of abuse because the interviewers did not know that the respondents were victims of CSA.

9. Multiple perpetrators could have been mentioned so the total percentage does not add up to 100%.

'I was about 12 or 13 at the time. I went for a walk to the seaside with some other small children when this particular man chased me. He aimed for me. When he reached me he grabbed me, I tried to cry, shout and struggle to get away from him. But he closed my mouth and beat my hands. And then he lifted my small skirt and abused me. This man took my virginity that day by force and I was bleeding when I reached the house. They took me to the hospital and stitched me up.'

Girl victim of sexual abuse, in-depth interview

'I was 12 or 13 when this happened to me when we stayed at our home village. This person would come to our house and touch my private parts, pulls me close to him, hugs me or kisses me or does very intimate things to me. My uncle is the one who is abusing me and it usually happens three to four times a month … I have shared my problem with my mother but she did not believe me.'

Girl victim of sexual abuse, in-depth interview

Experiences of childhood sexual abuse were found to be associated with other experiences of violence. All respondents were asked if their mother had experienced intimate partner violence; 32% of women said yes. Among women who did not report childhood sexual abuse, 26% reported that their mother had been beaten. However, of women who reported that they had been sexually abused when they were under the age of 15, 40% reported that their mother had been beaten ($P<0.001$). This is an interesting association as other research indicates that the risk of sexual abuse increases for children who are exposed to domestic violence (Farmer and Pollock 1998; Hester and Pearson 1998). We also found that women who had experienced childhood sexual abuse were much more likely to experience intimate partner violence later in life, as discussed below in the section on intergenerational transmission of violence.

First sexual experience

Respondents who reported ever having had sex were asked at what age they first had sexual intercourse. Table 7.3 shows women's ages when they first had sex and how they describe their first sexual experience. The majority (43%) had sex for the first time between the ages of 18 and 21. A large percentage (41%) had sex for the first time between 15 and 17 years of age, while 8% reported that it occurred before the age of 15, and 7% after the age of 22. To explore the degree to which respondents' first sexual experience was voluntary, they were asked whether they would describe their first experience of sexual intercourse as something that they had wanted to happen; that they had not really wanted but that happened anyway (coerced); or that they had been forced to do (rape).

Table 7.3: Age at, and level of agreement to, first sexual experience among sexually active respondents.

	Total women		Wanted to have sex		Did not want to have sex but it happened anyway		Forced to have sex	
Age of first sex	number	%	number	%	number	%	number	%
< 15	207	8.4	84	40.6	36	17.4	87	42.0
15–17	1024	41.4	623	60.8	160	15.6	241	23.5
18–21	1071	43.4	696	65.0	195	18.2	180	16.8
22–49	168	6.8	127	75.6	22	13.1	19	11.3
Total	**2470**	**100.0**	**1530**	**61.9**	**413**	**16.7**	**527**	**21.3**

We see that for the majority of women in Solomon Islands, their first sexual experience was voluntary (62%). However, it is of concern that for 17% of women, their first sexual experience was somewhat coerced and for 20% was forced. While the latter figure is very high, it is consistent with the high rates of sexual violence reported in other parts of the study.

There is a clear association between the youthfulness of women when they first had sex and the likelihood that their first sexual experience was not fully voluntary, that is, either coerced or forced. For example, a significant 42% of women who had their first sexual experience before the age of 15 reported that it was forced and only 41% of them said it was fully voluntary. Of women who had their first sexual experience between the ages of 15 and 17, 24% reported that their first experience was forced. However for the 18–21 year-old age group, the rate is lower at 17% and only 11% of women who had their first sexual experience after the age of 22 reported that it was forced.

Co-occurrence of intimate partner violence and abuse of respondent's children

Questions relating to child abuse by the respondent's partner were asked of all women participating in the study who had children. They were asked whether any partner had ever emotionally, physically or sexually abused their children, and whether injuries were sustained as a result of this abuse.

Table 7.4 shows that women who were victims of intimate partner violence were significantly more likely to report that their current partner or any other partner had abused their children emotionally, physically and/or sexually (35% versus 11%, *P*<0.001). In fact, women who had experienced intimate partner violence were 4.5 times more likely to have children who were also abused than those who had not experienced partner violence (AOR[10] = 4.5, 95% CI 3.5–5.8). Women who had experienced partner violence were more likely to report that their partner:

- had done things to scare or intimidate their child(ren) on purpose (31% versus 7%, P<0.001);
- had slapped, pushed or thrown something at their child(ren) that could hurt them (25% versus 8%, P<0.001);
- had hit their child(ren) with a fist, kicked them or beaten them (14% versus 4%, P<0.001);

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

- had shaken, choked or burnt their child(ren) on purpose (3% versus 1%, P=0.001);
- had touched their child(ren) sexually or made them do something sexual that they did not want to (1.4% versus 0.5%, P=0.037).

The figures on sexual abuse are probably conservative due to the stigma and shame associated with this form of abuse (Zolotor et al. 2007). All associations were found to be statistically significant.

These findings were also supported by women who responded to in-depth interviews, in which 11 of the 16 women (who were victims of intimate partner violence) said that their partner had been either emotionally or physically violent toward their children. Four of these women also reported that their children had sustained injuries from this abuse.

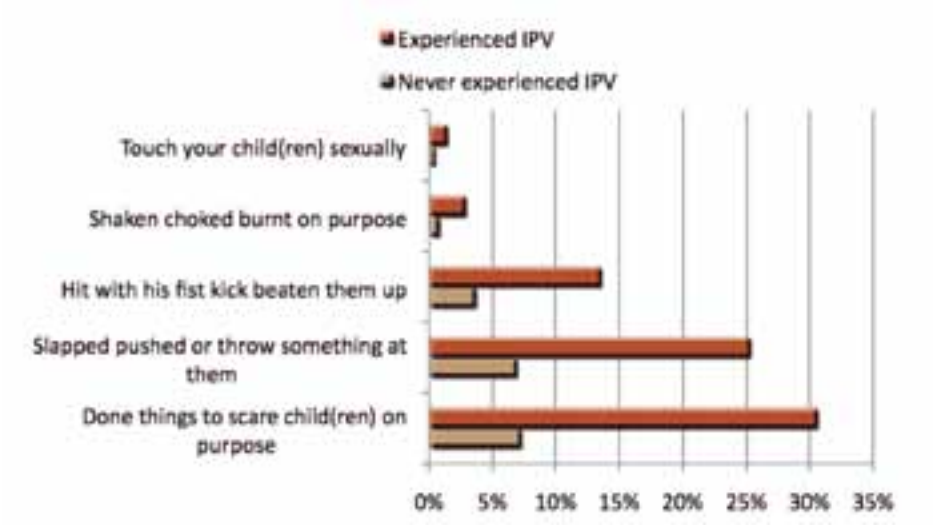
> *'When he stays at home and wants to discipline the children, he beats them very badly and shouts at them, especially the first child. Sometimes he beats up our son then throws him outside of the house and locks the door. My son has had black marks from the broom and small bruises …. Most of the time, I just cry when I see him beating the children and this can lead to another argument.'*
>
> Survivor of intimate partner violence, whose child was also being abused, in-depth interview, Honiara

Table 7.4: Percentage of women, who have ever been in a relationship and had children, reporting that their partner had physically or sexually abused their children, by respondent's experience of partner violence.

	Solomon Islands (N=2290)		Never experienced partner violence (N=822)		Experienced partner violence (N=1468)		P Value[a]
	number	%	number	%	number	%	
Done things to scare child(ren) on purpose	509	22.2	60	7.3	449	30.6	P<0.001
Slapped, pushed or thrown something that could hurt them	429	18.7	57	6.9	372	25.3	P<0.001
Hit them with his fist, kicked, beaten them up	229	10.0	30	3.6	199	13.6	P<0.001
Shook, choked, burnt on purpose	49	2.1	7	0.9	42	2.9	P=0.001
Touched child(ren) sexually	25	1.1	4	0.5	21	1.4	P=0.037
Ever emotionally, physically or sexually abused children	608	26.6	89	10.8	519	35.4	P<0.001

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

Graph 7.2: Percentage of women, who have ever had children, reporting that their partner had physically or sexually abused their children, by respondent's experience of partner violence.



Of women who reported that their partner had been abusive towards their children, 92% indicated that the violence was perpetrated by their current or most recent partner; 6% said it was perpetrated by a previous partner; and 2% reported that both their current and previous partner had been abusive towards their child(ren).

In relation to co-occurrence of violence, Table 7.5 shows that there is a strong association between intimate partner violence and child abuse by the same perpetrator. Of women who had experienced intimate partner violence by their current/most recent partner, 36% also reported that this same partner had emotionally, physically or sexually abused their child(ren). This compared with only 10% for women who had never experienced intimate partner violence (P<0.001).

Table 7.5: Percentage of women, who have ever been in a relationship and had children, reporting that their current/most recent partner had physically or sexually abused their children, by respondent's experience of partner violence by current/most recent partner.

	Child(ren) never abused by any partner (N=1581)		Child(ren) abused by current/most recent partner (N=558)	
	number	%	number	%
Never experienced IPV (N=955)	773	89.7	84	10.3
Experienced IPV by current/most recent partner (N=1500)	848	64.1	474	35.9

Women who reported any form of abuse against their child(ren) were asked if the child(ren) had sustained injuries as a result of this abuse and whether medical attention had been sought. Among women (both victims and non-victims of intimate partner violence) who identified that their child(ren) had been subjected to some form of abuse, 23% reported that it had resulted in injuries.

> *'He says every bad word and swears at the children. He compares the children to animals and smacks them…Their health is affected; their bodies are not growing well … I talk hard to him if he beats the children but if I do I have to hold one of children to protect me from more beatings.'*
>
> Respondent, in-depth interview, Malaita

The findings show that a significant 71% of women who reported injuries to their child(ren) never sought medical care. The reasons most women gave for not seeking medical care are shown in Figure 7.1. It is of concern that the normalization of violence in Solomon Islands may contribute to children not receiving the medical attention they need for violence-related injuries. In addition, women feel that health care is not easily accessible, making children particularly vulnerable. Women seemed to seek health care when they felt that the injuries were very serious and they were worried about the well-being of their child.

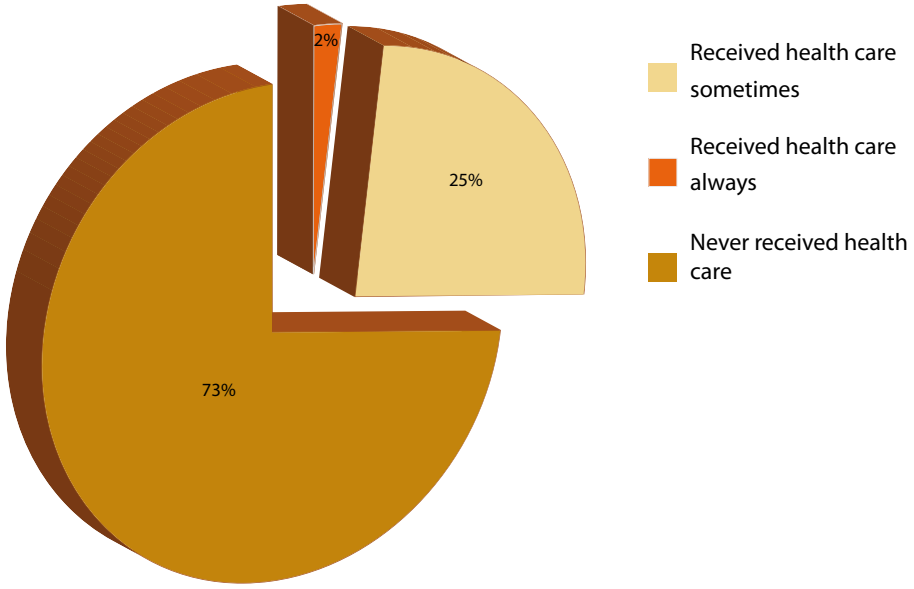
Figure 7.1: Most common reasons given for seeking or not seeking health care for a child, among women who reported that a child had been injured by a partner's abuse.

Reasons for not seeking health care for child	Reasons for seeking health care for child
Violence is normal	Wanted to check child was ok
Injuries not serious	Child badly injured
Afraid it would bring bad name on family	Encouraged by friends and family to go
Health care not easily accessible	

During qualitative interviews, women also spoke of other effects beyond injuries that their partners' violence had on their children. According to the respondents, their children were often scared and had emotional and behavioural problems as well. This is consistent with the findings on the impact of intimate partner violence on children as discussed below. It is likely that children's emotional and behavioural problems may be due not only to witnessing intimate partner violence, but also to experiencing direct violence themselves by the women's partners.

> *'My children always fear their dad if he comes home late at night. They would say, 'Mom lets go and hide somewhere, Dad's going to come and kill us'. If he comes home drunk he would beat them and do things that hurt them.'*
>
> Respondent, in-depth interview, Honiara

Graph 7.3: Percentage of women who reported that their child(ren) had received health care for their injuries, among women who reported that their child had sustained injuries from their partner's abuse (N=137).



Impact of intimate partner violence on women's parenting

All women who reported that they had experienced intimate partner violence and who also indicated that they had at least one child, were asked if they felt that the violence that they were subjected to had affected their ability to parent. Of these women, 59% said that they felt there had been an effect (Table 7.6). The most common effect reported was that they hit their children; the second most common was that they shouted and yelled at their children more; and 11% said that they ignored their children. It is concerning to note that 7% stated that the impact had resulted in them being too sick or hurt to be able to care for their children.

Table 7.6: Self-reported impact of partner violence on respondents' parenting, among women who had children and had experienced partner violence (N =1157).[11]

	number	%
No effect	473	40.9
Hits children	494	42.7
Shouts/yells at children	268	23.2
Ignores children	122	10.5
Too sick/hurt to look after children	75	6.5
Shelters/protects them from violence	0	0.0
Others	25	2.2

A number of women during the in-depth interviews said that their partners' abuse had impacted on their ability to provide for their family. One woman explained,

> *'It affects how I provide for the family because when I am badly hurt by my husband's treatment I can't walk to the garden and the children go hungry. Because I am the only one working in the garden to provide food for the family.'*
>
> Respondent, in-depth interview, Honiara

None of the respondents reported that they were more protective of their children (Table 7.6). These findings indicate that the impact of such violence on parenting is overwhelmingly negative. Despite societal expectations that women who are victims of violence will protect their children, this may be impossible due to the women's own vulnerability. This supported comments made by women during in-depth interviews that when their children were being abused they were unable to intervene. The main reason given for lack of intervention was fear that they would also be assaulted as a result.

> *'Most of time, that's one of the things we usually fight about because if he does that [beats the children], I am the children's mother so I didn't say anything, when he beats them, I just cried. Like I feel sorry for my children so I cried, and when I cried he would turn around and get angry at me … So then we would start fighting again from my crying and he beats me.'*
>
> Respondent, in-depth interview, Honiara

11. More than one impact could have been mentioned by the respondent; therefore the total percentages do not add up to 100%.

Impact on children who witness intimate partner violence

A significant body of research globally has shown that children who witness domestic violence are more likely to experience behavioural, emotional and schooling difficulties. In the Solomon Islands study, abused women who had at least one child were asked if their child(ren) had ever seen or heard any of these incidents of violence. When women who responded positively were asked if the children had witnessed them once or twice, several times or most of the time, 59% reported that their child(ren) had seen or heard at least one incident of partner violence. Of these women, 26% reported that their children had witnessed violence once or twice, 23% said several times, and 10% reported that their children had witnessed many such incidents.

This data needs to be viewed with some caution as these results reflect only the mother's perspective and the actual percentage of children witnessing violence may in fact be significantly higher. For example, a study by Mullender et al. (2002) found that 100% of children were aware of violence that was happening in their homes, though only 30% of their mothers thought they knew of the violence. Similarly, of the women in the Solomon Islands study who reported that their father had hit their mother, 92% reported that as children, they had either seen or heard this violence directly.

'... Of the women in the Solomon Islands study who reported that their father had hit their mother, 92% reported that as children, they had either seen or heard this violence directly.'

Emotional, behavioural and social effects of partner violence on children

> *'It has really affected my children, especially our first son. It really affects his education. He has sleepless nights and is scared and this affects his learning ability. He can't concentrate well in class. And his teacher notices this as well. They are traumatized by this problem.'*
>
> Respondent, in-depth interview, Honiara

Respondents who had one or more children aged 5–12 years living with them were asked a number of questions exploring emotional and behavioural issues that the child(ren) may have faced. These questions were asked regardless of whether the woman reported intimate partner violence or not. While it is impossible to establish a direct correlation between a woman's experience of intimate partner violence and the impact on her children, we can identify some associations.

Significant associations were found between women's experience of intimate partner violence and their children having various emotional and behavioural problems. Table 7.7 shows that the associations were significant for all behavioural issues except bed wetting. That is, women who had experienced partner violence were significantly more likely to report that their child had nightmares; sucked their thumb or fingers; was very timid or withdrawn; was aggressive; or had run away from home. This is despite the fact that 41% of women who were victims of partner violence reported that their children had not witnessed any such incidents.

Table 7.7: Effects of violence on children, among women with one or more children 5–12 years old living at home.

	Never experienced partner violence		Experienced partner violence		P value[a]
	number	%	number	%	
Child has nightmares	105	20.7	328	35.9	P<0.001
Child sucks thumb	31	6.1	104	11.4	P=0.005
Child wets bed	109	21.5	230	25.2	P=0.115
Child is timid	215	42.3	489	53.6	P<0.001
Child is aggressive	211	41.5	527	57.5	P<0.001
One or more child have run away from home	41	8.1	104	11.4	P=0.042
Total	**508**		**913**		
Child had to repeat a year at school	85	18.2	162	19.2	P=0.717
Child stopped school	47	10.0	88	10.4	P=0.854
Total	**468**		**843**		

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

Table 7.8 gives odds ratios and 95% confidence intervals for the likelihood that children of ever-partnered women who have ever experienced physical or sexual violence, or both, by an intimate partner, will have behavioural, emotional or schooling problems relative to the likelihood of these problems for children of women who have not experienced violence. These odds ratios were calculated using logistic regression techniques.

> *'As a result of my partner's behaviour two of my children always lock themselves in their room and now one of my boys is into drugs and smoking and is not healthy (getting thinner). I try to advise him but he is already very affected because he sees violence every day.'*
>
> Respondent, in-depth interview, Honiara

Table 7.8: Logistic regression models for the association between women's experiences of intimate partner violence and behavioural and emotional problems in their children.

	COR	95% CI	AOR	95% CI
Child has frequent nightmares	2.0	1.6-2.1	1.9	1.2-2.9
Child sucks thumb	1.2	1.0-1.6	1.3	1.2-2.9
Child often wets bed	1.2	1.0-1.6	1.3	1.0-1.6
Child is very timid or withdrawn	1.6	1.3-2.0	1.6	1.3-2.1
Child is aggressive	1.9	1.6-2.4	2.0	1.6-2.5
One or more children run away from home	1.5	1.0-2.2	1.5	1.1-2.2
Child stopped school	1.0	0.7-1.5	1.3	1.0-1.6

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

These findings are supported by comments made in focus group discussions where many of the participants stated that children who were exposed to or witnessed domestic violence were unhappy, sad and often crying, and their education was affected.

Schooling and educational outcomes

Research has shown that children's observation of domestic violence may have a marked effect on both their academic performance and behaviour at school (Edleson 1999a; Fantuzzo et al. 1997; Pfouts et al. 1982). All women who had children aged between 5 and 12 years were asked if their children attended school and if so whether any of these children had repeated a year at school. They were also asked if any of these children had stopped going to school for a while or had dropped out of school. For women who had experienced violence, 19% reported that their children had repeated a year of school compared to 18% of women who had not experienced violence. This association was not statistically significant. The drop-out rate for children also did not vary significantly between abused and non-abused women.

However, participants in focus group discussions and in-depth interviews suggested that children's schooling would be affected by witnessing domestic violence.

> *'The problem experienced by these children is that their schooling would not be good. They might be weak at school and not confident of themselves.'*
>
> Female participant aged 36+, focus group discussion

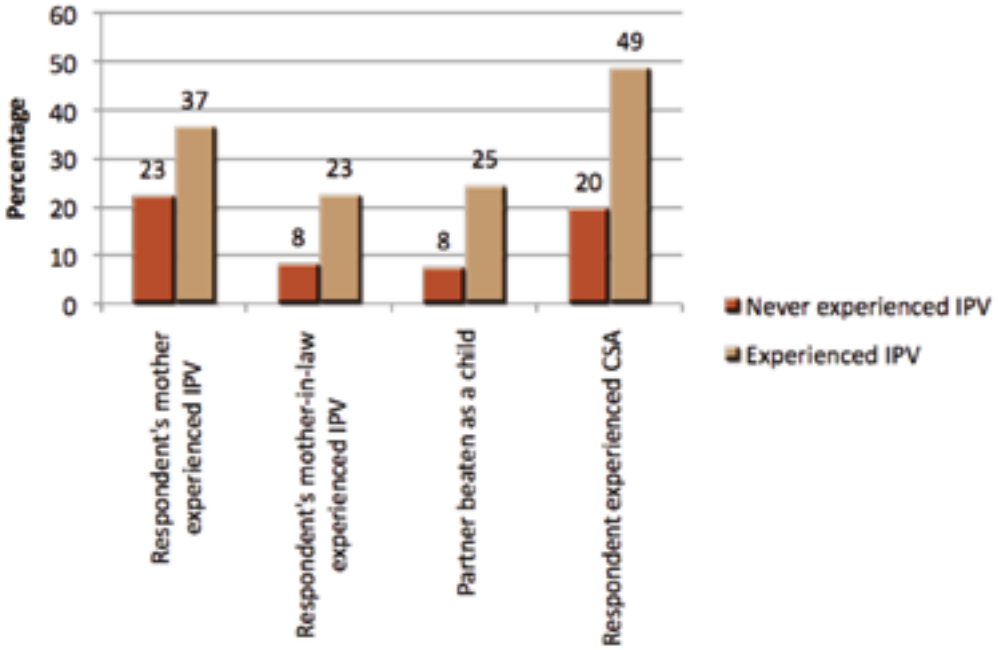
A female respondent in an in-depth interview reported that she felt that the violence that she was being subjected to was having an effect on her son, particularly on his schooling:

> *'His schooling was affected like his attendance. He would miss some days at school and I am sure that he was not keeping up with his school work. He is also not well disciplined at school.'*
>
> Respondent, in-depth interview, Honiara

The cycle of violence: Intergenerational transmission of violence

One of the most concerning findings for children who have been raised in homes where domestic violence occurs is the association between this exposure and outcomes experienced in adult life (Graph 7.3).

Graph 7.3: Exposure of respondents and partners to violence during childhood, by respondents' experience of intimate partner violence.



All respondents were asked if their mother had experienced intimate partner violence and 32% of women reported this to be the case. This relatively high percentage supports the high overall prevalence of intimate partner violence found in Solomon Islands. When women were also asked about their partner's childhood experiences of violence, 18% reported that, as far as they knew, their partner's mother had been a victim of intimate partner violence and 18% also reported that their partner had been beaten as a child.

We found a highly statistically significant association between all forms of exposure to violence as a child (for respondents and partners) and respondents' experience of intimate partner violence. Women who reported experiencing partner violence were more likely to report that their mother had been hit by her husband than those who had not reported partner violence (37% compared to 23%, P<0.001). Of women who had not experienced partner violence, 8% reported that their partner's mother was subjected to violence compared to 23% of women who had experienced partner violence (by their current or most recent partner).[12] Women who had experienced intimate partner violence (by a current or most recent partner) were more likely to report that their partner had been abused as a child (25% compared to 8%, P<0.001).

This finding is supported by the qualitative research. In the in-depth interviews with male perpetrators of violence, 6 of the 12 men who were interviewed reported that they had witnessed their father hitting their mother when they were a child. Furthermore, when focus group participants were asked what they thought the effect might be on children who witnessed domestic violence, several suggested that the children would be likely to repeat these patterns of behaviour when they grew up.

> *'Domestic violence has a bad influence on children so the cycle of violence continues. As the children get older and get married they will still do what their parents practiced.'*
>
> Male participant, aged 15–20, focus group discussion

> *'This kind of life determines the child's future. This leads to a gloomy future because they live in fear. If they live in violent homes they will become violent themselves.'*
>
> Female participant aged 36+, focus group discussion

One man in the focus group discussions explained the effect from his personal experience:

> *'This is a lifetime scar in the lives of the children and they will never forget it … when my father was drunk he used to shoot our mother with his cap and I can still see my father in my own siblings and even myself. We get angry easily and I see that we have adopted my father's behaviour.'*
>
> Male participant aged 36+, focus group discussion, Malaita

For a more detailed discussion of the impact of intimate partner violence on children, according to male focus group participants, see Chapter 13.

12. Here we compare women who have never experienced partner violence and those who have experienced violence by their current or most recent partner. This is because the questions about a partner's experience of violence (either witnessed or experienced) as a child were only asked in relation to the respondent's current/most recent partner.

Attitudes towards violence against children

As mentioned earlier in this report, Solomon Island children have little status in the family or community and the use of physical violence to discipline and punish them is often justified in a cultural or traditional context. In the focus group discussions, the majority of participants stated that the actions described in the case study (using a stick to beat children, slapping and punching them, throwing them across the room) were 'happening everywhere' and were 'common in the communities'. However, the majority of participants also stated that such treatment of children was 'not accepted'. On the surface, these attitudes appear to be incongruent as the seeming prevalence of such actions indicates some level of acceptance or normalisation of the violence.

For example, among female survey respondents who reported that their children had sustained injuries from abuse, 71% reported that one of the reasons for not seeking medical care for their injured child was that the 'violence was normal or not serious'. It also appears that when people witness children being harmed and neglected, they do not necessarily intervene to protect them for a variety of reasons. One participant described an extreme case of physical abuse against children in her community but explained how people felt unable to intervene:

> *'He usually ties them up and hangs them upside down, or sends the children to sleep in the pig's pen and not in the house. Even though the people in the village feel sorry for the children, they are scared of the father because he threatened them that if anyone reports him to the police he will deal with them.'*
>
> Female participant, focus group discussion

When participants in the focus group discussions state that treating children this way is not acceptable, it appears that they do not condone it. However, they know it happens. The fact that so many of the participants agreed that violence against children is not accepted also suggests that values and beliefs about how children should be treated are changing. One participant stated that parents may treat their children using violence because:

> *'They (parents) were brought up in the old system in which they think it is OK for them to hit their children as a form of discipline.'*
>
> Female participant, focus group discussion, 21–35 years

This study was not about the prevalence of child abuse and there is thus insufficient data to discuss 'attitudes' in any depth. However, the frequency with which participants in the qualitative research expressed the opinion that violence against children is not acceptable suggests that attitudes are changing. This potentially provides a favourable environment for developing programmes and services to enhance the protection of children.

Discussion

The rate of sexual abuse of girls in Solomon Islands is relatively high compared with rates in other countries where similar research has been undertaken. It is possible that the high rate of this abuse is related to the normalisation of violence, intergenerational transmission of violence (given the high rate of intimate partner violence) and the lack of legal and judicial frameworks and policies that clearly define child sexual abuse as a crime in the Solomon Islands.

The finding that child sexual abuse is higher in Honiara than in the provinces is consistent with the results of the WHO study. In most study sites, it was found to be higher in urban than in rural areas. This finding was also discussed in detail during stakeholder consultations on the results. Stakeholders identified the following possible explanations for the higher rate of child sexual abuse in Honiara:

- In Honiara, both parents often work and children are left unsupervised at home for long periods of time, leaving them vulnerable to abuse.
- It is common for children from the provinces to be sent to Honiara for education. These children usually stay with extended family and may be particularly vulnerable to abuse because they do not have the protection of their immediate family.
- Alcohol and drug-related problems are higher in Honiara than in the provinces, which may lead to situations in both homes and communities where children are at increased risk of abuse.
- Intimate partner violence was found to be higher in Honiara than in the provinces. Given the strong evidence for co-occurrence of different forms of violence and intergenerational transmission of violence, children in Honiara may be more at risk within their home environments.
- Economic vulnerability is a growing issue in Honiara and it was said that some parents send their children to be prostitutes on foreign ships berthed in Honiara Port. This may explain some cases of current abuse; however, it is likely to have less significance for the retrospective cases that were explored in the study.

The rate of child sexual abuse is of great concern as it is a severe violation of young girls' basic rights and bodily integrity and may have profound health consequences, both immediately and in the longer term. Studies have consistently shown that women who have a history of such abuse may suffer from a range of mental health issues, including depression, PSD (post-traumatic stress disorder), low self-esteem, anxiety, self-harming and suicidal ideation (Polusny and Follette 1995). Other possible long-term consequences are poor physical health, substance abuse, and difficulties with interpersonal relationships including an increased risk of domestic violence and adult rape (Coid et al. 2001; DeLillo et al. 2001; Finkelhor 1990; Jehu 1988).

In this study, we found that victims of child sexual abuse were more likely to experience other forms of violence later in life. For example, a statistically significant association was found between women's experiences of child abuse and intimate partner violence. We also found that women who had experienced this abuse were more likely to report that their mother had been a victim of domestic violence than women who were not abused as children. A number of studies have found that domestic violence and child sexual abuse often occur concurrently in the same families (Goddard and Hiller 1993; Herman 1981; McCloskey et al. 1995; Paveza 1988; Truesdell et al. 1986). Overall, findings from such studies suggest that daughters of abused women are 4 to 14 times more likely to be sexually abused than daughters of non-abused women (McCloskey et al. 1995; Webb and Terr 2007). McCloskey et al. (1995) found that children who were exposed to domestic violence were also at increased risk of being sexually abused outside the home.

The difference between the prevalence of childhood sexual abuse disclosed in face-to-face interviews versus the anonymous card method is consistent with the findings of the WHO study and other studies. Respondents often find it easier to disclose child abuse using anonymous formats (Garcia-Moreno et al. 2005; Olsson 2000). Women in Honiara used the face card method of reporting more than women in the provinces. Possible explanations for this difference were discussed during the stakeholder consultations with the most frequent view being that it related to perceived confidentiality. For example, the

majority of interviewers were from Honiara and it is possible that respondents in Honiara were concerned that they might see or meet the interviewer in the street or market in the future and were therefore hesitant to disclose face-to-face. Given that the majority of interviewers were from Honiara, respondents in the provinces may have felt more secure in the knowledge that they were unlikely to ever see these people again. Houses in Honiara also tend to be more crowded than in the provinces, and while all interviews were conducted in private, some respondents may have been concerned that someone might overhear their face-to-face discussion.

For some women, their first experience of sexual intercourse was not wanted, but rather coerced or forced. In other countries that participated in the WHO study, the rate of forced sexual initiation ranged from less than 1% to 30%. The rate of forced sexual initiation in Solomon Islands is at the high end of the spectrum at 21%. As in almost all WHO sites, we found that in Solomon Islands, the younger a woman was at the time of her first sexual experience, the greater the likelihood that her sexual initiation was forced (Garcia-Moreno et al. 2005: 51).

'Women who were victims of intimate partner violence were 4.5 times more likely to report that their partner had abused their child(ren), compared with women who had not experienced partner violence.'

The survey found significant co-occurrence of intimate partner violence and child abuse. Findings showed that 36% of women who had experienced intimate partner violence by their current or most recent partner, reported that the same partner had emotionally, physically or sexually abused their children. Women who were victims of intimate partner violence were 4.5 times more likely to report that their partner had abused their child(ren), compared with women who had not experienced partner violence. These findings are consistent with international studies, which suggest that in families where one form of violence occurs, there is an increased risk for other forms of violence (Appel and Holden 1998; Berger 2005; Browne and Hamilton 1999; Cox et al. 2003; Fantuzzo et al. 1997; Moffitt and Caspi 2003; Stark and Flitcraft 1988; Tajima 2000). Some studies have shown that where domestic violence occurs, children are 15 times more likely to be at risk of abuse and neglect by the person responsible for the domestic violence (Osofsky 2003).

We found that women's experiences of intimate partner violence often have a negative impact on their parenting. Research findings on the effects of domestic violence on women's emotional and physical well-being have been well documented. It is not surprising that living with domestic violence has been found to not only compromise women's ability and capacity to care for their children, but to also have a potentially damaging effect on their self-belief as a parent (Abrahams 1994; Hester et al. 2000). These findings are consistent with empirical evidence that suggests the parenting ability and capacity of abused women can be severely compromised. Although our study did not explore this issue in great depth, women reported that the violence they were subjected to led them to hit and shout at their children more. Other studies have shown that women who are victims of domestic violence are more likely to physically abuse their children than are women who have not been victims (Straus et al. 1990; Tajima 2000, 2004).

The study found significant associations between women's experience of intimate partner violence and manifestation of emotional and behavioural problems by their children (aged 5–12 years), such as having nightmares, being timid or running away from home. There is a large body of research indicating that children who witness domestic violence may suffer significant negative social, emotional, behavioural and academic repercussions (Fantuzzo et al. 1991; Geffner et al. 2003; Jaffe et al. 1990; Robertson and Busch 1994). Impacts may include developmental and learning problems, poor concentration, limited social skills, aggressive and non-compliant behaviour, low self-esteem, depression and anxiety (Fantuzzo et al. 1991; Fantuzzo and Linquist 1989; Geffner et al. 2003; Graham-Bermann 1998).

Both abused women and their partners were more likely to have witnessed or experienced violence as a child than were non-abused women. This finding strongly supports the theory of 'intergenerational transmission of violence', which argues that witnessing and experiencing violence as a child has the potential to create future 'victims' and 'perpetrators' (Cunningham et al. 2007; Downs et al. 1996; Holtzworth-Munroe et al. 1997; Kalmuss 1984; Straus et al. 1990; Widom 1989). There is now a considerable body of research suggesting that a significant component of domestic violence (either perpetrator or victim) is learned, mainly through modeling (Kwong et al. 2003; Lystad 1986; Murrell et al. 2007). Studies have consistently demonstrated that boys who are exposed to intimate partner violence during their childhood are significantly more likely to inflict violence on their partner in adulthood, while girls are more likely to end up as victims (Silverman and Williamson 1997). Bandura argues that children view themselves as being more like the same-sex parent and are prone to adopt behaviours and attitudes similar to those of their same-sex parent (quoted in Peterson 1984).

The evidence for intergenerational transmission of violence in Solomon Islands suggests it needs to be a fundamental consideration when protective polices and services are being implemented. However it is also important to note that intergenerational transmission of violence is not absolute, and that not all children from violent families grow up to model the behaviour of their parents or suffer the long and short-term consequences seen for some children. Further research is required to fully understand why certain children appear to survive their violent childhoods relatively unscathed compared to so many others.

This evidence that violence against women and abuse of children cannot be viewed in isolation from each other suggests that it is imperative to take an integrated, collaborative and holistic approach to future research and interventions.

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

MAIN FINDINGS

- 30% of women who had ever experienced physical or sexual partner violence reported being injured at least once.
- Often women did not receive the required health care for injuries caused by intimate partner violence.
- Women who have experienced partner violence are significantly more likely to suffer health problems and emotional distress.
- Women who have experienced partner violence have nearly 3 times the odds of having suicidal thoughts and nearly 4 times the odds of attempting suicide compared to women who have never experienced partner violence.
- Women who have experienced intimate partner violence are hospitalized more often and have had more operations in the past 12 months than women who had not experienced violence.

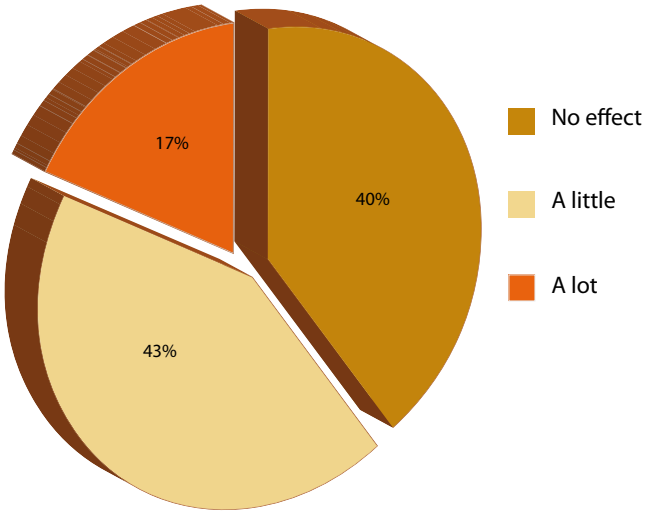
'The problem is still the same, he still abuses me, he still beats me and just last night he threw a bunch of keys at me and he is still the same, hasn't stopped from what he's been doing. That's why I got this little bruise on my face and he won't allow me to do things freely. I never reported him to the police or any support centre because I am scared that things will get worse. I am always living under his threat.'

Respondent, in-depth interview, Honiara

The following chapter explores the impact of intimate partner violence on women's physical and mental health. Women who reported physical and/or sexual violence were asked whether they thought their partner's violence towards them had affected their physical or mental health. If they responded positively they were asked whether they thought it had affected their health a little, or a lot. Sixty per cent (Graph 8.1) of women reported that their mental and/or physical health had been affected by the violence (43% a little and 17% a lot).

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

Graph 8.1: Percentage of women who reported that their physical or mental health was affected by partner violence, among women who had experienced any physical and or sexual partner violence (N=1666).



Injuries resulting from intimate partner violence

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

Of women in Solomon Islands who had ever experienced physical or sexual partner violence, 30% reported being injured at least once. The prevalence of injury among ever-abused women was 23% in Honiara and 33% in the provinces. Of those who reported injuries, 61% reported being injured in the past 12 months. These reports of injury are similar to many of the results from other countries where the WHO study was undertaken.

Graph 8.2 shows that the majority of women reported being injured once or twice, although a significant proportion (25%) reported being injured several times and 8% reported being injured many times. Women also reported a variety of injuries.

The majority of ever-injured women reported minor injuries (bruises, abrasions, cuts, punctures and bites). However, more serious injuries were also relatively common (Table 8.1). For example, 17% of ever-injured women reported injuries to the eyes and ears and 18% reported internal injuries. Among ever-abused women, 11% reported that they had 'lost consciousness' because of a violent incident, which is very serious. Of those who reported losing consciousness, 48% reported that it had happened within the last 12 months. Loss of consciousness is translated as 'haf det' in Pidgin, literally meaning half-dead, and in the Solomon Islands context, refers to a person who passes out or loses consciousness, that is, is not moving or apparently not breathing for a short time.

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

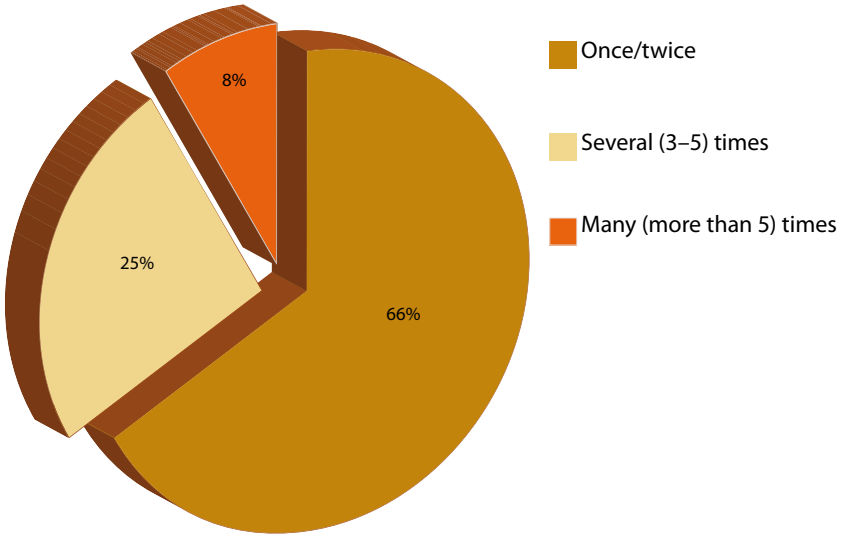
> *'See my tooth here, this is one of the effects. We had an argument one time and he fought me and so I bit his finger and because his finger hurts, he pulled it and the tooth went out with it too. And then at one time, he poured food on my head. I had heated up soup but usually when he went out late and came home, he did not usually like soup, he prefers roasted beef, roasted chicken, those kinds of things. And in the early years those things were cheap and we were having fresh meat every evening but how you cooked the food must suit him. So he poured the food on my head and on that particular side of the head, all the hair fell off and I had to cover it. I have also got a scar here where he had hit me with the telephone and I was bleeding.'*
>
> Respondent, in-depth interview, Honiara

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

	Solomon Islands (N=1666)	
	number	%
Total no. of women ever injured by an intimate partner	**507**	**30.4**
Cuts, punctures, bites	130	7.8
Abrasion and bruises	348	20.9
Sprains, dislocations	77	4.6
Burns	16	1.0
Deep cuts, gashes	92	5.5
Eardrum or eye injuries	88	5.3
Fractures/broken bones	18	1.1
Broken teeth	15	1.0
Internal injuries	90	5.4

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

Graph 8.2: Frequency of injuries caused by partner violence, among women who reported ever having been injured by a partner (N=507).



Among women who reported that they had been injured by their partner, 12% reported that they had been hurt badly enough to need health care. It is concerning that of those who reported needing health care for an injury, 22% *never* received such care. Only 6% said they *always* received health care when they needed it and 72% said they sometimes received it. This means that many women are not getting the medical treatment that they require.

Of those who had received health care for their injuries, 41% said that they had been required to spend at least one night in hospital due to their injuries. This may indicate that woman often do not seek health care for minor injuries, and when they do seek care it is usually because the injury is so serious that they may need to be hospitalised. Of the women who received health care, most (75%) told the health worker about the real cause of their injuries. The qualitative research supported this finding, with health-care professionals reporting that women normally tell the truth in this situation because nurses make a conscious effort to get an accurate medical history. One nurse explained:

> *'By looking at the nature of the injury, nurses try to encourage them to tell their story. We try to speak to the victim privately to get information. And sometimes relatives or neighbours tell the story.'*
>
> Nurse, key informant interview, Honiara

However, some women still do not feel safe enough to reveal the real cause of their injuries. Another nurse said:

> *'She has fear that the nurses will tell the police if they know the real cause of their injury. When nurses ask to involve the police, the woman would reply no and they come back with the same problem every day … But in recent cases nurses sometimes have to go against the patient's wishes and call the police.'*
>
> Nurse, key informant interview, Honiara

Health-care facilities are often the first port of call for women suffering violence, particularly if there are only limited services available in the community. Health-care professionals reported that they often saw women who had been abused by their husbands coming for treatment. They said that sometimes women came to the hospital directly while other times they were brought by the police. Nurses reported that they most often came to the emergency room and that 'all sorts of people come in to the emergency area, both young

and mature women'. According to participants in the health focus group discussion, the most common violence-related cases seen at the hospital are physical injuries sustained as a result of violence by a husband or partner. This is supported by the research findings. Nurses reported that they saw bruises on faces, burns, lacerations and many broken bones. Health-care professionals also said they often had repeat cases where they saw the same woman numerous times due to regular beatings.

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

Partner violence and women's general health

All women regardless of their partnership status were asked whether they considered their general health to be excellent, good, fair, poor or very poor. They were then asked whether they had experienced a number of symptoms during the 4 weeks prior to the interview, such as problems walking, pain, memory loss, dizziness, and vaginal discharge. Although in a cross-sectional survey it is not possible to demonstrate causality between violence and health problems, the findings give an indication of the forms of association.

Women who experienced intimate partner violence were significantly more likely than women who had not experienced violence to report that their general health was fair, poor or very poor. Table 8.2 shows that there were consistent differences, at the bivariate level, between women who reported experiences of violence by an intimate partner and those who did not for all symptoms of ill-health that they were asked about.

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

	Never experienced partner violence (N=955)		Experienced physical and/or sexual partner violence (N=1663)		P value (Significance levels) Pearson chi-square test
	number	%	number	%	
Poor/very poor general health (three lowest items of five-point scale)	217	22.7	501	30.1	P<0.001
Problems walking	32	3.4	123	7.4	P=0.186
Difficulties with activities	34	3.6	155	9.3	P<0.001
Recent pain	81	8.5	244	14.7	P<0.001
Problems with memory	36	3.8	145	8.7	P=0.243
Recent dizziness	369	38.6	928	55.8	P<0.001
Vaginal discharge	37	3.9	124	7.5	P<0.001

For example, 9% of women who had experienced intimate partner violence reported difficulties with activities compared with only 4% of women who had not experienced partner violence; and 15% of women who had experienced partner violence reported that they had been in pain or discomfort in the past 4 weeks compared with only 9% of women who had not experienced such violence. Among ever-abused women, 56% reported dizziness in the past 4 weeks compared to only 39% of women who had never experienced physical or sexual violence by an intimate partner.

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

The crude and adjusted odds ratios for each health problem are presented in Table 8.3. For example, the odds of abused women reporting poor or very poor health was 1.5 times the odds of women who have not experienced violence reporting poor or very poor health. Women who have experienced partner violence are 2.8 times more likely to report having difficulties with daily activities than women who have not experienced violence.

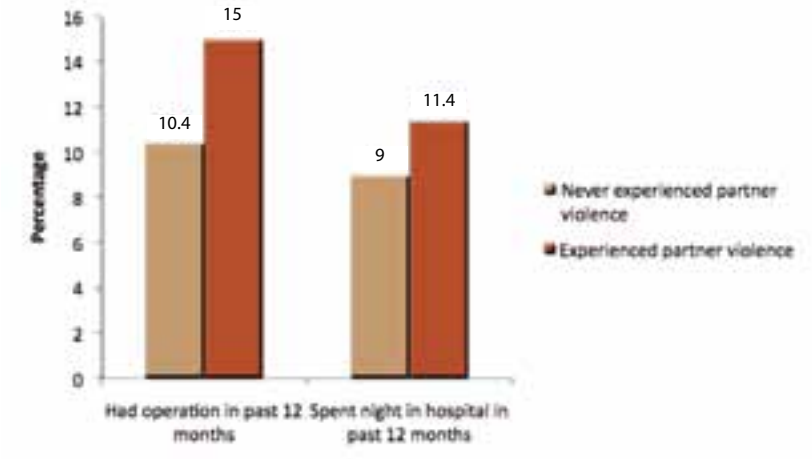
Table 8.3: Logistic regression models for associations between selected health conditions and experiences of intimate parter violence among ever-partnered women.

Health condition	COR	95% CI	AOR	95% CI
Poor/very poor health	1.5	1.2–1.8	1.5	1.2–1.8
Problems walking	1.2	0.9–1.4	1.2	0.9–1.4
Difficulties with activities	2.8	1.9–4.1	2.8	1.9–4.1
Recent pain	1.6	1.2–2.0	1.6	1.2–2.1
Problems with memory	1.0	1.0–1.1	1.1	1.0–1.1
Recent dizziness	2.0	1.7–2.4	2.1	1.7–2.4
Vaginal discharge	2.0	1.4–2.9	2.1	1.4–3.0

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

The Solomon Islands study shows that 30% of women who had experienced violence had visited a health-care professional in the past 4 weeks. Graph 8.3 shows that 11% of women who had experienced physical or sexual partner violence had spent a night in hospital in the past 12 months. In contrast, 9% of women who had never experienced partner violence had spent a night in hospital in the past 12 months. Women were also asked if they had had an operation, other than a caesarean section, in the past 12 months. Of women without a history of partner violence, 10% reported having an operation in the past 12 months compared with 15% of women who had experienced physical and/or sexual partner violence.

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



The qualitative research also supports these findings. Speaking with women who were living with violence revealed that it had a significant impact on their health, not just by causing injuries but also broader effects. Women also explained how the violence affected their ability to look after their family and carry out their daily activities. For example, one woman explained,

> *'It affects how I provide for my family because I am always thinking about my problems and can't cope well in my work.'*
>
> Respondent, IPV in-depth interview, Honiara

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

Violence and mental health

Mental health was assessed using a self-reporting questionnaire of 20 questions (SRQ-20) developed by WHO as a screening tool for emotional distress, which has been validated in a wide range of settings. It asks respondents whether, within the 4 weeks prior to the interview, they have experienced a series of symptoms associated with emotional distress, such as crying, tiredness, and thoughts of ending their life. The number of items that women respond yes to are added up for a possible maximum score of 20, where 0 represents the lowest level of emotional distress and 20 represents the highest.

Table 8.4 shows that women who have experienced violence are more likely to report scores in the higher ranges of the SRQ (11–20) than women who have not experienced it. Those who have not experienced intimate partner violence more frequently had an SRQ score of between 1 and 5. This is confirmed by Table 8.5, which shows that the mean SRQ score for women who had experienced domestic violence was significantly higher than for non-abused women, indicating higher levels of emotional distress. The SRQ score was higher for sexual violence than for physical violence but was highest among women who had experienced both types of violence. The Spearman's rank correlation coefficient of 0.318 indicates a significant correlation between physical and/or sexual intimate partner violence and emotional distress.

Table 8.4: SRQ scores for emotional distress (within past 4 weeks) among women, who have ever been in a relationship, according to their experience of physical and/or sexual partner violence.

SRQ score	Never experienced physical/sexual partner violence(N=955)		Experienced physical/sexual partner violence (N=1663)	
	no.	%	no.	%
1 to 5	582	60.9	592	35.6
6 to 10	268	28.1	460	27.7
11 to 15	83	8.7	385	23.2
16 to 20	22	2.3	226	13.6

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

Type of partner violence experienced	Mean	No.	Std. deviation
No violence	4.9	955	4.4
Sexual only	7.3	471	5.1
Physical only	7.0	232	5.0
Both sexual and physical	9.4	960	5.7
Total	**7.1**	**2618**	**5.4**

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

> *'Sometimes it affected my mind, sometimes I was not settled…For myself, I didn't feel good, I felt bad about myself because he usually called me names, like 'Useless, you are nothing', and then bashes me, swears at me and just says whatever he wants. So when I look at myself, I think of myself as worthless, I have low self-esteem where I feel that I was a nobody and whatever he wanted to say or do, I just let him. I felt disturbed as a result of those kinds of things.'*
>
> Respondent, IPV in-depth interview, Honiara

All respondents were also asked whether they had ever had suicidal thoughts. In the Solomon Islands, 24% of women who had experienced partner violence reported having thoughts of suicide compared with only 8% of women who had never experienced partner violence (see Table 8.6). Multivariate logistic regression on the association between suicidal thoughts and experiences of violence by an intimate partner (adjusting for age, education, marital status and whether the respondent had experienced childhood sexual abuse) confirmed that women who had experienced physical and/or sexual violence were very significantly ($P<0.001$) more likely to have thought of ending their lives. In fact, we found that women who had experienced partner violence had nearly three times the odds of having suicidal thoughts than women who had not experienced partner violence (Table 8.7).

Those who reported that they had, at least once, thought about ending their life were also asked if they had actually attempted suicide at any point. Among women who had experienced intimate partner violence, 11% reported that they had attempted suicide compared to only 3% of respondents who had never experienced physical and/or sexual partner violence. This was found to be a statistically significant association. Logistic regression modeling shows that women who experience partner violence have 3.7 times the odds of attempting suicide compared to women who have not experienced violence.

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

		Never experienced physical partner violence (N=955)		Experienced physical partner violence (N=1663)		P-value (significance levels), Pearson chi-square test
		number	%	number	%	
Ever thought about ending life	yes	76	8.0	406	24.4	P<0.001
Ever tried taking life	yes	30	3.1	176	10.6	P<0.001

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

	COR	95% CI	AOR	95% CI
Ever thought about ending life	3.7	2.8–4.8	2.8	2.1–3.7
Ever tried taking life	3.7	2.5–5.4	3.7	2.5–5.6

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

Discussion

The Solomon Islands Family Health and Safety Study shows that current and previous experiences of intimate partner violence are associated with a wide range of physical and mental health problems among women. Firstly, we found that 30% of women in Solomon Islands who had ever experienced physical or sexual partner violence reported being injured at least once. The severity of the injuries reported is very concerning, particularly the fact that 11% of ever-abused women reported that they had lost consciousness because of a violent incident and that so many women required hospitalisation for their injuries. This is consistent with the prevalence and severity of violence reported in the Solomon Islands (Chapter 5).

These findings suggest that violence is not only a significant health problem because it directly causes injuries, but also because it indirectly impacts on a number of health outcomes (Garcia-Moreno et al. 2005). Women who have experienced partner violence are significantly more likely to have health problems, emotional distress and suicidal thoughts than women who have not experienced partner violence. This is consistent with the experiences of other countries where the WHO multi-country study has been carried out, as well as studies from around the world that show that women who are physically abused often have many less defined somatic complaints, including chronic headaches, abdominal and pelvic pain, and muscle aches (Campbell 2002; Eberhard-Gran et al. 2007; Ellsberg et al. 2008; Kishor and Johnson 2004a; McCaw et al. 2007; Watts et al. 1998).

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

in the previous 4 weeks and lifetime experiences of partner violence. This suggests that the impact of violence may last long after the actual violence has ended, as is supported by our qualitative findings. One woman whose first husband had been violent towards her had since left him, but explained how she still suffered health problems as a result.

> *'Yes I am very affected. My body still aches and I still have headaches now because he usually slapped me, pulled my hair and hit my head. He had hit me with a timber/stick on my back so I think that this has led to me having a major operation.'*
>
> Survivor of intimate partner violence, in-depth interview, Honiara

Solomon Islands is similar to other sites where the WHO study was undertaken in that the mean SRQ score (indicating level of emotional distress) for women who had experienced abuse was significantly higher than for non-abused women (Garcia-Moreno et al. 2005). Similarly, other research shows that recurrent abuse can place women at risk of psychological problems such as fear, anxiety, fatigue, sleeping and eating disturbances, depression and post-traumatic stress disorder (Watts et al. 1998). We also found a significant association between experiences of violence and suicidal ideation and attempts. In other countries, links have been found between physical abuse and higher rates of psychiatric treatment, attempted suicide, and alcohol dependence (Plitcha 1992).

'Health professionals can play a crucial role in detecting, referring and caring for women living with violence.'

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

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

MAIN FINDINGS

- 11% of women who had ever been pregnant reported being beaten during pregnancy.
- 18% of women who reported experiencing violence during their pregnancy had been punched or kicked in the abdomen while pregnant.
- Women who had experienced violence, particularly during pregnancy, were more likely to report abortion, miscarriage, still birth and having a child who died (although this relationship was not statistically significant).
- Abused women were significantly more likely to have a partner who had stopped or tried to stop them from using a form of contraception.
- Women who had experienced intimate partner violence were significantly more likely to have unplanned or unwanted pregnancies compared with women who had not experienced such violence.
- Women who had experienced violence were more likely to have smoked during pregnancy.

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

Women who had ever been pregnant were asked if they had been physically abused by an intimate partner while pregnant. Table 9.1 shows the prevalence and characteristics of physical violence during pregnancy. Overall, 11% of women who had ever been pregnant reported being physically abused during at least one pregnancy. Among the women who reported violence during pregnancy, 18% were severely abused, that is, punched or kicked in the abdomen. In virtually all cases (88%), the woman was beaten by the father of the child and was living with the perpetrator (91%). In most cases, women who were physically abused during pregnancy had been beaten prior to getting pregnant, but 18% reported that the beating had actually started during pregnancy. The majority of women who had been abused before and during pregnancy reported that the violence was less severe during pregnancy (63%). However, 28% said the violence stayed the same and 6% reported that it actually became worse during pregnancy (3% refused to answer the question).

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

Type of violence	Number	%
Beaten while pregnant (N=2353)[a]	251	10.7
Punched or kicked in abdomen (N=251)[b]	46	18.3
Beaten in most recent pregnancy by father of child (N=251)[b]	220	87.6
Living with person who beat her while pregnant (N=251)[b]	229	91.2
Same person had beaten her before pregnancy (N=251)[b]	204	81.3
Beating became worse than before pregnancy (N=204)[c]	13	6.4

a. Among ever-pregnant women.
b. Among women beaten during pregnancy.
c. Among women beaten before and during pregnancy.

Reproductive health outcomes

Table 9.2 shows that women who had experienced partner violence, particularly during pregnancy, were more likely to report miscarriage, still birth and having had a child who died. However, the associations were not found to be statistically significant.

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

	No partner violence		Experienced physical or sexual partner violence		Beaten during pregnancy	
	number	%	number	%	number	%
Ever had a miscarriage[b]	57	6.7	116	7.7	20	8.0
Ever had a stillbirth[b]	37	4.4	74	4.9	14	5.6
Ever had an abortion[b]	2	0.2	6	0.4	0	0.0
Ever had a child who died[b]	96	11.3	182	12.1	30	12.0
Ever-pregnant women	**847**	**100.0**	**1506**	**100.0**	**251**	**100.0**

a. Among ever-pregnant women.
b. Among women whose last child was less than 5 years old.

The impact of partner violence on reproductive health outcomes was reflected in some of the comments noted by interviewers during the completion of the survey.

> *'Respondent is a young mother. She has been pregnant three times and out of these three pregnancies she has had one stillbirth and one baby died half a day after birth. This woman was once attacked on her head with a knife … her husband is very violent … she is very scared.'*
>
> Survey interviewer

Contraceptive use

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

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

Table 9.3 shows the results of these questions, according to the respondent's experience of intimate partner violence.

Table 9.3: Use of contraceptives among currently partnered women, according to their experiences of intimate partner violence.

	No violence		Experienced physical or sexual partner violence		P value[c]	Beaten during pregnancy	
	number	%	number	%		number	%
Ever used family planning	280	29.3	590	35.5	P=0.002	110	43.8
Total	**955**	**100.0**	**1663**	**100.0**		**251**	**100.0**
Currently using family planning[a]	168	60.0	352	59.7	P=0.935	69	62.7
Total	**280**	**100.0**	**590**	**100.0**		**110**	**100.0**
Husband/partner knows about family planning[b]	144	85.7	287	81.5	P=0.167	60	87.0
Total	**168**	**100.0**	**352**	**100.0**		**69**	**100**
Partner ever tried to stop family planning	69	7.2	193	11.6	P=0.003	37	14.7
Total	**955**	**100.0**	**1663**	**100.0**		**251**	**100.0**

a. Among women who reported ever using contraception.
b. Among women who reported currently using contraception.
c. P value is for 2x2 Chi-square test of the difference between never experienced partner violence and experienced partner violence.

Of ever-partnered women, 33% had used contraception at some point in their lives and of those, 60% were currently using contraception. The most common methods of contraception reported were injectables, IUDs, the calendar method (traditional) and the pill. This is consistent with the results of the 2007 demographic and health survey (DHS) on contraceptive methods used in Solomon Islands (Solomon Islands Government 2007).

Women who had ever experienced intimate partner violence were significantly more likely to report having ever used contraception, compared with women who had not experienced it (36% versus 29%, P=0.002). For those who had been beaten during pregnancy, the rate of contraceptive use was also higher than for those who had not experienced partner violence (44%). The percentage of women currently using a contraceptive method was virtually the same for abused and non-abused women (60%).

Women who had experienced partner violence were more likely to report that their current husband or partner did not know that they were using a method of family planning (not statistically significant). Current partners of women who had experienced intimate partner violence were significantly more likely to have refused to use or tried to stop the respondent from using a method of family planning (12% versus 7%, P=0.003). Women who had been beaten during pregnancy were even more likely to report that the partner had refused to use or tried to stop them from using contraception. This supports earlier evidence that women who have experienced partner violence are more likely to encounter controlling behaviour by a partner, in this case over their own reproductive health choices.

Unplanned pregnancies

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

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

The respondent was asked the same questions in relation to her partner's views of the pregnancy. Table 9.4 shows the results of these questions according to the respondent's experience of physical and/or sexual partner violence. Women who had experienced partner violence were more likely to report that their last pregnancy was unplanned or unwanted (40% versus 28%, P<0.001). Abused women were also more likely to report that their partner had wanted to wait or did not want (more) children, than non-abused women (17% versus 15%, P=0.005). In fact, women who experienced intimate partner violence were 1.5 times more likely to have a partner who did not want the last pregnancy (Table 9.5).

Table 9.4: Physical and/or sexual partner abuse and circumstances of last pregnancy, among women who gave birth in the last 5 years.

		Never experienced partner violence		Experienced partner violence	
		number	%	number	%
Respondent wanted last pregnancy?	Wanted to become pregnant then	331	64.3	509	51.7
	Wanted to wait until later/ did not want (more) children	146	28.3	396	40.2
	Did not mind either way	26	5.0	57	5.8
	Don't know/refused	12	2.4	22	2.2
Partner wanted last pregnancy?	Wanted to become pregnant then	355	68.9	581	59.0
	Wanted to wait until later/ did not want (more) children	79	15.3	169	17.2
	Did not mind either way	70	13.6	203	20.6
	Don't know/refused	11	2.2	31	3.1
Total		**515**	**100.0**	**984**	**100.0**

Table 9.5: Logistic regression models for the association between unplanned pregnancies and experiences of intimate partner violence, among ever-pregnant women.

	COR	95% CI	AOR	95% CI
Woman did not want last pregnancy	1.7	1.4–2.1	1.7	1.4–2.1
Partner did not want last pregnancy	1.4	1.1–1.8	1.5	1.1–1.9

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

Antenatal and post-natal care

Women who reported having had a live birth in the past 5 years were asked whether they had used antenatal and post-natal care services for their last pregnancy. They were also asked whether their partner stopped them, encouraged them, or had no interest in whether they received antenatal care for their pregnancy. It is pleasing to see that a very high percentage of women received antenatal care for their most recent pregnancy; 88% for women who had never experienced partner violence and 89% for women who had experienced it (Table 9.6). There was no significant difference in the proportion of women who reported having attended an antenatal service between abused and non-abused women. This is most likely because there is such a high rate of antenatal attendance in Solomon Islands. According to the 2007 DHS, 97% of women aged 15–49 who gave birth in the past 5 years received antenatal care for their last-born child (Solomon Islands Government 2007).

However, women who had experienced intimate partner violence were significantly more likely to report that their partner had stopped them from seeking antenatal care or had no interest in whether they received antenatal care (12% versus 6%, $P<0.001$).

Overall, the percentage of women who received post-natal care was slightly less than those who received antenatal care; 74% for women who had not experienced partner violence and 73% for women who had. There is a small but statistically significant, trend between experiences of partner violence and decreased likelihood of accessing post-natal care services.

Women who had experienced partner violence were more likely to have smoked during pregnancy. According to this survey, 9% of women who had not experienced intimate partner violence reported that they smoked during pregnancy. In comparison, 12% of women who had experienced violence reported smoking. This indicates that the experience of violence is associated with risky behaviour, which in this case has potentially negative effects on pregnancy outcome. Alcohol consumption among women was very low (2%) and there was no difference in alcohol consumption between abused and non-abused women.

Table 9.6: Physical and/or sexual partner abuse and circumstances of last pregnancy, among women who gave birth in last 5 years.

	Never experienced partner violence		Experienced partner violence		P value[a]
	number	%	number	%	
Received antenatal care	454	88.2	879	89.3	P=0.067
Partner stopped/had no interest in antenatal care	29	5.7	114	11.6	P<0.001
Received post-natal check-up	379	73.6	713	72.5	P=0.009
Smoked tobacco during pregnancy	47	9.1	116	11.8	P=0.139
Consumed alcohol during pregnancy	12	2.3	23	2.3	P=0.621
Total	**515**	**100.0**	**984**	**100.0**	

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

'Among the women who reported violence during pregnancy, 18% were severely abused, that is, punched or kicked in the abdomen.'

Discussion

Of women who had ever been pregnant, 11% reported being beaten during pregnancy. Among the women who reported violence during pregnancy, 18% were severely abused, that is, punched or kicked in the abdomen. In other studies, women abused while pregnant have reported higher frequencies of severe intimate partner violence compared with women who had been abused only before and/or after pregnancy (Campbell 2004; Campbell et al. 2007; McFarlane et al. 2002; Macy et al. 2007). Studies have also shown that women who experience partner violence during pregnancy are at greater risk of having had attempts made on their lives than non-childbearing women (McFarlane et al. 2002). Therefore, women who experience violence during pregnancy, particularly those for whom violence was worse during pregnancy, are at serious risk and need to be offered intensive support.

In most cases, women who were physically abused during pregnancy had been beaten before becoming pregnant. However, 19% reported that the beating had actually started during pregnancy. Experiencing violence before pregnancy tends to be predictive of later violence, even if violence begins in the postpartum period for some women (Campbell et al. 2007; Campbell 2004; Letourneau et al. 2007). The majority of women who were abused before and during pregnancy reported that the violence was less severe during pregnancy (63%), indicating that pregnancy may be a protective time. Some other studies have also shown a significantly decreased level of partner violence during pregnancy (Jahanfar and Malekzadegan 2007; Macy et al. 2007; Vatnar and Bjorkly 2009).

The Solomon Islands study shows that women who have experienced violence, particularly during pregnancy, are more likely to report miscarriage, abortion, stillbirth and having a child who died. However, the association between violence and negative reproductive health outcomes was not found to be statistically significant.

Abortions are illegal in Solomon Islands and therefore women are likely to under-report them for fear of legal repercussions and because of the social stigma associated with them. In the whole survey, only eight women reported having had an abortion. For this reason, we are unable to explore any association between intimate partner violence and abortion.

Reports of miscarriages were also relatively low, possibly because many women do not identify that they are pregnant in their first trimester, which is when most miscarriages occur. Studies in the US indicate that women battered during pregnancy run twice the risk

of miscarriage and four times the risk of having a child with low birth weight compared to women who are not beaten (Watts et al. 1998). In a number of other countries, physical abuse has also been found to be associated with higher rates of abortion, miscarriage, stillbirth and delayed entry into prenatal care (Evins and Chescheir 1996; Kishor and Johnson 2004a; Velzeboer et al. 2003).

In Solomon Islands, women who had experienced partner violence were significantly more likely to have ever used contraception. The same was found in New Zealand (Fanslow et al. 2008). Therefore, discussions of contraception and other reproductive health services may provide an opportunity for health-care professionals to assess the possibility of partner violence and provide some intervention. On the other hand, current use of contraception was no different between women who had experienced partner violence and than those who had not.

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

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

A high proportion of women who were pregnant received antenatal care. However, post-natal care appears to be accessed less frequently. The results of the survey suggest that violence by an intimate partner may interfere with access to antenatal care. Women who experienced violence were more likely to report that their partner either stopped them getting antenatal care and other reproductive health services, or showed no interest in their access to this important service, compared with the partners of women who had not been exposed to violence.

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

MAIN FINDINGS

- 70% of women who had experienced physical and/or sexual partner violence reported that they had not told anyone about the violence.
- When women did tell someone about their partner's behaviour, they most often confided in their family and friends.
- The majority of women who had experienced partner violence had never gone to formal services for help. Only 5% of ever-abused women reported that they had sought help from the police.
- Among women who had sought help from formal services, most went to the church, police and health centres.
- The most common reasons women gave for seeking help were that they could not endure the abuse anymore, they were badly injured, or they were encouraged by friends and family to go.
- The most common reasons women gave for not seeking help were that violence was seen as 'normal' or 'not serious' or that they were afraid that it would end the relationship.
- Of women who experienced partner violence, 20% reported having fought back at least once and approximately half said that the effect of fighting back was to reduce or stop the violence.
- 23% of abused women reported leaving their abusive partner for at least one night.

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

To explore women's coping strategies, respondents who reported that their intimate partner was physically or sexually violent were

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

Who women tell about violence

Women who had experienced intimate partner violence were asked whether they had told anyone about their partner's behaviour. Multiple answers could be given. The majority of women (70%) reported that they had not told anyone about their partner's violence. Women in Honiara were more likely to have not told anyone about the violence they were subjected to compared with women in the provinces (78% compared to 68%). This suggests that, in many cases, the interviewer was the first person they had ever talked to about the violence. One woman explained,

> *'I haven't told anybody about my problems, not even my parents… this is the first time that I have shared my problems with another. I don't mind because it can help others to know that this is what can happen to young people who make the wrong choice.'*
>
> Respondent, IPV in-depth interview, Malaita

'One of the reasons why I do not share my problems with others is because if he finds out that I've been talking about him, he'll beat me up again.'

Respondent, IPV in-depth interview, Malaita

Nevertheless, 30% of women had told someone about their partner's behaviour, and often more than one person. Table 10.1 shows which people these women talked to. As a single category, women most often tell their parents about their partner's behaviour and secondly their friends. Women also tell other family members such as brothers or sisters, uncles or aunts and partner's parents. Women reported that they also told local leaders or religious leaders, but rarely reported violence to the police or formal services, such as health services (even though they might seek care), NGOs or counsellors.

> *'I usually share my problems with my workmates but not other high school friends due to the fact that my husband is always watching me. One of the reasons why I do not share my problems with others is because if he finds out that I've been talking about him, he'll beat me up again.'*
>
> Respondent, IPV in-depth interview, Malaita

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

> *'Friends and church workers are the people I have sought help from and they usually give good advice. I am satisfied with the good advice that they have given me because after their advice we stayed together and I am thankful for that.'*
>
> Respondent, IPV in-depth interview, Honiara

However other women encountered less supportive responses.

> *'I have only ever shared my problems with my sister-in-law. She usually advises me to be patient. I am not really satisfied with her help, I think because she is related to my husband. But she is the only one I feel free to talk to.'*
>
> Respondent, IPV in-depth interview, Malaita

'I have shared my problems with my relatives and friends and they advise me that I must be patient and must be strong in Christian life.'

Respondent, IPV in-depth interview, Temotu

In these cases, friends and family reinforce the belief that the victim simply needs to be patient and maintain the relationship because of the sanctity of marriage. This is concerning because it fails to recognise the many negative consequences of partner violence for the life, health and general well-being of women and children and the very real danger that women may be in.

Table 10.1: The people to whom women talked about partner violence, as reported by respondents who had ever been physically or sexually abused by a partner (N=1663)[a].

People talked to	Told	
	number	%
No-one	1162	69.9
Parents	224	13.5
Friends	221	13.3
Brother or sister	125	7.5
Partner's family	112	6.7
Aunt, uncle, children	91	5.5
Local leader/religious leader	73	4.4
Neighbours	60	3.6
Doctor/health worker/counsellor/ NGO	36	2.2
Police	19	1.1
Other	28	1.7

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

Agencies or authorities that women turn to for help

Respondents were asked whether they had ever gone to formal services or people in positions of authority for help, including police, health services, legal advice services or women's organisations. Among women who had reported physical or sexual intimate partner violence, 18% said they had gone to at least one agency or authority for help, while the majority (82%) reported that they had never gone to any of these types of agencies.

Table 10.2 shows the percentage of women who sought support from different agencies or authorities. The most common agency/authority for seeking help was a religious leader, followed by a health centre/hospital, which further supports the finding that violence against women is a public health issue. Only 5% of women who experienced partner violence reported that they sought help from the police. Very few women sought help from women's organisations or shelters. This is perhaps not surprising given the paucity of such services in Solomon Islands and lack of access for women living outside of Honiara.

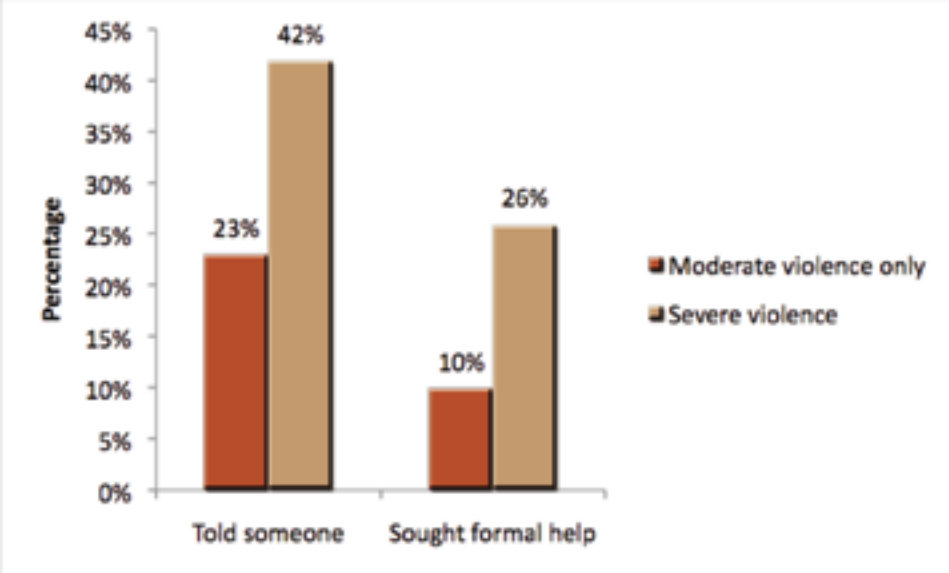
Women's help-seeking behaviour was related to the severity of the violence they experienced, which was also the case in other sites where the WHO study was conducted. Among women who had experienced severe violence, 42% reported that they had told someone about their experiences compared with 23% of women who had experienced moderate violence. Of women who had experienced severe violence, 26% reported seeking support from an agency or authority compared with only 10% of women who had experienced moderate violence (see Graph 10.1).

Table 10.2: Agencies from which respondents sought help, as reported by women who had been physically or sexually abused by a partner (N= 1663)[a].

	number	%
Ever sought formal help	297	17.9
Religious leader/church	134	8.1
Hospital/health centre	101	6.0
Police	84	5.1
Shelter/women's organisation/social services	51	3.1
Legal advice/court	40	2.4
Local leader	13	0.8

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

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



Women who reported going to at least one service for assistance were asked what made them seek help. Table 10.3 shows the reasons they mentioned. The most frequently given reasons related to the severity and impact of the violence: she could not endure it any more (46%), she was badly injured (23%), or she was afraid he would kill her (16%). Women also reported they went because they were encouraged to go for help by friends and family (29%), and that they saw their children were suffering (17%).

Table 10.3: Reasons for seeking help, among women who experienced physical and/or sexual partner abuse and reported seeking help from at least one agency (N=297).

	number	%
Could not endure any more	137	46.1
Encouraged by friends	89	29.3
Badly injured/afraid he would kill her	73	24.6
Saw children suffering	54	18.1
Afraid he would kill her	47	15.8
Thrown out of home	29	9.8
Threatened to kill her	23	7.7
Threatened or hit children	12	3.7
Afraid she would kill him	4	1.3
Others	8	2.7

Women who had not gone to any services for help were asked why this was the case. The most common response, that violence was 'normal' or 'not serious', was given by 51% of these women (Table 10.4). The next most common response was that she was afraid it would end the relationship (28%), or that it would give her family a bad name (20%). Women also reported that they were afraid that if they sought help the violence would get worse or there would be serious consequences. One woman from Honiara explained,

> *'I know where to find help but just don't because I am scared of the threats and the bashing up inflicted on me by my partner.'*
>
> Respondent, IPV in-depth interview, Honiara

Women also gave 'other' reasons (not coded) for not seeking help: it was a private family matter that should not be discussed with outsiders; because of custom and bride price; they did not have enough money to pay the compensation that would be required if they left.

Table 10.4: Reasons for not seeking help, among women who reported not seeking help from any agency (N=1366).

	number	%
Violence normal/not serious	701	51.3
Afraid it would end the relationship	386	28.3
Bring bad name to family	277	20.3
Fear/threats of consequences	172	12.6
Afraid would lose children	127	9.1
Ashamed/embarrassed	103	7.5
Believed that no-one would help	89	6.5
Don't know	190	13.9
Other	56	4.1

Women were also asked who they would prefer to give them more help. The majority of women said that they would have liked more support from family members, particularly their mother. Women also reported that they would like to have received more help from religious/church leaders.

Fighting back

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

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

		All physical violence		Moderate violence		Severe violence	
		number	%	number	%	number	%
Ever fought back	Never	958	80.1	258	88.7	696	77.2
	Once or twice	97	8.1	20	6.9	77	8.8
	Several times	112	9.4	7	2.4	105	11.7
	Many times	15	1.3	0	0.0	15	1.7
	No answer	10	0.8	6	2.1	8	0.9
Total		**1192**	**100.0**	**291**	**100.0**	**901**	**100.0**

a. Among women ever physically abused by a partner.

'… So now I just allow him to hit my body but not my face because a woman's beauty is in her face.'

Survey respondent

As the table shows, 20% of women who had experienced physical partner violence reported having fought back against their partners at least once. Fighting back was related to the severity of violence. Of women who had experienced moderate physical violence, 11% reported fighting back compared to 23% who had experienced severe violence. In terms of the frequency of fighting back, women who had experienced severe partner violence also reported fighting back more often, with 2% reporting fighting back many times. In contrast, among women who experienced moderate partner violence, none reported fighting back many times.

One woman explained how she would fight back,

> *'With my first husband I would defend myself when he hits me because I attended a training in which women who experience violence are trained how to defend themselves. However, when noticing this, my husband does not allow me to attend this workshop again. I only attended it for one week … So now I just allow him to hit my body but not my face because a woman's beauty is in her face.'*
>
> Survey respondent

Women who reported fighting back were asked what effect this had on the violence at the time: whether it had no effect, or whether the violence became worse, became less severe, or stopped, at least for the moment. The reported effects were mixed. Among women who reported fighting back, 42% reported that the violence got worse and 47% reported that it lessened or stopped all together. Only 3% reported no change (Table 10.6).

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

Effect on violence	number	%
No change	8	3.4
Became worse	101	42.4
Became less severe	60	25.2
Stopped	52	21.8
No answer	17	7.1
Total	**238**	**100.0**

Women who leave

Women who reported violence by an intimate partner were asked if they had ever left home because of the violence, even if only overnight. The majority (74%) of women who had experienced intimate partner violence reported never leaving home because of the violence. Of women who reported ever leaving, 17% reported leaving 1–3 times, 3% reported leaving 4–6 times and 2% reported leaving 7–10 times (Table 10.7).

> *'It was hard for me to go to my friends, it was hard for me to share stories with friends or neighbours and even my own relatives. If I had reached my relatives' houses that meant I had run away and when I ran away from home, it was always with my kids, leaving him. So I had run away three times to my relatives with all my kids. The most recent running away was in 2005 in October and I came back in October of 2006. So I had stayed away for one year that time.'*
>
> Respondent, IPV in-depth interview, Honiara

Table 10.7 also shows that a significant majority (81%) of women who left sought refuge with their relatives. A number of women also went to stay with their partner's relatives or friends or neighbours.

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

		number	%
	Ever left	374	24.5
Number of times left (N=281)	Never	1223	73.5
	1–3 times	287	17.3
	4–6 times	42	2.5
	7–10 times	35	2.1
	More than 10 times	10	0.5
	N/A: Not living together	51	3.1
	Don't know/refused	15	0.9
	Total	**1663**	
Why left last time[a]	Could not endure more	207	55.5
	Badly injured/afraid he would kill her	92	24.7
	He threatened or tried to kill her	60	16.1
	Saw that children were suffering/he hit or threatened children	51	13.7
	Thrown out of home	45	12.1
	Encouraged by friends/family	40	10.7
	No particular incident	9	2.4
	Afraid she would kill him	2	0.5
	Total	**374**	
Where did you go last time	Her relatives	318	85.0
	His relatives	26	7.0
	Friends/neighbours	21	5.6
	Street	6	1.6
	Church	2	0.5
	Shelter	1	0.3
	Total	**374**	**100.0**

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

Women who reported leaving, and who had children living with them at the time, were also asked if they took their children with them when they left. Graph 10.2 shows that almost half of the women reported that they took all their children with them when they left the last time (43%), 36% said they took some of them and 21% said they left all of them behind.

Women who reported leaving at least some of their children behind when they left were asked why. The majority reported that they were prevented from taking them (43%). Studies have also shown that abusive and violent men employ tactics such as threats against the children or not allowing them to leave with their mother in an effort to ensure that the relationship continues. As one woman explained during an in-depth interview:

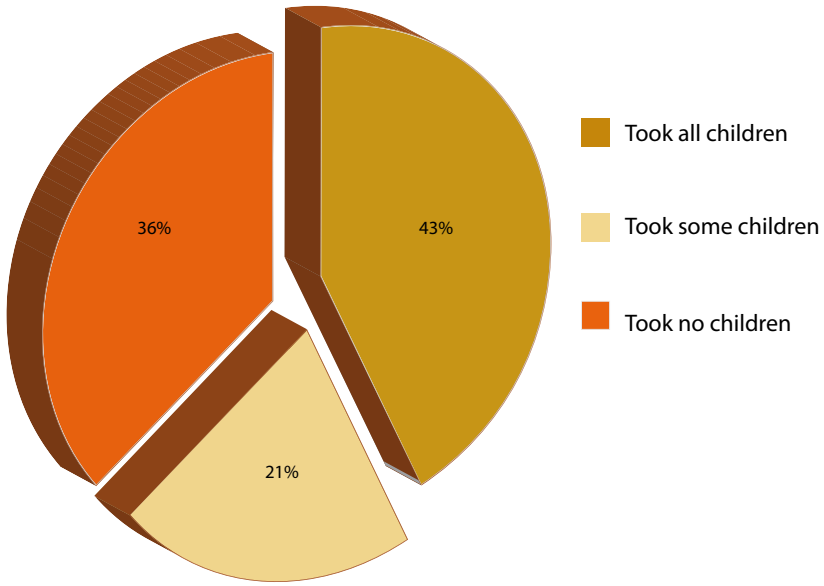
> *'In 2004 the violence became worse and I found out that he was having another affair and so I moved in with my adopted parents. I did not take the children with me because my partner didn't allow me to do so. I stayed at my relatives, while he moved into my home with our two children.'*
>
> Respondent, IPV in-depth interview, Honiara

A woman from Malaita said that when she left her first abusive marriage she had lost her children. Fear of losing her children from her second marriage therefore prevented her from leaving her current relationship, which was also abusive.

> *'I want to leave him, but my first children were taken from me. And I don't want to lose my children again. He does not treat my children well, he does not love them.'*
>
> Respondent, IPV in-depth interview, Malaita

This is consistent with research showing that the presence of children in a relationship where domestic violence occurs often has a significant impact on women's decisions to stay or leave (Hester et al. 2000).

Graph 10.2: Percentage of women who took, or did not take, their children with them the last time they left their abusive partner, among women who reported leaving at least once and had children living with them at the time (N=326).



Reasons for leaving, returning and staying

Women who left were asked their reasons for leaving (Table 10.7). The most commonly mentioned reasons are similar to those given for seeking help and reflect the severity of the violence experienced. Of women who left, 56% said they could not endure any more abuse; 25% said it was because they were badly injured or afraid their partner would kill them; and 16% reported that their partner had actually threatened or tried to kill them. We also see that many women left because they saw their children suffering or they were thrown out of the house.

Women who returned home after leaving because of a violent incident were asked about their reasons for returning (Fig. 10.1; Table 10.8). The most common reasons were that they forgave their partner (51%) or loved him (38%). Women also reported that they did not want to leave their children (27%) or that they returned because of the sanctity of marriage (24%).

One woman from Honiara explained that her husband forced her to return and that she did not want to burden her parents:

> *'If I went to my parents' home, he would come after me and do bad things that really affect my parents. He would throw stones at my parents' house and say bad words (swore) to my parents. And so my parents would tell me to go and see him outside and he would take me back home. I agree to go with him because I don't want to be an extra burden to my parents.'*
>
> Respondent, IPV in-depth interview, Honiara

'The most common reason for never leaving the relationship despite violent incidents was that the violence was 'normal' or 'not serious' (36%).'

Women who had never left because of violence gave similar reasons for not leaving as women did for returning (Table 10.9). The most common reason for never leaving the relationship despite violent incidents was that the violence was 'normal' or 'not serious' (36%). This finding was supported by the qualitative research where survivors of violence often spoke of how the violence was normal and that women should be obedient to their husbands and deal with the situation. They often blamed themselves.

Other common reasons for staying were that they forgave their partner (36%) or loved him (34%). Many also spoke of staying for the sake of their children.

One woman from the qualitative research said,

> *'My husband is a very aggressive person. I am living in fear but I find it hard to leave him because I love him.'*
>
> Survey respondent

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

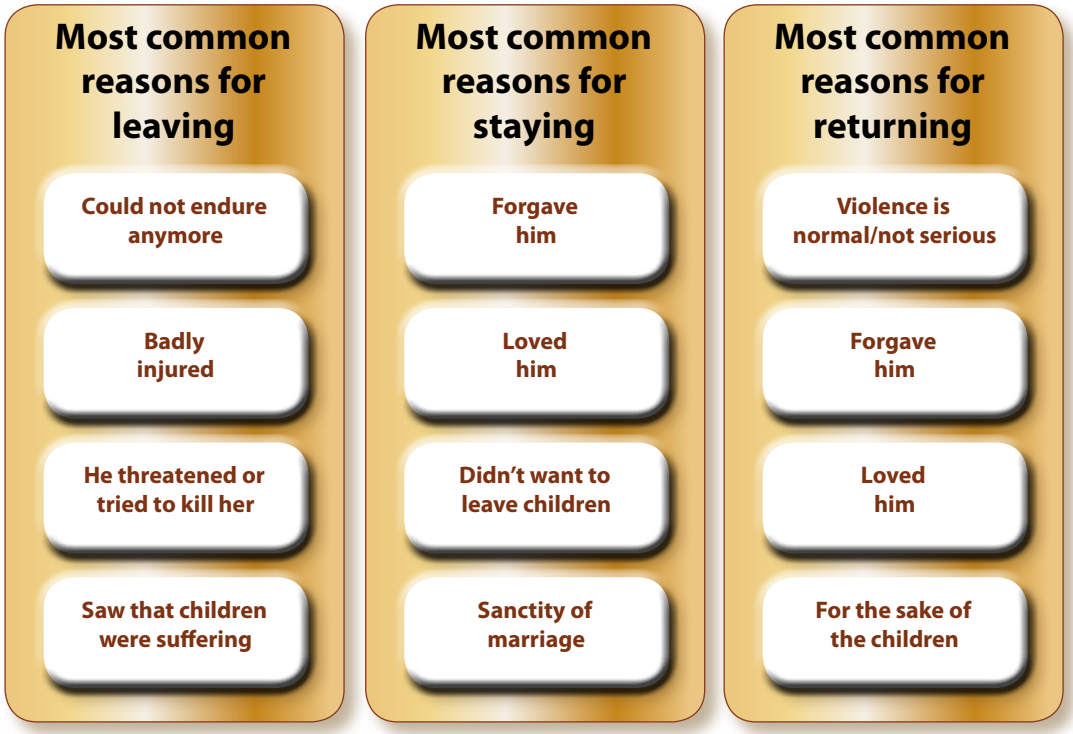


Table 10.8: Reasons for returning after leaving temporarily[a].

		number	%
Why did you return:	Forgave him	190	50.1
	Loved him	140	37.5
	Did not want to leave children	102	27.3
	Sanctity of marriage	88	23.6
	Thought he would change	68	18.2
	Violence normal/not serious	59	15.8
	Didn't want to bring shame on family/for sake of family	51	13.6
	Family said to return	52	12.3
	Bride price was paid	38	10.2
	Couldn't support children	24	6.4
	Nowhere to go	8	2.1
	Threatened her/children	5	1.3
	Compensation paid	6	1.6
Total		**374**	

a. Among women who reported having left and returned at least once.

Table 10.9: Reasons for staying despite violence incidents[a].

		number	%
Why did you stay:	Violence is not serious/normal	437	35.7
	Forgave him	435	35.6
	Loved him	411	33.6
	For sake of children/didn't want to leave them	316	25.8
	Sanctity of marriage	296	24.2
	Thought he would change	240	19.6
	Didn't want to bring shame on family/for sake of family	141	11.5
	Bride price was paid	112	9.2
	Nowhere to go	98	8.0
	Didn't want to be single	65	5.3
	Couldn't support children	49	4.0
	Family said to stay	50	4.1
	Threatened her/children	12	1.0
Total		**1223**	

a. Among women who reported never having left temporarily due to violence.

Advice to other women living in violent situations

Survivors of intimate partner violence whom we interviewed during the qualitative phase of the research shared advice for other women living in similar situations. They also suggested interventions that could help efforts to end violence against women. As survivors, they know the situation better than anyone and their ideas should be influential in making recommendations.

> *'When he is not really violent they have to get out, because it might get worse and might lead to death. I would tell every woman who goes through the same problems to speak out and take matters up with the law. When I took this matter up through the law and got a restraining order, I felt empowered and that I have my own rights to enjoy life. So I am very happy now.'*

> *'Don't keep the problems to themselves, share it. I'd tell all the women who have gone through this similar problem to come out and speak out. Don't hide in the corner, come and voice your problem so that we could help each other because we are all victims of this problem.'*

> *'Children sometimes feel insecure and so you must find ways to help children have a stable and happy childhood.'*

> *'I think that children should be taught about this issue in high schools.'*

> *'We should stop the silence that surrounds violence against women.'*

'I would like to tell all the women who have the same problem as me to come out and tell their problems, so that we can make a law or put a law in parliament to protect women and children who go through domestic violence.'

'Seek help and advice from people who can help them such as church elders, chiefs or other people in the community who are respected and reliable.'

Discussion

We found that most women do not tell anyone about their experiences of partner violence nor do they seek help from any agencies. In fact, for many of the women who took part in the study, the interview was the first time they had shared their experiences with anyone. This was also the case in many of the other participating countries (Garcia-Moreno et al. 2005: 79). These findings highlight the immense difficulties that these women face in seeking and obtaining help. Barriers to accessing help include the following:

- Solomon Islands has a lack of formal services that specifically address violence against women.
- It is difficult and expensive for women in the provinces to access services that are only available in Honiara.
- Lack of sensitisation among agencies/authorities such as the police, magistrates and health services makes women hesitant to approach them.
- The current legal system does not clearly define domestic violence as a crime, making prosecution very difficult. Women are therefore reluctant to report incidents to the police when there is little they can do.
- Women experience a sense of isolation and fear of retaliation.
- Shame and stigmatisation surround domestic violence issues.

Greater effort is needed to expand the resources available to women in need of support and to reduce barriers to accessing the services that are currently available. The most common agencies/authorities where women sought formal help were the church/religious leaders, hospital/health centre and the police. It is important to enhance the capacity of such agencies to deal with cases of violence against women in an appropriate and effective manner.

It is concerning that when women have finally built up the courage to seek help, the advice they receive may not necessarily be in their best interests or reflect international best practice. The emphasis that many agencies and services place on reconciliation and the sanctity of marriage may in fact put women at further risk of harm. We know that partner violence often escalates over time and that encouraging women to return to violent relationships may therefore be particularly dangerous. In fact, international research suggests that one of the most dangerous periods for women is when they leave/return to a violent relationship. In recent years, a number of women have been killed by their partners in Solomon Islands. We must therefore take this issue extremely seriously.

The fact that women often seek medical help at hospitals and health centres supports the understanding that violence against women is a serious health issue. Women seek help for physical, emotional and reproductive health issues associated with intimate partner violence (Chapter 8). However, even when seeking medical attention for violence-related injuries, women do not necessarily tell health service providers about the violence. More work therefore needs to be done to ensure that health-care professionals understand and are sensitive towards intimate partner violence and other forms of violence against women and are capable of effectively providing support to victims and referring them to the appropriate services available. Health-care workers must also be aware of the need to ensure that safety

prevails and confidentiality is always maintained. Overall, the study's results highlight the importance of developing more effective systems for dealing with cases of violence against women that present to the health sector.

The results also show that many women feel that the violence they are subjected to is 'normal' or 'not serious'. However, their interpretation is not consistent with the evidence on health outcomes associated with intimate partner violence, which shows very serious consequences of violence (Chapter 8). More needs to be done to challenge the belief that violence in the home is normal and acceptable. The most common reasons given by women for either reporting the abuse (could not endure more, badly injured) or not reporting it (violence normal) were consistent with the findings of the WHO study in other countries (Garcia-Moreno et al. 2005: 75).

The results of the survey show that the first point of contact for women is usually their immediate social networks (family, friends and neighbours) rather than more formal services. However, the qualitative research showed that while women most often tell family members about the violence, the responses they receive are not always supportive and sometimes reinforce their feelings of self-blame and shame. It is therefore important to reduce the various myths and social stigma surrounding violence and promote the likelihood that people will respond with appropriate support and care if someone they know discloses experiences of violence. Support from family and friends can have very positive impacts. A number of researchers have noted the importance of supportive relationships for abused women 'as they assist women in developing a sense of being connected, which in turn gives women strength' (Davis 2002; Landenburger 1989; Ulrich 1998). In fact, it has been found that the development of social support had the most influence on women's ability to cope in a positive way (Lu and Chen 1996). Furthermore, women who have support from family and friends suffer fewer negative effects on their mental health and are able to cope more successfully with violence (Garcia-Moreno et al. 2005: 79). As such, the informal networks that women access should be strengthened.

'Furthermore, women who have support from family and friends suffer fewer negative effects on their mental health and are able to cope more successfully with violence.'
(Garcia-Moreno et al. 2005: 79)

Other coping mechanisms include fighting back when subjected to partner violence. Interestingly, nearly half of the respondents who fought back reported that the violence lessened or stopped. As in all countries where the WHO study was conducted, the proportion of women in Solomon Islands who reported using violence in retaliation was consistently higher among women experiencing severe physical violence. The fact that many women fight back against their partners shows that they are not merely passive victims but are prepared to retaliate as a coping strategy. The finding that women fight back more when they experience severe violence indicates that when they feel their lives are threatened they will do what they can to protect themselves. Shaikh (2007:89), writing about marital violence in a South African community, also showed how women fought back and 'broke out of the traditional model of femininity by physically defending her bodily integrity'.

Women also reported leaving their homes for at least one night, sometimes many times, because of violence. It is important to recognise that leaving a violent relationship is a process rather than a one-time event and that many of these actions are steps along the way to finally leaving the relationship (Garcia-Moreno et al. 2005: 79). It has been found that a woman may leave her partner several times and return before leaving permanently (Loue 2001:131). There are numerous reasons why women stay or take a long time to leave an abusive relationship. Kirkwood (1993) asserts that women are bound up in a web of emotional abuse and physical violence, which reduces the resources on which they might draw. When there are children involved, their reasons for not leaving become even more complex: Can they survive financially when bringing up the children on their own? Where will they live? What about the short and long-term safety of themselves and their children?

In this study, many women reported that they stayed in a violent relationship because of their children or returned to the relationship because of them. Victims of domestic violence often hold the belief that it is in the children's best interest to remain in the relationship – taking them away from their father would upset them and they would be better off materially if the adult relationship remained intact (Hester et al. 2000). However, this belief fails to understand the significant impact that domestic violence has on children in the home. As discussed in Chapter 7, we found clear associations between women's experience of intimate partner violence and her children having emotional and behavioural problems, such as having nightmares, being aggressive and running away from home. We also found that children in homes where intimate partner violence occurs are more at risk of experiencing violence themselves.

It should be noted that, in some cases, it is children who provide the motivation for leaving. In our study, 14% of women who had left a violent relationship on at least one occasion reported that one of their reasons for leaving was that their children were suffering or had been threatened or hit. A number of studies have found that there is a group of women who will stay in violent relationships for long periods of time, only making the decision to leave when they realise their children are being affected by the violence or are being directly abused (Kelly 1988, 1994; Hilton 1992).


YUMMY
FISH & CHIPS, SAUSAGES, MEAT PIE, DONUT, ICE CREAM, BAR & CONES, RICE

CHAPTER 11: RISKS FOR INTIMATE PARTNER VIOLENCE AND PROTECTIVE FACTORS

MAIN FINDINGS

- The characteristics of male partners are more significantly associated with women's experiences of intimate partner violence than the woman's own characteristics.
- Male characteristics such as alcohol use, having affairs, fighting with other men, and exhibiting controlling behaviour are strongly associated with intimate partner violence.
- Intergenerational transmission of violence appears to be strong, with childhood experiences of violence being a significant risk factor for intimate partner violence.
- Bride price was also significantly associated with intimate partner violence in the Solomon Islands.

One of the objectives of the Solomon Islands study was to identify factors associated with the occurrence of intimate partner violence to enable development of effective and appropriate interventions. This chapter summarises the findings from analyses of various risk factors associated with such violence.

The causes of violence against women have been investigated from a diverse range of perspectives, including feminism, criminology, development, human rights, public health and sociology. Though various explanations have been put forward, there is general consensus that no single cause adequately accounts for violence against women. Rather, violence against women arises from the convergence of specific factors within the broad context of power inequalities at the individual, group, national and global level (Garcia-Moreno et al. 2005; Heise 1998; UN General Assembly 2006). Our analysis focuses on risk factors at the individual and relationship level. However, this effort to uncover the factors associated with violence against women in Solomon Islands must be situated within the larger social context of power relations, which has already been discussed in other parts of the report, including Chapters 1, 5 and 12.

This analysis is based on responses from women who had ever been married or lived with a man. For this analysis, we did not use the broader

definition of ever-partnered because the questions that relate to the characteristics of the respondent's partner/husband (many of the relevant variables) were only asked of women who had ever been married or lived with a partner. In all, 2346 women had ever been married or lived with a man. All data on partner characteristics were obtained through the reports of wives/partners.

The outcome variable considered was whether women who had cohabited had experienced violence by their current or most recent partner. The analysis looked at risk factors for women who had experienced physical and/or sexual violence by their current or most recent partner. Those who had ever experienced partner violence, but not from their current or most recent partner (i.e. only from a previous partner), were not included in the analysis so as not to dilute observed associations with putative risk factors. In addition, much of the relevant 'partner' data was only collected for the respondent's current or most recent partner. One hundred women were excluded from the analysis because they had experienced violence from a previous husband or partner only. The analysis was therefore based on a total sample of 2246 women (Table 11.1).

Table 11.1: Sample for risk and protective factor analysis.

		number
a	Total no. of women who had ever been married or lived with a man	2346
b	Never experienced IPV (among ever-cohabited)	854
c	Experienced IPV by current/most recent partner (among ever cohabited)	1392
d	Experienced IPV by previous partner only (among ever cohabited)	100
e (b+c)	**Total sample used for risk and protective factor analysis**	**2246**

The list of risk factors included in the analysis was developed by drawing on existing conceptual models and other published analyses on risk and protective factors. We looked at variables that pertained to both the woman and her partner. Table 11.2 shows how the prevalence of current and lifetime experiences of violence vary by different characteristics of women.

Current marital status: The first panel in Table 11.2 shows how the prevalence of lifetime and current partner violence varies among women who are currently married, women who are not married but currently living with a partner, currently divorced or separated women and currently widowed women. The rate of current and lifetime partner violence is highest among married women, which makes sense given that intimate partner violence most often occurs within marriage. However, we found that women who were separated or divorced also reported relatively high rates of lifetime prevalence of partner violence. This suggests that violence may be an important cause of marriage breakdown. Another possible explanation is that separated women are more willing to disclose experiences of violence because they have less fear of the repercussions of disclosing. Current partner violence rates are low for separated, divorced and widowed women, which supports the expectation that the end of a marriage translates into an end to the risk of partner abuse.

Age: A woman's age is thought to affect the likelihood that she will experience intimate partner violence. It is generally expected that the lifetime experience of violence will increase with age as older women have been exposed to the risk of violence for longer. Table 11.2 does not support this hypothesis, with the rate of lifetime violence fluctuating with age. In contrast, the likelihood of experiencing current violence clearly declines with age. Women in the 15–19 year-old age group have the highest prevalence of current partner violence, which

indicates that teenage women who marry or live with a man are at a particularly high risk of violence. Older age was associated with a lower likelihood of current violence and this fits with literature on how a woman's position in the household changes as she ages (Dasgupta 1996). Bookwala, Sobin & Zdaniuk (2005) found that the use of violence decreased as a couple ages and that younger participants were more likely to sustain injuries within their marriages than older counterparts.

Table 11.2: Percentage of ever-partnered women aged 15–49 who have ever experienced partner violence, by background characteristics.

Characteristics		Women who have experienced IPV from current/most recent partner in past 12 months (current)		Women who have ever experienced IPV from current/ most recent partner (lifetime)	
		number	%	number	%
Age	15–19	36	61.0***	43	72.9**
	20–24	172	49.7	221	63.9
	25–29	228	47.4	329	68.4
	30–34	221	40.7	330	60.8
	35–39	174	40.8	282	66.2
	40–44	78	31.5	134	54.0
	45–49	79	32.5	153	63.0
Education	None	161	41.5 (ns)	238	65.6 (ns)
	Primary	541	41.4	781	61.9
	Secondary	232	44.4	299	60.0
	Higher	44	34.1	74	60.2
Marital status	Currently married	910	41.9**	1337	62.6*
	Living with man, not married	29	36.3	40	53.3
	Divorced, separated	5	9.8	10	52.6
	Widowed	1	4.3	5	38.5
Respondent chose partner herself	Chose partner herself	505	38.6	769	60.1
	Did not choose partner herself	237	46.3**	325	65.8 (ns)
Bride price	No bride price	464	37.4**	689	58.1***
	Bride price paid	451	44.0	657	65.8
	Bride price partially paid or unpaid	30	50.8	46	80.7
Number of children born alive	0	66	37.2 (ns)	164	55.8 (ns)
	1–2	313	44.1	456	61.0
	3–4	302	38.8	472	62.1
	5+	264	39.8	408	62.5
Employment	Not earning an income	219	37.2 (ns)	333	59.3 (ns)
	Earning an income	725	41.7	1058	62.9
Father beat mother	Yes	374	51.6***	512	73.8***
	No	571	35.6	880	56.7

Table continued overleaf

Table 11.2 (cont.): Percentage of ever-partnered women aged 15–49 who have ever experienced partner violence, by background characteristics.

Characteristics		Women who have experienced IPV from current/most recent partner in past 12 months (current)		Women who have ever experienced IPV from current/ most recent partner (lifetime)	
		number	%	number	%
Experienced non-partner physical abuse >15 yrs	Yes	171	44.3 (ns)	267	73.2***
	No	773	39.8	1124	59.8
Experienced non-partner sexual violence >15 yrs	Yes	198	50.3***	289	79.0***
	No	746	38.6	1102	58.7
Experienced childhood sexual abuse	Yes	448	52.8***	655	81.6***
	No	484	33.2	721	50.7
Attitudes to IPV	Agrees with at least one reason for a husband hitting his wife	699	41.3 (ns)	1096	61.6 (ns)
	Agrees with no reasons for a husband hitting his wife	241	38.9	395	59.7
Attitudes about sexual autonomy within marriage	Agrees with at least one reason for a wife refusing sex with her husband	866	42.9***	1290	66.2***
	Agrees with no reason for a wife refusing sex with her husband	75	25.1	98	33.8
Alcohol use	Respondent drinks never, or rarely (less than once a month)	932	40.6 (ns)	1470	60.9 (ns)
	Respondent drinks at least once a month	13	38.2	30	71.4

Note: Asterisk denotes bivariate associations that are statistically significant based on the Chi-square test; one test per variable (P<0.05); ***: P<0.001; **: P<0.01; *: P<0.05; ns = not significant.

Number of children: Several studies indicate that the risk of experiencing violence is positively associated with the number of children women have (Ellsberg 2000; Kishor and Johnson 2004b). However, the direction of this relationship, that is, whether increased fertility leads to violence or violence leads to increased fertility, is unclear. While women without children in Solomon Islands are less likely to have experienced current or lifetime violence, this was not significant.

Education: Education has been considered a source of empowerment that may protect women from violence. Jewkes et al. (2002) suggest that the mechanism of protection related to education is likely to occur not only through economic independence, but also through greater social empowerment (i.e. social networks, self-confidence, or ability to utilise sources of information and resources available in society). As expected, education is inversely associated with ever experienced violence. That is, lower educational levels are associated with increased risk of violence. Women who have not attended school are particularly vulnerable to partner violence, although the variation across educational groups is not very significant. In fact, current rates of partner violence are lowest for women with no schooling. This shows that violence cuts across all sectors of society and the belief that

only non-educated women face violence is a fallacy. It also indicates that while education of women is an important intervention, many other factors contribute to women's risk of intimate partner violence.

Earning cash: Women who have some level of financial autonomy are hypothesised to have more say over financial and other household matters and to be able to leave abusive relationships more easily. However, Table 11.2 shows that women earning an income were more likely to be exposed to violence, although the association was not found to be statistically significant.

Chose husband: Among women who were formally married, those who had not chosen their husband themselves (he was chosen by her family or her husband's family) were more likely to have experienced current and lifetime partner violence compared to women who had chosen their own husband. However, this was only significant for current partner violence, not for ever experienced violence.

Bride price: All women who had been married through a ceremony were asked if their marriage had involved payment of a bride price. Those who responded positively were asked if all the bride price had been paid, or if some part still remained to be paid. Women whose marriage involved a bride price were significantly more likely to experience intimate partner violence (current and lifetime) than women whose marriage did not. When the whole bride price had not been fully paid, the women involved were even more likely to experience violence.

Alcohol consumption: In terms of alcohol use, there is empirical evidence to suggest that abused women are more likely than non-abused women to report alcohol problems (Miller et al. 2000; White and Chen 2002). For example, some studies have found that women who reported regular use of alcohol, intoxication or problem drinking were approximately two to six times more likely to be abused by their intimate partner than were controls (El-Bassel et al. 2000; Kyriacou et al. 1999). Jewkes et al. (2002) also found that abused women were much more likely to drink alcohol than non-abused women. However, in Solomon Islands there was no clear association between respondents' alcohol consumption and experiences of partner violence.

Attitudes to IPV: As discussed in Chapter 5, the study included a set of questions designed to determine whether women considered it acceptable for a man to physically hit his wife in some circumstances. Women who agreed with at least one justification for a husband hitting his wife were slightly more likely to experience partner violence than women who did not agree with any justification, although this was not statistically significant.

Attitudes to sex within marriage: Some research has suggested that rates of partner violence may be higher in settings where this type of behaviour is considered normal and when marriage is seen to grant men unconditional sexual access to their wives. As discussed in Chapter 5, the study included a second set of questions exploring circumstances in which a woman might refuse to have sex with her husband. Table 11.2 shows that a woman's belief in some sexual autonomy, as measured by agreement with at least one reason for being able to refuse sex with her husband, was positively associated with experiences of intimate partner violence.

Experiences of other forms of violence: As discussed in Chapter 6, all respondents were asked if they had experienced some form of physical or sexual violence by someone other than a partner. Women who reported that they had experienced non-partner sexual abuse were found to be at higher risk of partner violence than those who had not experienced sexual violence by a non-partner. Women who had experienced non-partner physical violence were also more likely to have experienced partner violence, particularly for the lifetime prevalence. In addition, experiencing sexual abuse as a child (under age 15) was found to be strongly positively associated with women experiencing partner violence.

All respondents were asked whether their mother had been hit or beaten by her husband. We found that women whose mothers had been beaten were significantly more likely to have experienced current and lifetime partner violence compared to those who did not have this history of abuse within their family.

Table 11.3 shows how the prevalence of lifetime experiences of violence and current experiences of violence vary by partner's age, education, employment status and other characteristics.

Age: We find that women with partners in younger age groups are more likely to have experienced violence (particularly current partner violence). This is probably because, as we saw above, younger women are more likely to have experienced violence in the last 12 months and are likely to have partners of a similar age.

Education and employment status: Women whose partners have secondary or higher levels of education have lower rates of lifetime experiences of violence. However, we also see that women whose partners have no schooling have the lowest level of current partner violence.

All respondents who had been in a relationship were asked about the employment status of their current or most recent partner. Women whose partner was unemployed reported higher rates of partner violence (current and ever) than women whose husband was working, retired or a student.

Partner's alcohol consumption: Respondents were asked a number of questions related to their current/most recent partner's alcohol use. Firstly, they were asked how often their partner drank alcohol: every day or nearly every day, once or twice a week, 1–3 times a month, less than once a month, or never. Women who reported that their partner ever drank were asked how often they had seen their partner drunk in the past 12 months. To explore the association between alcohol use and partner violence, we created a categorical variable with three categories: partner never drinks, partner drinks but is drunk rarely or never (once a month or less), and partner drinks and is drunk at least once a week.

In Solomon Islands there is a significant positive association between a partner drinking alcohol and being drunk and experiences of intimate partner violence. The strongest association was between men who were drunk regularly and experiences of intimate partner violence.

Partner had an affair: Women who reported that their partner had an affair while with her were more likely to report intimate partner violence than women whose partner had not had an affair.

Table 11.3: Percentage of ever-partnered women aged 15–49 who have ever experienced partner violence, by partner's characteristics.

Characteristics		Women who have experienced IPV from current/most recent partner, in past 12 months (current)		Women who have ever experienced IPV from current/ most recent partner (lifetime)	
		number	%	number	%
Age	15–19	5	83.3**	5	83.3 (ns)
	20–24	47	56.0	54	65.1
	25–29	1145	43.1	165	63.5
	30–34	169	43.3	234	62.6
	35–39	179	43.0	254	62.3
	40–44	130	37.1	205	60.3
	45–49	85	38.5	126	60.0
	50–54	47	30.9	79	53.0
	55–59	15	30.5	29	50.9
	60–64	5	22.7	11	52.4
Education	None	50	32.5**	90	62.1 (ns)
	Primary	464	43.5	664	64.2
	Secondary	321	40.6	458	60.2
	Higher	94	36.4	149	59.4
Employment status	Working	408	38.8**	594	58.3**
	Unemployed	500	43.9	730	66.0
	Retired	20	26.3	39	54.9
	Student	11	37.9	18	66.7
	Disabled/long-term illness	3	33.3	4	57.1
Alcohol use	Never drinks	293	30.9***	480	52.2***
	Drinks but not drunk often	445	42.6	648	64.2
	Drunk at least once a week	207	61.6	264	83.5
Father beat mother	Yes	260	62.4***	330	82.1***
	No	685	35.8	1062	57.6
Frequently beaten as a child	Yes	266	60.9***	356	85.0***
	No	679	35.9	1036	56.7
Violent with other men	Yes	250	53.8***	366	81.7***
	No	695	37.3	1026	57.1
Had a relationship concurrently	Yes	251	51.9***	376	83.0***
	No	694	37.6	1016	56.7
Exhibits controlling behaviour	Yes	677	49.3***	1004	76.5***
	No	264	28.0	383	41.5

Note: Asterisk denotes bivariate associations that are statistically significant based on the Chi-square test; one test per variable (P<0.05); ***: P<0.001; **: P<0.01; *: P<0.05; ns = not significant.

Violent with other men: Respondents were asked if, since they had known their current/most recent partner, he had ever been involved in a fight with another man. They could answer yes or no. Having a partner who has been violent with other men was positively associated with intimate partner violence (current and lifetime).

Partner's father beat mother: Research has found that male children who see their mother being abused by their father are at a higher risk of becoming abusers in their intimate relationships as adults (Kishor and Johnson 2004b). Table 11.3 shows that women whose partner's mother was beaten by his father were much more likely to have ever experienced and to be currently experiencing violence than women whose partner's mother was not beaten.

Frequently beaten as a child: Childhood exposure to violence is commonly cited as an explanation of the aetiology of violence in intimate relationships. Respondents were asked if, as far as they knew, their partner was hit or beaten regularly by someone in his family when he was a child. There was a clear pattern of increased risk of intimate partner violence where the partner had been abused as a child.

'There was a clear pattern of increased risk of intimate partner violence where the partner had been abused as a child.'

Controlling behaviour: Examples of controlling behaviour by the respondent's current/most recent partner that were examined in this study included: trying to keep her from seeing her friends; trying to restrict her contact with her family; insisting on knowing her whereabouts at all times; ignoring her or treating her with indifference; getting angry if she speaks with another man; often being suspicious that she is unfaithful; and expecting her to ask his permission before seeking health care for herself. If respondents answered yes to any of these questions they were defined as having a partner who exhibited controlling behaviour. Women who reported that their partner exhibited at least one act of controlling behaviour were significantly more likely to experience current and lifetime partner violence in Solomon Islands.

Multivariate analysis

To identify factors that significantly increase the risk of experiencing partner violence, multivariate logistic regression analyses were performed. Factors considered included all the characteristics discussed in the bivariate analysis that were found to have a statistically significant association with partner violence. The dependent variable analysed was ever-experienced partner violence (by current partner), where a respondent was coded '1' if she had experienced violence and '0' otherwise. For the dependent variable, we chose ever-experienced partner violence rather than current violence because the patterns are similar and the larger numbers allowed us greater statistical power in the analysis.

Table 11.4 shows the odds ratios calculated from the coefficients of the logistic regressions for the dependent variable. Each odds ratio gives the increase or decrease in the odds of the event (experience of violence) occurring for a given value of the independent variable as compared to the reference category. For example, an odds ratio of 2.59 in Table 11.4 for women who have experienced childhood sexual abuse means that the odds that a woman who has experienced childhood sexual abuse has ever experienced violence are two and a half times higher than if she has not experienced childhood sexual abuse. The multivariate analyses add to the bivariate discussion by identifying the factors that significantly affect the likelihood of violence net of all other factors hypothesised as relevant.

Table 11.4: Correlates of ever-partnered women's likelihood of having ever experienced partner violence (from current/most recent partner); adjusted odds ratios (AOR) estimated using logistic regression.

Characteristic		AOR (adjusted for all other risk factors)	95% CI for OR		P-value
			Lower	Upper	
Age (r: age group 15-19)					
	20–24	0.64	0.31	1.3	0.24
	25–29	0.76	0.37	1.58	0.46
	30–34	0.57	0.28	1.2	0.12
	35–39	0.83	0.40	1.72	0.62
	40–44	0.56	0.26	1.2	0.13
	45–49	0.69	0.32	1.47	0.33
Current marital status (r: currently married)					
	Living with man, not married	0.60	0.34	1.10	0.08
	Divorced, separated	0.93	0.18	4.71	0.93
	Widowed	0.18	0.02	1.48	0.11
Partner's employment status (r: employed, student or retired)					
	Unemployed	1.52	1.23	1.87	0.000
Bride price (r: none)					
	Marriage involved bride price payment that has been fully paid	1.48	1.19	1.83	0.000
	Marriage involved bride price that has not been fully paid	2.64	1.21	5.73	0.014
Sexual autonomy (r: respondent does not agree with any reasons for refusing sex)					
	Respondent believes that a wife can refuse sex with her husband under some circumstances	4.01	2.92	5.50	0.000
Partner's alcohol consumption (r: never drinks)					
	Partner drinks but is not drunk often	1.42	1.14	1.77	0.002
	Partner drunk at least once a week	2.62	1.76	3.89	0.000
Controlling behaviour (r: none)					
	Partner has exhibited controlling behaviour	3.70	3.01	4.56	0.000
Affair (r: none)					
	Partner has had an affair	1.94	1.41	2.66	0.000
Partner violent with other men (r: never)					
	Partner has been violent with other men	1.69	1.24	2.30	0.001
Non-partner physical abuse >15 yrs (r: never)					
	Woman experienced non-partner sexual violence	1.03	0.75	1.41	0.86
Non-partner sexual abuse >15 yrs (r: never)					
	Woman experienced non-partner physical violence	1.51	1.10	2.12	0.016
Child sexual abuse (r: none)					
	Woman experienced childhood sexual abuse	2.59	2.02	3.33	0.000

Table continued overleaf

Table 11.4 (cont.): Correlates of ever-partnered women's likelihood of having ever experienced partner violence (from current/most recent partner); adjusted odds ratios (AOR) estimated using logistic regression.

Characteristic		AOR (adjusted for all other risk factors)	95% CI for OR		P-value
			Lower	Upper	
Partner frequently beaten as a child (r: no)					
	Partner frequently beaten as a child	1.50	1.06	2.14	0.023
Woman's father beat mother (r: no)					
	Woman's father beat mother	1.27	0.99	1.63	0.057
Partner's father beat mother (r: no)					
	Partner's father beat mother	1.35	0.96	1.91	0.087
Constant		0.092			0.000
Number of women		2246			

Note: Shading represents bivariate relationships that are found to be statistically significant in the multivariate model (P<0.05).

r = Reference (omitted) category.

According to the above model, the following variables were found to be risk factors for experiencing physical or sexual violence by a current or most recent partner:

- attitudes to sex
- controlling behaviour
- non-partner sexual violence
- bride price
- partner's alcohol consumption
- partner had affair
- partner fights with other men
- partner beaten as a child
- partner unemployed

Discussion

Characteristics of partners more significant than characteristics of respondents

A number of variables were found to be strongly associated with intimate partner violence. This has important implications for interventions on violence against women.

Firstly, we noted that variables relating to the respondent had less significant associations with partner violence than the characteristics of her partner.

Whether the respondent could count on family for support or whether or not she chose her own partner were not found to be significantly associated with a woman's experience of violence.

Intimate partner violence was largely unrelated to most socio-economic and demographic indicators such as women's age, education, employment and marital status. Even earning an income was not found to be significantly associated with experiences of partner violence. Similarly, in Bangladesh it was found that, contrary to expectations, 'earning an income and participating in a savings or credit programme were not associated with abuse during pregnancy among urban or rural women' (Naved and Persson 2008:75).

Only the respondent's experiences of childhood sexual abuse and her attitudes towards a wife refusing sex with her husband were found to be associated with intimate partner violence. On the other hand, the majority of male characteristics examined, including partner's unemployment, were strongly associated with partner violence.

Perpetrator characteristics

We also found a significant association between the a partner being involved in physical fights with other men and partner violence. This indicates that the partner uses violence to resolve conflict in various situations. If a partner sees interpersonal violence as a strategy for resolving disputes, then it is more likely that he will employ violence when conflicts arise in intimate relationships. Torres and Han (2003) refer to this characteristic as 'the generality of violence', that is, whether the offender is violent outside the family. They found this to be significantly associated with the level of physical abuse. Gondolf (1988) and Saunders (1992) also found that generalised violence is associated with the most frequent occurrence of severe intimate partner violence.

We found that having a partner who had an affair was a risk factor for intimate partner violence. Perhaps this is because having affairs highlights a belief in the sexual availability of women and reflects an unequal dynamic within the relationship. Having an affair also puts the respondent at increased risk of HIV/AIDS and other sexually transmitted infections.[13] Lichtenstein (2005) found in a study of HIV positive women in the American Deep South that the collective experience of the women was that partner violence had played a crucial role in them becoming HIV positive. Intimate partner violence thus places women at great risk, given that it frequently includes sexual abuse such as rape, and that many perpetrators of violence are also having other sexual relationships.

We found a strong positive association between women experiencing controlling behaviour and intimate partner violence. Women whose partners exhibit at least one form of controlling behaviour have 3.7 times the odds of experiencing partner violence than women whose partners do not exhibit such behaviour. It is possible to view controlling behaviour as a partner characteristic that is a risk factor for partner violence. Alternatively, we could consider it as one of the elements of intimate partner violence that often accompanies emotional and physical abuse. For example, male use of controlling behaviour has been found to be a common pattern in violent intimate partner relationships, and many scholars now view domestic violence globally as a pattern of intimidation, coercive control and oppression (e.g. Brewster 2003; Holtzworth-Munroe 2000; Pence and Paymar 1993; Shepard and Pence 1999; Stark 2007; Strauchler et al. 2004; Warrington 2001; Yllo 1993).

Bride price

Bride price was found to be a strong risk factor for women's experiences of partner violence. Women whose bride price had not been fully paid were particularly at risk. They were more than two and a half times more likely to experience violence than women whose marriage did not involve bride price.

As shown in Chapter 10 (Tables 10.8 and 10.9), 10% of women reported that they returned to a violent relationship after leaving because bride price was paid and 9% of women who had never left an abusive relationship reported that bride price was the reason they stayed. The existence of bride price varies from island to island. However, it was traditionally

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

considered compensation by the man's family to the parents of the bride for the 'loss' of their daughter. Ethel Suri from SICA FOW explained that bride price is also about developing a covenant between two families:

> *'It is also a covenant between two tribes because traditionally and culturally when the male relatives bring their shell money, it is an exchange with the girl's relatives and friends. They have pigs and taro and she has to wear her traditional costume. It shows that there is this friendship and relationship forged between the two and also when she enters her husband's house it says that anything she says or any mistakes she makes, this will cover it. So there is always peace because of the covenant that is made between these two families.'*

However, in recent years the practice has changed significantly and many people view bride price as the right given to a man to have ownership over his wife and to beat her and treat her as he wishes. A number of participants in the male focus group discussions, particularly older men, noted that the practice of bride price had changed and this was detrimental to the status of women. One man explained:

'Because if a girl's bride price is paid, she has to stay with her husband no matter what happens.'

> *'There is a lack of knowledge about the real and deeper meaning of bride price and this causes problems.'*
>
> Male focus group discussion participant, 36+ years, Honiara

Another said:

> *'Bride price is not a means of buying, it is a way of creating a connection and staying happy together.'*
>
> Male focus group discussion participant, 36+ years, Honiara

It seems that many people now believe that if bride price is paid, a woman cannot leave her husband. The Permanent Secretary of the Ministry of Women, Youth and Children's Affairs explained,

> *'I think the issue of bride price is a cause [of violence] as well in the sense that the woman is regarded as property of the man. He bought you in a sense, although we would not want to see it that way. I think a lot of people in our society justify it through that. You are now my wife and hence my property and no-one has the right to tell me what to do with you. And women believe it.'*
>
> Permanent Secretary of MYWCA, key informant interview

One woman from Temotu explained that she felt she could not leave her abusive husband because of bride price:

> *'The bride price is one factor as to why I remain with the children in my husband's house. If I had no children then I could leave according to the rules of bride price.'*
>
> Respondent, IPV in-depth interview, Temotu

Many participants in focus group discussion also articulated that under the current practice of bride price, women were sometimes trapped in violent relationships:

> *'Because if a girl's bride price is paid, she has to stay with her husband no matter what happens.'*

'If they paid her a big bride price then she feels that she has an obligation to stay with her husband.'

'Sometimes violence is because of the bride price. He purchased her, therefore he has the right to beat his wife.'

Female participants, focus group discussion, Malaita

Alcohol use

Alcohol use by the respondent's partner was found to be positively associated with intimate partner violence. Among partner characteristics, men's drinking patterns have been found to be associated with marital violence across various ethnic groups and classes in several developed and developing country settings (Cocker et al. 2000; Jewkes and Abrahams 2002; Koenig et al. 2003; Moraes and Reichenheim 2002; Rao 1997; Scott et al. 1999; White and Chen 2002). Studies have also found that an abuser's alcohol use was related to a greater likelihood of physical injury (Brecklin 2002). In addition, health professionals that we interviewed in focus group discussions and in-depth interviews said they noticed that injuries tended to be more severe when alcohol was involved:

'If food is not ready then the man bashes the wife. This leads to injuries inflicted on the victim. Sometimes the husbands don't mean to bash their spouses very badly but when they are under the influence of alcohol they are out of control …For instance, an incident happened recently where the husband burned the wife's hand with a fire. When we attended to the woman she told this story.'

Nurse, in-depth interview, Honiara

The role of alcohol in intimate partner violence is complex. Historically, feminists have been hesitant to accept this association because it fails to deal with what they consider the root cause of violence, namely patriarchy and gender inequality in society. They have argued that many men who drink are not violent and many violent men do not drink; therefore, we cannot say that alcohol causes violence. However, it is clearly a risk factor that we need to explore in more detail. Abrahams et al. (quoted in Jewkes et al. 2002:1613) have argued that some South African men drink in order to give women the beating they feel is socially expected of them. Lee (2007) has suggested that alcohol may be used as an excuse for violence occurring in intimate relationships, which allows the victim to forgive the abuser. Others suggest that conflict when inebriated may be more likely to result in violence because of the dis-inhibiting effect of alcohol. However, social anthropologists have argued that the connections between violence and drunkenness are socially learnt (quoted in Jewkes et al. 2002:1613).

The association between alcohol use and partner violence is likely to be due to a combination of factors: alcohol contributes to violence through enhancing the likelihood of conflict, reducing inhibitions, and providing a social space for punishment. It is important to remember that the use of alcohol does not explain the underlying imbalance of power in relationships where one partner exercises coercive control. Therefore, while decreasing the use of alcohol may reduce the risk of partner violence, it will not eliminate it.

Intergenerational transmission of violence

An important theory of domestic violence causation relates to the inter-generational cycle of violence, as discussed in Chapter 7 on child abuse. The literature on violence against women suggests that children who have either experienced violence themselves or witnessed violence when growing up are more likely to end up in a violent relationship, either as the perpetrator or victim (Ellsberg et al. 1999; Jewkes and Abrahams 2002; Martin et al. 2002; Wekerle and Wolfe 1999; Whitfield et al. 2003).

Some of the most significant associations we found in the data related to partners' and respondents' experiences of abuse when they were children – for women experiencing childhood sexual abuse and for men experiencing physical abuse as a child.

The association between physical punishment in childhood and adult domestic violence suggests that beating teaches children the 'normality' of using violence in punishment and conflict situations. It is likely that children in violent homes learn to use violence rather than other more constructive methods to resolve conflicts (Lee 2007). It may also lead to permissive attitudes toward violence.

While not necessarily a childhood experience, we also found that women who had experienced sexual abuse by someone other than a partner, above the age of 15, were at greater risk of partner violence.

(See more discussion of the intergenerational transmission of violence in Chapter 7).

'It seems counterintuitive that women who have more sexual autonomy are more likely to experience violence.'

Attitudes to violence and sexual autonomy

We did not find any significant association between women's attitudes toward physical violence and partner violence. However, we did find that women who believed that they could refuse sex under some circumstances were *four* times more likely to experience intimate partner violence than women who believed that a wife could not refuse sex with her husband under any circumstances. It seems counterintuitive that women who have more sexual autonomy are more likely to experience violence. However, a study in South Africa found that women who held liberal views about gender roles were more likely to experience partner violence. Sugarman and Frankel (1996) also found that abused women have more liberal ideas about gender roles. Jewkes et al (2002:1612) argue that 'violence against women is normalised as men lash out at women they can no longer patriarchally control or economically support'. Counts et al (1992) have argued that in societies where women's status is in transition, violence is used to reinforce male authority. Moore (1994) also suggests that violence may be used to resolve crises in male identity brought on by challenges to a patriarchal society.

Clearly, these are not separate risk factors and one factor impacts on others in the model. For example, Schafer, Ceatano and Cunradi (2004), found that early childhood experiences of violence are associated with drinking problems later in life, which are in turn associated with higher levels of reported partner violence. Thus it is likely that experiences such as childhood sexual abuse have an impact on partner violence through a number of avenues.

Finally, it is important to acknowledge that this analysis has some limitations, most significantly linked to the cross-sectional study design, which limits the extent to which we can make temporal conclusions and whether the associations are likely to be causative or not. In addition, the partner characteristics used in the analysis are based on women's reports rather than on direct reports from the partners themselves. We have also not explored distinct forms of partner violence such as physical versus sexual or emotional abuse. However, given the overlap between these forms this is not likely to be an important limitation.

MAIN FINDINGS

- The majority of men we spoke to reported that intimate partner violence is a serious issue in their communities and they believe that it is not an accepted form of behaviour.
- Male participants in focus group discussions mentioned four main reasons for partner violence: bride price, alcohol, acceptability of violence as a form of discipline, and gender inequality.
- Men acknowledged that violence could have broad ranging and serious effects on women and children.
- Male perpetrators most often get angry with their wives when, in their eyes, they do not live up to the gendered roles that society imposes on women.
- All male perpetrators reported that they sometimes felt remorseful after beating their wives. However, despite this remorse they did not alter their behaviour.

As detailed in Chapter 2, Methodology, we conducted in-depth interviews with male perpetrators of partner violence. We also conducted focus group discussions with men on violence against women and children to gather their wider perspectives on this issue. This chapter discusses the findings of this qualitative research. Male perspectives on child abuse that were gathered in the focus group discussions are explored in Chapter 7, Child Abuse.

Intimate partner violence and its acceptability

In line with the relatively high prevalence of intimate partner violence found by the quantitative research, the majority of men in the focus group discussions recognised that domestic violence was a problem in their communities. Relevant comments included '*Yes, it exists in the community*'; '*The issue is very common within every community especially during the weekends because of the consumption of alcohol*'. On the other hand, according to a few men, '*It is not so common in some communities*'.

All male perpetrators interviewed (13) acknowledged that they had problems in their marital relationships and that they argued at

least sometimes. Almost all reported that the problems started when they first got married or after their first child was born. This is consistent with in-depth interviews with female victims of intimate partner violence who also reported that the violence usually started soon after marriage.

While most male focus group participants acknowledged that partner violence existed, the majority also expressed the belief that it is not an accepted form of behaviour. For example, one man said:

> *'It is not accepted because it is not good and disturbs the community and family.'*
>
> Male focus group discussion participant, 15–20 years, Honiara

> *'It is not acceptable in the community because a married couple should love and respect each other as well as listen to each other.'*
>
> Male focus group discussion participant, 36+ years, Temotu

On the surface, these attitudes appear to be incongruent with levels of partner violence. It is difficult to understand how such actions can be so prevalent if there is not some level of acceptance or normalisation of the violence. It is possible that attitudes are changing and that men themselves want to see a change in their own communities. It is also possible that participants felt they had to say that violence is unacceptable out of political correctness.

> *'It is a pressing worry in our country and the direction we are heading in … We need to build our human resources but many of our people are in a desperate situation.'*
>
> Male focus group discussion participant, 36+ years, Honiara

While men in the focus group discussions expressed the belief that violence is not acceptable, a number of male perpetrators who were interviewed justified their behaviour. For example, one man explained:

> *'If I go out and get drunk, my wife is not happy and asks me a lot of questions and also swears at me. So I beat her because she breaks my custom. I beat her up when she is angry with me from jealousy … I want her to stop the jealousy and follow what I say.'*
>
> Male perpetrator of violence, in-depth interview, Honiara

The notion that violence against women is acceptable if a woman behaves in a way that society or her husband deems wrong is consistent with what women themselves reported in the survey. In Chapter 5, Prevalence of Intimate Partner Violence, we see that a large proportion of women responded that under certain circumstances a man was justified in beating his wife. The justifications most commonly accepted by women were infidelity and 'disobedience', and these were also mentioned by men in the qualitative research. This indicates that partner violence is considered by many to be an acceptable form of 'discipline' for female behaviour that contravenes certain gender-based expectations. Both men and women make distinctions about the specific circumstances under which beating is considered justifiable.

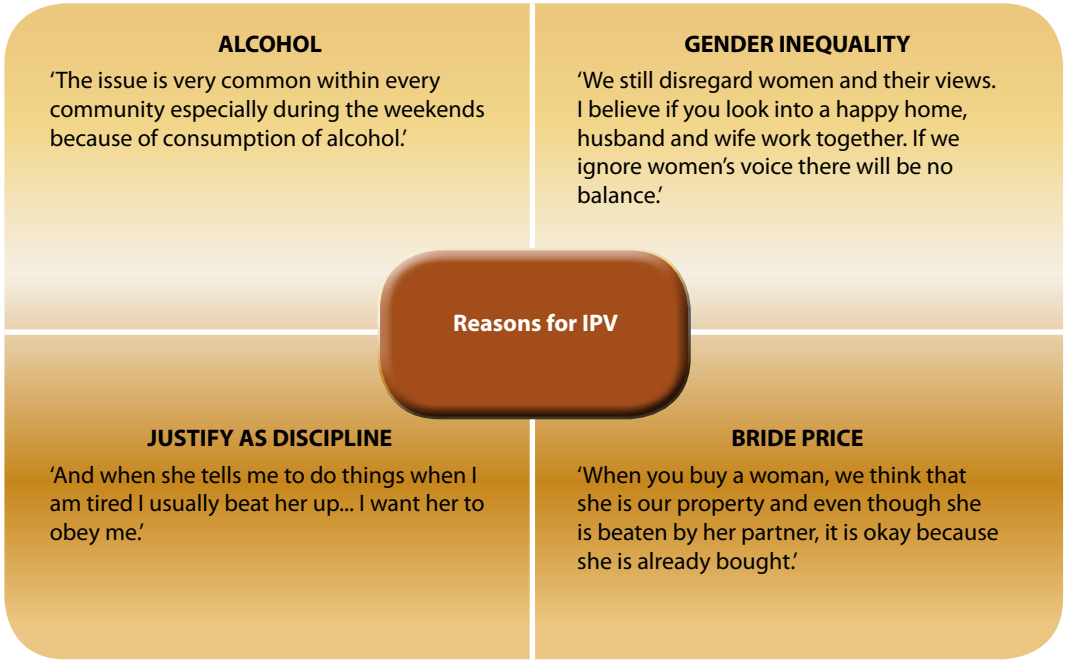
One man explained,

> *'I hit her to punish her so she will not do the same thing next time, to make her scared or as a way of disciplining her.'*
>
> Male perpetrator of violence, in-depth interview, Malaita

Reasons for intimate partner violence

When we asked men in the focus group discussions and in-depth interviews why they thought that intimate partner violence occurred, the majority mentioned four main reasons: bride price, alcohol, acceptability of violence as a form of discipline, and gender inequality (Fig. 12.1). This was also consistent with women's reports of what tended to lead to violence in their relationship. Women reported that drinking and 'disobedience' most often led to bouts of violence by their partner. While these factors may contribute to episodes of violence, it is important to note that the underlying cause of partner violence is gender inequality. The belief that a man has the right to hit his wife if, for example, she 'disobeys' him, is based on the understanding that she is subordinate within the relationship. These risk factors for partner violence have already been explored in detail in Chapters 5 and 11.

Figure12.1: Reasons for intimate partner violence, according to men



A likely factor in the high rate of intimate partner violence in Solomon Islands is intergenerational transmission of violence, as discussed in other chapters. The male perpetrators interviewed in this study were not a representative sample and cannot be used to make generalisations about the nature of all perpetrators. However, we observed some commonalities among the men we spoke to.

Firstly, we found that the majority of men reported that when they were children, they themselves were beaten or their mother was beaten by their father. This is confirmed as a risk factor in the previous chapter. For example, one perpetrator explained:

> *'I experienced harsh treatment from my mother when I was young, especially when she had an argument with my father. To settle her mind she usually unleashed her anger on us.'*
>
> Male perpetrator of violence, in-depth interview, Honiara

> *'When I was a boy I lived with my parents before they got separated. My father often beat up my mother and threw things like pots and plates at her. I saw this with my own eyes. Mother usually swore at him in reaction.'*
>
> Male perpetrator of violence, in-depth interview, Honiara

This finding suggests that men who experience or witness violence as a child are more likely to become perpetrators because they are taught that this is normal behaviour. (Please see Chapters 7 and 11 for more discussion and literature on the intergenerational transmission of violence.)

Effects of intimate partner violence and remorse

In both the focus group discussions and in-depth interviews, almost all men acknowledged the negative effects that violence has on both women and children. The types of effects that men discussed are shown in Figure 12.2. They recognised that violence could have broad ranging and serious effects on women's physical health, mental well-being and ability to work and provide for the family. They also acknowledged that intimate partner violence could have serious effects on the children, even if they themselves did not experience violence but witnessed it between their parents. Discussions on the impact of violence on children focused on physical, behavioural and emotional issues. More detailed discussion on the actual effects on children of witnessing violence can be found in Chapter 7.

When male perpetrators were asked how their wife responded to being beaten, most reported that their wives usually cried after being beaten, although some said she ran away to her family who sometimes asked for compensation. The Solomon Islands Country Supplement (AusAID 2008) explains that customary approaches generally involve compensating the injured party's family and the chief directing the couple to reconcile. The goal of compensation is not necessarily to punish but to bring peace between the families.

An interesting finding was that all male perpetrators reported that they sometimes felt remorseful after beating their wives. However, despite this remorse they did not change their behaviour.

> *'After beating my wife I usually regret my actions but she never changes so I continue beating her.'*
>
> Male perpetrator, in-depth interview, Honiara

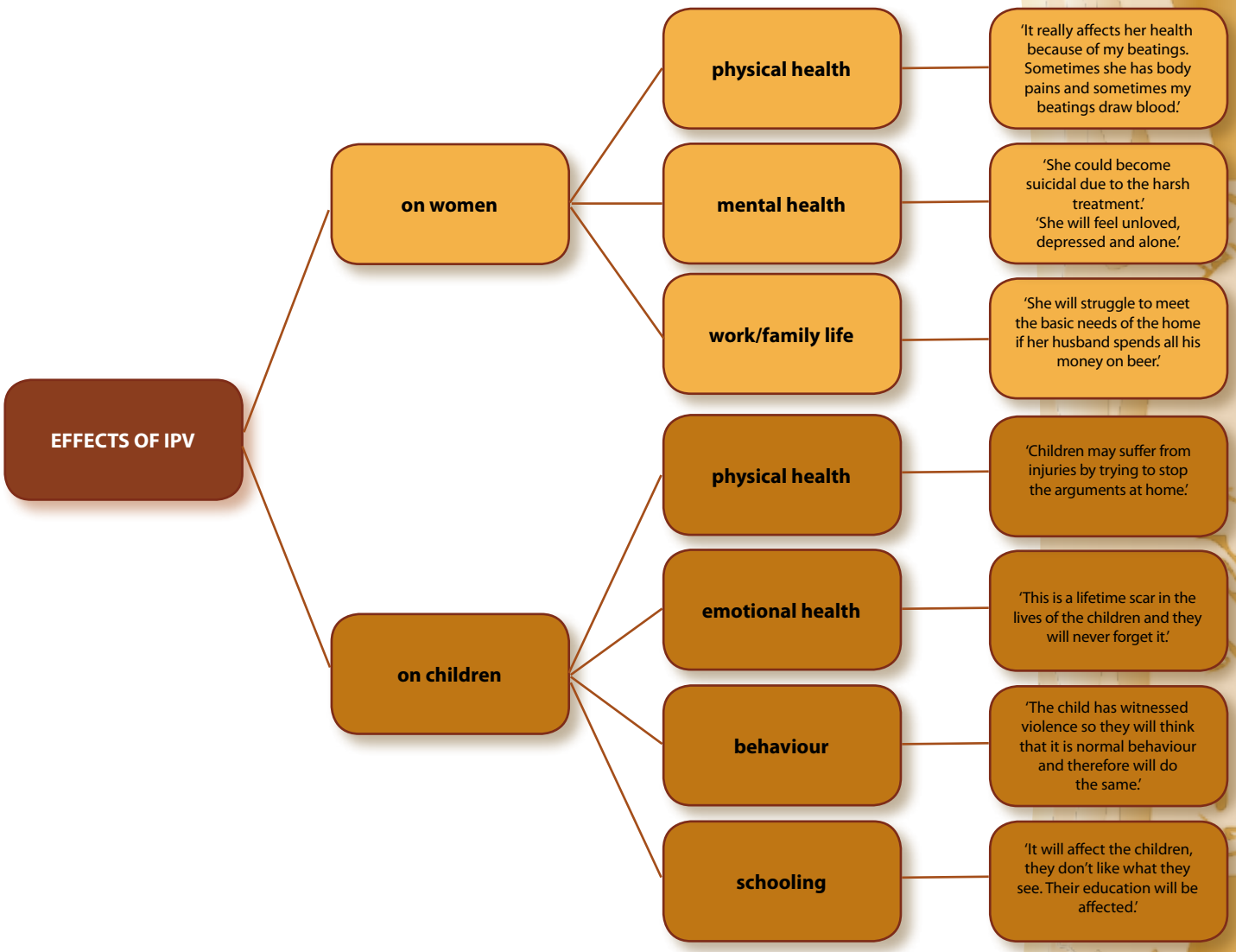
> *'I always feel guilty and sad after hitting her.'*
>
> Male perpetrator, in-depth interview, Honiara

'I always feel sorry after hitting my wife and so I ask the children to tell me who is the right one in the argument. And the children say both of you are wrong.'

Male perpetrator, in-depth interview, Malaita

It is important to recognise that these feelings of remorse provide a foundation for bringing about behaviour change. Comments such as those above indicate that perpetrators themselves understand on some levels that their behaviour is wrong and that it has a negative impact on their family.

Figure 12.2: Effects of intimate partner violence on women and children, according to men



Patriarchal family ideology

The qualitative research revealed that family life in Solomon Islands is based on a strong patriarchal ideology, which makes women vulnerable to violence. Partner violence is closely connected to the dynamics of the intimate relationship. That is, it is more prevalent within relationships that have a more unequal gender dynamic, or a patriarchal family ideology (Dobash 1996). Smith (1993: 263) defines patriarchal family ideology as,

> *(a) A set of beliefs that legitimize male power and authority over women in marriage, or in a marriage-like arrangement, and (b) a set of attitudes or norms supportive of violence against wives who violate, or who are perceived as violating, the ideals of familial patriarchy.*

Smith (1990) suggests that the ideology of familial patriarchy usually includes obedience, respect, loyalty, dependency, sexual access, sexual fidelity and ownership. Smith also found a positive association between the degree to which a woman's husband believed in familial patriarchy and his approval of using violence against women. Similarly, Lenton (1995) found a strong association between patriarchal family ideology and partner violence.

'I expect my wife to satisfy me sexually. Many times I told her that I want to sleep with her but when she says she is tired I get very angry.'

Male perpetrator, in-depth interview, Malaita

We also found that male perpetrators most often became angry with their wives when, in their eyes, they did not conform with the roles that society imposes on women. For example, men reported being angry when their wives did not prepare food on time, did not complete the housework, refused sex, were disobedient or spoke 'rudely' to them.

> *'My wife is not keeping up to my expectations. I am not happy with her, and I am tired and stressed at work, leading me to get angry if food is not ready… Due to this, or my wife asking too many questions, I hit her in every argument. I want my wife to adjust to my expectations.'*
>
> Male perpetrator, in-depth interview, Honiara

> *'The thing that usually makes me angry is that my wife is not the type of person who respects me in the way she talks to me. Like swearing at me or saying 'mouth' [in Solomon Islands, it is taboo for a woman to refer to a male's mouth in any context] or using very offensive language to me. My wife doesn't respect me in those things so that is why I usually beat her.'*
>
> Male perpetrator, in-depth interview, Malaita

> *'I expect my wife to satisfy me sexually. Many times I told her that I want to sleep with her but when she says she is tired I get very angry.'*
>
> Male perpetrator, in-depth interview, Malaita

Almost all men said that they hit their wives as a form of discipline. Furthermore, when asked what their wives should do to improve the situation, the overwhelming response was that they should learn to obey and do what the men asked. We see that the woman's behaviour is blamed for the violence rather than that the man accepts responsibility for his actions. The assumption is that domestic violence would not occur if women did as they were told. However, while men use such justifications, it must be remembered that, in reality, violence against women is not directly related to women's behaviour. No matter how they behave, a male perpetrator of violence will find an excuse to exert his power and dominance if that is what he wants to do.

The patriarchal nature of family life was highlighted by the responses to the 'attitudes' questions we asked men and women in both the qualitative and quantitative research. Male perpetrators were asked the same set of questions on attitudes as women (discussed in Chapter 5) to explore men's attitudes towards partner violence and whether such behaviour was normative. The first set of questions asked men if they agreed or disagreed with a number of statements that explored ideas about families and acceptable or desirable behaviour for men and women in the home. The second set of questions was designed to determine situations under which it was considered acceptable for a man to hit or mistreat his wife.

Half the male perpetrators (7 out of 13) said, 'A good wife always obeys her husband even if she disagrees'. As discussed earlier in this chapter, when a wife does not live up to this expectation of obedience, violence is often considered justifiable. The majority of men agreed that, 'A man should show his wife who is the boss'. This notion suggests that the gendered nature of the home does not simply reflect a gendered division of labour, but rather that the husband is the 'boss' in the relationship and is expected to *demonstrate* power over his wife. This demonstration of power can take the form of verbal, physical, sexual or economic violence. Researchers suggest that for masculinities to be effectively dominant they have to be continuously demonstrated or 'made to count' (Giddens 1984; Wilcox 2006). According to most male perpetrators that we interviewed in the qualitative research, family problems should only be discussed in the family and a woman should not be able to choose her own friends.

Almost half the male perpetrators interviewed (7 out of 13) also thought that a man has good reason to hit his wife if she is unfaithful or he suspects she is unfaithful. This is consistent with women's responses to the survey where disobedience and infidelity were the most often cited justifications for a husband to beat his wife.

Approximately one-third of male perpetrators interviewed (4 out of 13) thought that 'A woman is obliged to have sex with her husband even if she doesn't feel like it'. It is promising to find that a majority of the men believed that a woman is not obliged to have sex with her husband if she does not feel like it. Furthermore, most thought that a wife can refuse sex with her husband under various circumstances, such as if she does not want to or is sick, or if he is drunk.

What should we do to prevent partner violence?

Just under half the men (6 out of 13) we spoke to had talked to someone else about their family problems. The responses from the people they spoke to were mixed. Some told the man that he should stop being violent, while others reinforced his behaviour, blaming his wife.

A number of men suggested that counselling for couples would be useful in addressing issues of violence within a relationship. Men also suggested that women who were living with violence should be provided with support and that educational campaigns were needed.

> *'We need more education to emphasise the rights of women. We need to do away with the mentality that women are low. If we give women the power to make decisions and manage, we'll see that women are practical.'*
>
> Male focus group discussion participant, 36+ years, Honiara

'Most of the families in the communities do not know about equal rights. We need to create more awareness so that people and children know their individual rights.'

Male focus group discussion participant, 36+ years, Honiara

Others suggested that the wife should leave the husband if he was violent. For example, a Honiara man in the 15–20 year-old group said during the focus group discussion, 'I would advise her to divorce her husband because the life she is living is not good'.

Many men from the focus group discussions and male perpetrators suggested that couples seek help and guidance from the church. For example:

'I'd advise her to go regularly to church meetings and seek advice from the church elders and maybe talk and share with her husband and ask him nicely to change his behaviour.'

Male focus group discussion, aged 21–35, Temotu

'I would encourage her to continue to pray and be patient, asking the Lord Jesus to change her husband's behaviour.'

Male focus group discussion, aged 21–35, Temotu

Many female survivors of violence also reported that they had sought help from the church. Given that this is a place where many members of the community seek help, more resources should be provided to churches and church leaders in terms of training and sensitisation on how best to deal with cases of partner violence.

'...The common principles of such practices include clear policies and laws that make violence illegal; strong enforcement mechanisms; effective and well-trained personnel; the involvement of multiple sectors; and close collaboration with local women's groups, civil society organisations, academics and professionals.'

(UN General Assembly 2006).

The findings of the Solomon Islands Family Health and Safety study provide vital information and statistics on which to base interventions on violence against women and children in Solomon Islands. With this information now available, the need for action is clear. This chapter provides a number of practical recommendations[14] to guide this action.

Generic aspects of good or promising practices can be extracted from a variety of experiences around the world. The common principles of such practices include clear policies and laws that make violence illegal; strong enforcement mechanisms; effective and well-trained personnel; the involvement of multiple sectors; and close collaboration with local women's groups, civil society organisations, academics and professionals (UN General Assembly 2006).

The 21 recommendations are therefore based on the results of the study, on international examples of good practice, and on suggestions by key informants and stakeholders.

Esther Lelapitu,
Magistrate currently working at the Central Magistrate's Court

14. A number of the following recommendations are based on those recommended in the WHO Multi-country Study on Women's Health and Domestic Violence: Garcia-Moreno, C., Jansen, H.A.F.M., Ellsberg, M., Heise, L. and Watts, C. 2005. WHO Multi-country Study on Women's Health and Domestic Violence Against Women: Initial results on prevalence, health outcomes and women's responses. Geneva: World Health Organization.

Recommendations

The findings of the Solomon Islands Family Health and Safety Study provide vital information and statistics on which to base interventions in Solomon Islands. With this information now available, the need for action is clear. Outlined below are 21 practical recommendations to guide this action.

The recommendations are based on the results of the study, international examples of good practice, and suggestions by various key informants and stakeholders. Generic aspects of good or promising practices can be extracted from a variety of experiences around the world. Common principles of such practices include clear policies and laws that make violence illegal; strong enforcement mechanisms; effective and well-trained personnel; the involvement of multiple sectors; and close collaboration with local women's groups, civil society organisations, academics and professionals (UN General Assembly 2006).

Disseminate findings and advocate for action and positive change

Recommendation 1: Disseminate the main findings of the study

The study provides evidence that the level of violence against women in Solomon Islands is one of the highest found in the countries that have completed this research using the WHO methodology. These findings require immediate attention, especially since there are very few systems and structures in place, including laws, policies and services, to effectively prevent violence and support the victims.

The key findings must be disseminated widely to increase national public awareness and understanding of the causes and consequences of violence against women and children; the level, severity and type of violence reported by the victims; the need for promotion and support of multi-sectoral national, regional and local action; and the need for changes in the attitudes and behaviour of men and women in society.

Recommendation 2: Focus greater efforts on helping people, especially younger generations, to better understand current Solomon Island culture and to stop using 'culture' as a reason or excuse for perpetuating violence against women and children

Many of the perpetrators of violence against women and children used the concept of 'culture' as a convenient excuse for their behaviour. From time immemorial, Solomon Islands cultures have been protective of women and children. However, there has been a noticeable and worrying trend, especially with younger generations, to use the concept of 'culture' as a basis for instigating violence. If not corrected early, this new interpretation of culture could become a norm, and may have already in some areas. Once this sets in, it will be like an incurable disease and will have the potential to negate any useful interventions to eliminate violence against women and children.

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

- involving elders, chiefs in communities, women and men, to help document the basic principles of their particular cultures as they once applied. Positive principles, practices and behaviours, and their accepted interpretations (those that foster respect for women and girls, condemn violence against women, and facilitate equality between women and men) can then form the basis for a common information package on culture and appropriate cultural behavior and practices for the country;

- involving churches in championing positive, empowering cultural practices that are also in keeping with church teachings, and that promote the dignity and rights of women and condemn violence against them;
- involving the education system, to ensure that positive cultural norms and practices relating to women's rights and roles in society become part of the core curriculum in primary and secondary schools and all technical and vocational training institutions;
- involving civil society groups – women, youth, men, and NGOs – to disseminate similar positive messages on culture based on accepted cultural practices and behaviours that condemn violence against women;
- involving all government ministries and departments in a 'whole of government approach' to put into practice 'positive cultural norms and practices' that empower women and increase their standing in society;
- involving all parliamentarians in acting as champions of positive cultural behaviours and practices related to women's right to a violence-free life; and
- involving political leadership that directs the agenda at the top political level.

Recommendation 3: Strengthen national commitment and action

There is a need for national advocacy targeting key decision-makers, including parliamentarians, high-level government officials, media, and social and religious leaders at national, provincial and local levels to inform them of the main findings of the study and to obtain their support on the issues. This needs to be done by linking the study's findings to international, regional and national commitments made by the government, and by accepting national responsibility for providing a life free of violence for all citizens and by supporting victims of abuse and discrimination. Solomon Islands has ratified CRC (1993) and CEDAW (2002), which are international treaties obliging governments to take action in the areas of violence, and women's and children's rights.

In line with current global action promoted in the area of violence against women, the support of key decision-makers is needed for the development of a national action plan to eliminate violence against women that will guide multi-sectoral work in this area over the next decade.

Recommendation 4: Promote gender equality and observance of women's human rights and compliance with international agreements

Violence against women is an extreme manifestation of gender inequality and the power differences between men and women. National efforts are therefore required to promote equality between women and men and to uphold women's rights, in line with the various international agreements and commitments made by the government of Solomon Islands. Cultural acceptance of violence against women, with women being seen as subservient to men, needs to be urgently addressed by national and local leaders, including women's organisations. Equality between women and men is to be promoted in various settings and levels, including in national laws and policies, media campaigns, the educational system, community work etc.

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

We now know that intimate partner violence is the most prevalent form of violence against women in Solomon Islands and that it has a severe impact on the physical, mental and reproductive health of a large proportion of the population. National governments are responsible for the safety and health of their citizens, and it is crucial that governments commit themselves to reducing violence against women.

As noted above, it is recommended at the global level (as initiated by the UN Secretary General) that each country should develop and implement a national action plan to eliminate violence against women. The plan should include clear results to be achieved, indicators, strategies to achieve these results, assigned responsibilities for each of the strategies, as well as a time frame, budget, and monitoring and evaluation mechanism. It should be based on consultation with a wide range of governmental and non-governmental actors, including appropriate stakeholder organisations, such as women's organisations, NGOs, legal experts, experts in the field of violence against women, the donor community and others. This national strategy will guide and coordinate multi-sectoral activities over the next decade to prevent violence against women and will be used to identify and coordinate donor support in this area.

The study shows that violence against women and children involves multi-sectoral issues that require multi-sectoral action. Women experiencing violence have multiple needs and no single provider or profession can adequately address them in isolation. A collaborative and integrated approach that includes the health sector, social services, religious leaders/organisations, the judiciary, police, village-level community structures and national media is required. Currently there is little coordination between the institutions with which abuse victims interact, such as health care, counseling services, child welfare services and law enforcement agencies. Improved working relations and communication between these organisations, including donor organisations supportive of this area, are needed in order to achieve better sharing of knowledge, agreement on prevention goals and coordination of action. It is therefore recommended that a national taskforce or committee be established to coordinate the multi-sectoral effort.

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

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

Recommendation 7: Promote recognition of the relationship between violence against women and violence against children

In addition to finding a high prevalence of violence against women and girls, the research showed the co-occurrence of intimate partner violence and child abuse and intergenerational transmission of violence. Similar findings have been made over the years in many other countries.

The relationship between violence against women and violence against children should therefore be taken into account when developing and supporting relevant actions. Child abuse, particularly the prevention of such abuse, needs much more attention and support in Solomon Islands.

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

This study is the first major step in collecting the data needed to identify the issues, set priorities, guide programme design, and monitor progress. In the future, more research and data collection, analysis and use of data will be needed in order to review the effectiveness of interventions made in order to improve the design and implementation of various programmes. The health care sector, legal sector and community support services,

and all those sectors working with victims of violence, should also keep accurate records and statistics and analyse the resulting data to improve the country's information base on violence against women and children. In addition, there should be clear procedures on data collection and data sharing as data confidentiality is an issue of great concern in this area. Research on perpetrators and violence against men and boys are other areas that need further work.

Recommendation 9: Reach out to men

Working with men to change their attitudes and behaviour is an important part of any solution to the problem of violence against women. Strategies could include establishing treatment programmes for male perpetrators of violence, and programmes that encourage men to examine their assumptions about gender roles and masculinity.

It is also suggested that programmes could be developed to encourage men to become 'agents for change' and positive, non-violent role models in their communities by teaching other men about gender roles, gender equality and masculinity, and by advocating non-violent behaviour. Other countries provide many models and lessons to draw from.

The analysis of risk factors and protective factors for intimate partner violence found that partner characteristics are much more significant than women's characteristics in relation to violence. We therefore need to target relevant characteristics and ideas of masculinity.

Promoting primary prevention

Recommendation 10: Develop, implement and evaluate prevention programmes

In Solomon Islands, only very limited activities have been implemented and few structures have been put in place to address violence against women and child abuse. In addition, these measures have mainly focused on providing support for victims *after* the event. While these activities are important and need to be substantially strengthened, more attention should also be given to *preventing* the occurrence *of* violence.

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

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

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

The development of multimedia and public awareness activities is also required to challenge women's views on subordination and eliminate barriers that prevent victims from seeking help. Special efforts should be made to encourage men to speak out against violence and challenge its acceptability, providing alternative role models of masculine behaviour.

Recommendation 11: Strengthen efforts to prevent sexual abuse of the girl child

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

Supporting women living with violence

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

According to the study, only a small number of abused women seek help and support from formal services or institutions. This is not surprising as very few services exist and then mainly, or only, in Honiara. They are totally lacking in the provinces. Therefore, formal multi-sectoral support services, with professional staff trained to work to acceptable standards, need to be expanded and strengthened throughout the country, including the provinces, to enable women to safely disclose their experiences of violence and receive the support and care they need.

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

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

A core staff force working in the health, social and legal services, including the police force and relevant NGOs, should be trained and encouraged to make appropriate referrals to other services involved in the area of violence against women. Some medical staff reported making informal referrals for victims to other services. However, there is no formal system, with specific procedures and safety and confidentiality guidelines, despite the critical need. In particular, the need for a formal mechanism for referral to the police was noted as extremely urgent.

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

According to the study, women most often seek support from their friends and family, partly due to the lack of formal support structures. Such networks should be strengthened

so that when women do reach out to family and friends, they are better able to respond in a sympathetic, supportive and safe manner. Information should be disseminated through the media to highlight the extent of violence against women, explain its various aspects, reduce the social stigma surrounding it and promote the role of friends, neighbours and relatives in preventing and managing it.

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

Strengthening the health sector's response

The research clearly shows that violence against women and children is a serious public health issue, impacting significantly on their physical, mental and reproductive health. Recognising violence against women as a public health issue is a vital first step in addressing this problem. The study showed that women who have experienced violence visit health centres more often, are hospitalised more often, and undergo more surgery than women who have not experienced violence. However, the findings also indicate that women often do not inform health service providers of the violence experienced.
A focus group discussion with health-care professionals in Honiara found that they regularly encountered cases of domestic violence and child abuse in their work. Often the police brought victims to the hospital for examination and sometimes women came on their own.

There are currently no policy or protocols in place to guide health-care workers in dealing with these cases. However, medical reports are completed and sometimes used as evidence in court if a case is prosecuted, although this process needs to be substantially strengthened.

Health professionals reported that in their day-to-day work, cases resulting from violence were extremely challenging as they lacked the guidelines and capacity to deal effectively with them. They responded as follows when asked what was needed to best address these issues:

- Include violence against women and children in the national health policy.
- Develop a more effective system for dealing with such cases, including specialised, trained staff whose fundamental role is providing care for abused women and children.
- Establish a formal referral system that health professionals can use to report cases to the police, social welfare and counseling services.
- Develop policy and protocols for dealing with cases of violence against women and child abuse.
- Provide training and sensitisation for all medical personnel on how to deal with these cases, including counseling skills.
- Incorporate modules on violence against women and child abuse in curriculums for medical and nursing students. This would help to ensure that all medical staff have some basic specialised training on dealing with such issues in the health sector.

Recommendation 15: Develop and support capacity building of medical personnel in the area of violence against women

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

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

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

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

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

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

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

Currently, there are no records of how many cases of violence against women pass through the health sector, although such statistics are important for informing policy and programme development. Medical legal forms could be an extremely useful source of statistical information on violence against women if they were consistently used in all cases. Even if these forms are not used to prosecute cases, the basic information could be entered into a computer database (with names excluded to protect confidentiality).

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

This research showed that there is widespread availability and use of reproductive health services (including antenatal and postnatal care), which gives these services a potential advantage for identifying women in abusive relationships and other victims of violence and offering them referrals or support services. Unless providers are able to address violence, they will be unable to promote women's sexual and reproductive health effectively.

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

Recommendation 19: Enhance the capacity of mental health services

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

Legal response

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

Many key informants interviewed considered that the first step in addressing violence against women should be to establish a Family Violence Act or other relevant legislation to effectively deal with various forms of such violence. However, a number of stakeholders noted that this might not be a realistic first step and that it might be more practical to work on changes to the existing penal code to address violence against women more effectively. The Law Reform Commission is currently reviewing the penal code and it would be advisable for the Ministry of Women, Youth and Children's Affairs to make a submission based on the study's findings at the appropriate time. The submission could request a clear and unambiguous definition of domestic violence including a legal definition of rape; and that marital rape and sexual abuse within marriage be considered a crime punishable under the law. The Pacific Regional Rights Resource Team (RRRT) is planning substantial work on legal reform and capacity building in the area of violence against women in Solomon Islands – their expertise and advice will be essential.

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

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

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

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

A module on violence against women and children has recently been included in training for police recruits. However, stakeholders suggested that this training module should be expanded. Training and sensitisation is also needed for police officers already in the force as well as ongoing refresher training on a regular schedule to ensure that all police are aware of the police force's domestic violence policy and of the legal framework for laying charges in cases resulting from violence against women and children.

Training and sensitisation is also needed for those who work with survivors and perpetrators in the courts. From magistrates down to court clerks and registrars, sensitised treatment of survivors and a greater understanding of gender-based violence and its causes and effects can assist the judiciary in serving survivors more appropriately.

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ANNEX 1

World Health Organization

WHO Multi-country Study on Women's Health and Life Experiences

QUESTIONNAIRE
Version 10, 2003

(Rev. 26 January 2005)

Department of Gender, Women and Health
Family and Community Health
World Health Organization
Geneva

Survey on women's health and life experiences in SOLOMON ISLANDS

ADMINISTRATION FORM
HOUSEHOLD SELECTION FORM
HOUSEHOLD QUESTIONNAIRE

Study conducted by
MINISTRY OF WOMEN, YOUTH AND CHILDREN

ADMINISTRATION FORM

IDENTIFICATION	
COUNTRY CODE PROVINCE (01-10) ENUMERATION AREA (EA) ..... HOUSEHOLD NUMBER ..... NAME OF HOUSEHOLD HEAD : _____	SI [ ][ ] [ ][ ] [ ][ ]

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE INTERVIEWERS NAME RESULT***	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ] INTERVIEWER [ ][ ] RESULT [ ][ ]
NEXT VISIT: DATE TIME LOCATION	_____ _____ _____	_____ _____ _____		TOTAL NUMBER OF VISITS [ ]

QUESTIONNAIRES COMPLETED?	***RESULT CODES		CHECK HH SELECTION FORM:
[ ] 1. None completed ⇒	Refused (specify): _____ _____...11 Dwelling vacant or address not a dwelling12 Dwelling destroyed.....13 Dwelling not found, not accessible .....14 Entire hh absent for extended period.....15 No hh member at home at time of visit .....**16** Hh respondent postponed interview .....**17** Entire hh speaking only strange language. 18	 **⇒Need to return** **⇒Need to return** 	TOTAL IN HOUSEHOLD (Q1) [ ][ ] TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [ ][ ] LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [ ][ ]
[ ] 2. HH selection form (and in most cases HH questionnaire) only ⇒	Selected woman refused (specify): ____ _____...21 No eligible woman in household.....22 Selected woman not at home.....**23** Selected woman postponed interview .....**24** Selected woman incapacitated.....25	 **⇒Need to return** **⇒Need to return** 	
[ ] 3. Woman's questionnaire partly ⇒	Does not want to continue (specify) : ___ _____...31 Rest of interview postponed to next visit .**32**	 **⇒Need to return**	
[ ] 4. Woman's questionnaire completed ⇒	41		

LANGUAGE OF QUESTIONNAIRE LANGUAGE INTERVIEW CONDUCTED IN QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)	[ ][ ] [ ][ ] [ ]

FIELD SUPERVISOR	QUESTIONNAIRE CHECKED BY	OFFICE EDITOR	ENTERED BY
NAME [ ][ ] DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]	NAME [ ][ ] DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]	NAME [ ][ ]	ENTRY 1: _____ ENTRY 2: _____

IF MORE THAN ONE HH IN SELECTED DWELLING: FILL OUT SEPERATE HH SELECTION FORM FOR EACH ONE

HOUSEHOLD SELECTION FORM

	Hello, my name is _____ . I am calling on behalf of MINISTRY OF WOMEN, YOUTH AND CHILDREN. We are conducting a survey in the SOLOMON ISLANDS to learn about women's health and life experiences.	
1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as domestic servants, lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL	TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [ ][ ]
2	Is the head of the household male or female?	MALE .....1 FEMALE .....2 BOTH 3

	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HH	RESIDENCE	AGE	ELIGIBLE
3 LINE NUM.	Today we would like to talk to one woman from your household. To enable me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).	What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO	How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B) YES NO
1			1 2		1 2
2			1 2		1 2
3			1 2		1 2
4			1 2		1 2
5			1 2		1 2
6			1 2		1 2
7			1 2		1 2
8			1 2		1 2
9			1 2		1 2
10			1 2		1 2

CODES

01 HEAD	06 MOTHER	12 DOMESTIC SERVANT
02 WIFE (PARTNER)	07 MOTHER-IN-LAW	13 LODGER
03 DAUGHTER	08 SISTER	14 FRIEND
04 DAUGHTER-IN-LAW	09 SISTER-IN-LAW	98 OTHER NOT RELATIVE:
05 GRANDDAUGHTER	10 OTHER RELATIVE	_____
	11 ADOPTED/FOSTER/STEP DAUGHTER	

(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:

- DOMESTIC SERVANTS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD.
- VISITORS IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.

(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 49 YEARS LIVING IN HOUSEHOLD.

MORE THAN ONE ELIGIBLE WOMEN IN HH:

- **RANDOMLY SELECT** ONE ELIGIBLE WOMAN FOR INTERVIEW. TO DO THIS, WRITE THE LINE NUMBERS OF ELIGIBLE WOMEN ON PIECES OF PAPER, AND PUT IN A BAG. ASK A HOUSEHOLD MEMBER TO PICK OUT A NUMBER – SO SELECTING THE PERSON TO BE INTERVIEWED.
- **PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED.** ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.
- **CONTINUE WITH HOUSEHOLD QUESTIONNAIRE**

NO ELIGIBLE WOMAN IN HH:

- **SAY "I cannot continue because I can only interview women 15–49 years old. Thank you for your assistance."**
- **FINISH HERE.**

* If both (male and female) are the head, refer to the male.

ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD

HOUSEHOLD QUESTIONNAIRE

	QUESTIONS & FILTERS	CODING CATEGORIES	
	QUESTIONS 1-6: COUNTRY-SPECIFIC SOCIOECONOMIC INDICATORS, TO BE ADAPTED IN EACH COUNTRY		
1	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking-water for your household?	TAP/PIPED WATER IN RESIDENCE .....01 OUTSIDE TAP (PIPED WATER) WITH HH.....02 PUBLIC TAP .....03 WELL-WATER, WITH HOUSEHOLD.....04 OUTSIDE/PUBLIC WELL .....05 SPRING WATER .....06 RIVER/STREAM/POND/LAKE/DAM .....08 RAINWATER.....09 TANKER/TRUCK/WATER VENDOR.....10 OTHER: _____...96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
2	What kind of toilet facility does your household have?	OWN FLUSH TOILET .....01 SHARED FLUSH TOILET .....02 VENTILATED IMPROVED PIT LATRINE .....03 TRADITIONAL PIT TOILET/LATRINE .....04 RIVER/CANAL/SEA.....05 NO FACILITY/BUSH/FIELD/BEACH .....06 OTHER: _____...96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
3	What are the main materials used in the roof? RECORD OBSERVATION	ROOF FROM NATURAL MATERIALS.....1 RUDIMENTARY ROOF (PLASTIC/CARTON)....2 TILED OR CONCRETE ROOF.....3 CORRUGATED IRON .....4 OTHER: _____.....6 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
4	Does your household have: a) Electricity b) A radio c) A television d) A telephone e) A refrigerator	YES NO DK a) ELECTRICITY 1 2 8 b) RADIO 1 2 8 c) TELEVISION 1 2 8 d) TELEPHONE 1 2 8 e) REFRIGERATOR 1 2 8	
5	Does any member of your household own: a) A bicycle? b) A motorcycle? c) A car/ outboard motor boat	YES NO DK a) BICYCLE 1 2 8 b) MOTORCYCLE 1 2 8 c) CAR / OBM 1 2 8	
6	Do people in your household own any land?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS .....[ ][ ] DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	

8	Are you concerned about the levels of crime in your neighbourhood (like robberies or assaults)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED.....1 A LITTLE CONCERNED.....2 VERY CONCERNED .....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
9	In the past 4 weeks, has someone from this household been the victim of a crime in this neighbourhood, such as a robbery or assault?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
10	NOTE SEX OF RESPONDENT	MALE .....1 FEMALE 2	

Thank you very much for your assistance.

Survey on women's health and life experiences in SOLOMON ISLANDS

WOMAN'S QUESTIONNAIRE

Study conducted by
The Ministry of Women, Youth and Children

Confidential upon completion

INDIVIDUAL CONSENT FORM

Hello, my name is *. I work for the Minsitry of Women, Youth and Children. We are conducting a survey in the Solomon Islands to learn about women's health and life experiences. You have been chosen by chance (as in a lottery/raffle) to participate in the study.

I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in COUNTRY.

Do you have any questions?

(The interview takes approximately * minutes to complete.) Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[ ] DOES NOT AGREE TO BE INTERVIEWED → THANK PARTICIPANT FOR HER TIME AND END

[ ] AGREES TO BE INTERVIEWED

↓

Is now a good time to talk?
It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNED:

_____

DATE OF INTERVIEW: day [ ][ ] month [ ][ ] year [ ][ ][ ][ ]

100. RECORD THE TIME	Hour [ ][ ] (24 h) Minutes [ ][ ]	

SECTION 1 RESPONDENT AND HER COMMUNITY

	QUESTIONS & FILTERS	CODING CATEGORIES	SKIP TO
If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>. *INSERT NAME OF COMMUNITY/VILLAGE/NEIGHBOURHOOD ABOVE AND IN QUESTIONS BELOW.* *IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.*			
101	Do neighbours in COMMUNITY NAME generally tend to know each other well?	YES.....1 NO .....2 DON'T KNOW .....8 REFUSED/NO ANSWER.....9	
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES.....1 NO .....2 DON'T KNOW .....8 REFUSED/NO ANSWER.....9	
103	If someone in COMMUNITY NAME decided to undertake a community project would most people be willing to contribute time, labour or money?	YES.....1 NO .....2 DON'T KNOW .....8 REFUSED/NO ANSWER.....9	
104	In this neighbourhood do most people generally trust one another in matters of lending and borrowing things?	YES.....1 NO .....2 DON'T KNOW .....8 REFUSED/NO ANSWER.....9	
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES.....1 NO .....2 DON'T KNOW .....8 REFUSED/NO ANSWER.....9	
106	I would now like to ask you some questions about yourself. What is your date of birth (day, month and year that you were born)?	DAY .....[ ][ ] MONTH .....[ ][ ] YEAR ..... [ ][ ][ ][ ] DON'T KNOW YEAR ..... 9998 REFUSED/NO ANSWER..... 9999	
107	How old were you on your last birthday? (MORE OR LESS)	AGE (YEARS) .....[ ][ ]	
108	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS .....[ ][ ] LESS THAN 1 YEAR.....00 LIVED ALL HER LIFE .....95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD) .....96 DON'T KNOW/DON'T REMEMBER .....98 REFUSED/NO ANSWER.....99	
108 a	What is your religion?	NO RELIGION .....0 CATHOLIC.....1 ANGLICAN/PROTESTANT/METHODIST .2 SEVENTH DAY ADVENTIST (SDA).....3 JEHOVAH'S WITNESS .....4 BAHAI .....5 OTHER _____.....6 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9	

108 b	Are you matrilineal or patrilineal?	MATRILINEAL ..... 1 PATRILINEAL ..... 2 OTHER _____ ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
108 c	What is your ethnicity?	MELANESEAN ..... 1 MICRONESEAN ..... 2 POLYNESEAN ..... 3 MIXED ..... 4 OTHER _____ ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
109	Can you read and write?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
110	Have you ever attended school?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒112**
111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL.	PRIMARY _____ year ..... 1 SECONDARY _____ year ..... 2 HIGHER _____ year ..... 3 NUMBER OF YEARS SCHOOLING..[ ][ ] DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY/NEIGHBOURHOOD ..... 1 ANOTHER RURAL AREA/VILLAGE ..... 2 ANOTHER TOWN/CITY ..... 3 ANOTHER COUNTRY ..... 4 ANOTHER NEIGHBOURHOOD IN SAME TOWN ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
113	Do any of your family of birth live close enough by that you can easily see/visit them?	YES ..... 1 NO ..... 2 LIVING WITH FAMILY OF BIRTH ..... **3** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒ 115**
114	How often do you see or talk to a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?	AT LEAST ONCE A WEEK ..... 1 AT LEAST ONCE A MONTH ..... 2 AT LEAST ONCE A YEAR ..... 3 NEVER (HARDLY EVER) ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
115	When you need help or have a problem, can you usually count on members of your family of birth for support?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

116 a	Do you regularly attend a group, organization or association? IF NO, PROMPT: Organizations like women's or community groups, religious groups or political associations.	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒118**
117	Is this group (Are any of these groups) attended by women only? (REFER TO THE ATTENDED GROUPS ONLY)	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
118	Has anyone ever prevented you from attending a meeting or participating in an organization? IF YES, ASK Who prevented you? MARK ALL THAT APPLY	NOT PREVENTED ..... A PARTNER/HUSBAND ..... B PARENTS ..... C PARENTS-IN-LAW/PARENTS OF PARTNER ..... D OTHER:_____ X	
119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED ..... **1** LIVING WITH MAN, NOT MARRIED ..... **3** CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART ..... **4** NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP) 5	**⇒123** **⇒123** **⇒123**
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED ..... **1** YES, LIVED WITH A MAN, BUT NEVER MARRIED ..... **3** NO 5	**⇒121** **⇒121**
120 b	Have you ever had a regular male sexual partner?	YES ..... **1** NO ..... **2** REFUSED/NO ANSWER **9**	 **⇒S2** **⇒S2**
121	Did the <u>last partnership with a man</u> end in divorce or separation, or did your husband/partner die?	DIVORCED ..... 1 SEPARATED/BROKEN UP ..... 2 WIDOWED/PARTNER DIED ..... **3** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	 **⇒123**
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 BOTH (RESPONDENT AND PARTNER) ..... 3 OTHER: _____ ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	NUMBER OF TIMES MARRIED/ LIVED TOGETHER ..... [ ][ ] ..... **IF "00"** DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	 **⇒S2**
124	The next few questions are about your <u>current or most recent</u> partnership. Do/did you live with your husband/partner's parents or any of his relatives?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

125	IF CURRENTLY WITH PARTNER: Do you currently live with your parents or any of your relatives? IF NOT CURRENTLY WITH PARTNER: Were you living with your parents or relatives during your last relationship?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
129	Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY	NONE ..... **A** CIVIL MARRIAGE ..... B RELIGIOUS MARRIAGE ..... C CUSTOMARY MARRIAGE ..... D OTHER: _____	**⇒S.2**
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR ..... [ ][ ][ ][ ] DON'T KNOW ..... 9998 REFUSED/NO ANSWER 9999	
131	Did you yourself choose your current/most recent husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your current/most recent husband for you?	BOTH CHOSE ..... **1** RESPONDENT CHOSE ..... **2** RESPONDENT'S FAMILY CHOSE ..... 3 PARTNER CHOSE ..... 4 PARTNER'S FAMILY CHOSE ..... 5 OTHER: _____ ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒133*** **⇒133***
132	Before the marriage with your current /most recent husband, were you asked whether you wanted to marry him or not?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
133	Did your marriage involve dowry/bride price payment?	YES/BRIDE PRICE ..... 2 NO ..... **3** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER 9	 **⇒S.2** **⇒S.2**
134	Has all of the dowry/ bride price been paid for, or does some part still remain to be paid?	ALL PAID ..... 1 PARTIALLY PAID ..... 2 NONE PAID ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
135	Overall, do you think that the amount of dowry/bride price payment has had a positive impact on how you are treated by your husband and his family, a negative impact, or no particular impact?	POSITIVE IMPACT ..... 1 NEGATIVE IMPACT ..... 2 NO IMPACT ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

BEFORE STARTING WITH SECTION 2:
REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.

SECTION 2 GENERAL HEALTH

201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT ..... 1 GOOD ..... 2 FAIR ..... 3 POOR ..... 4 VERY POOR ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
SI 201 a	Do you have any physical or intellectual disability?	NO PROBLEM ..... A PHYSICAL DISABILITY _____ ..... B INTELECTUAL DISABILITY_____ ..... C OTHER _____ X	
202	Now I would like to ask you about your health in the <u>past 4 weeks</u>. How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS ..... 1 VERY FEW PROBLEMS ..... 2 SOME PROBLEMS ..... 3 MANY PROBLEMS ..... 4 UNABLE TO WALK AT ALL ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS ..... 1 VERY FEW PROBLEMS ..... 2 SOME PROBLEMS ..... 3 MANY PROBLEMS ..... 4 UNABLE TO PERFORM USUAL ACTIVITIES ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT ..... 1 SLIGHT PAIN OR DISCOMFORT ..... 2 MODERATE PAIN OR DISCOMFORT ..... 3 SEVERE PAIN OR DISCOMFORT ..... 4 EXTREME PAIN OR DISCOMFORT ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS ..... 1 VERY FEW PROBLEMS ..... 2 SOME PROBLEMS ..... 3 MANY PROBLEMS ..... 4 EXTREME MEMORY PROBLEMS ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

206	In the <u>past 4 weeks</u> have you had:		YES	NO	DK
	a) Dizziness	a) DIZZINESS	1	2	8
	b) Vaginal discharge	b) VAGINAL DISCHARGE	1	2	8

207	In the <u>past 4 weeks</u>, have you taken medication:		NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES
	a) To help you calm down or sleep?	a) FOR SLEEP	1	2	3	4
	b) To relieve pain?	b) FOR PAIN	1	2	3	4
	c) To help you not feel sad or depressed?	c) FOR SADNESS	1	2	3	4
	FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?					

208	In the <u>past 4 weeks</u>, did you consult a doctor or other professional or traditional health worker because you yourself were sick? IF YES: Whom did you consult? PROBE: Did you also see anyone else?	NO ONE CONSULTED ..... A DOCTOR ..... B NURSE (AUXILIARY) ..... C MIDWIFE ..... D COUNSELLOR ..... E PHARMACIST ..... F TRADITIONAL HEALER ..... G TRADITIONAL BIRTH ATTENDANT ..... H OTHER: _____ .. X	

209	The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u>. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.		YES	NO	
	a) Do you often have headaches?	a) HEADACHES	1	2	
	b) Is your appetite poor?	b) APPETITE	1	2	
	c) Do you sleep badly?	c) SLEEP BADLY	1	2	
	d) Are you easily frightened?	d) FRIGHTENED	1	2	
	e) Do your hands shake?	e) HANDS SHAKE	1	2	
	f) Do you feel nervous, tense or worried?	f) NERVOUS	1	2	
	g) Is your digestion poor?	g) DIGESTION	1	2	
	h) Do you have trouble thinking clearly?	h) THINKING	1	2	
	i) Do you feel unhappy?	i) UNHAPPY	1	2	
	j) Do you cry more than usual?	j) CRY MORE	1	2	
	k) Do you find it difficult to enjoy your daily activities?	k) NOT ENJOY	1	2	
	l) Do you find it difficult to make decisions?	l) DECISIONS	1	2	
	m) Is your daily work suffering?	m) WORK SUFFERS	1	2	
	n) Are you unable to play a useful part in life?	n) USEFUL PART	1	2	
	o) Have you lost interest in things that you used to enjoy?	o) LOST INTEREST	1	2	
	p) Do you feel that you are a worthless person?	p) WORTHLESS	1	2	
	q) Has the thought of ending your life been on your mind?	q) ENDING LIFE	1	2	
	r) Do you feel tired all the time?	r) FEEL TIRED	1	2	
	s) Do you have uncomfortable feelings in your stomach?	s) STOMACH	1	2	
	t) Are you easily tired?	t) EASILY TIRED	1	2	

210	Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒212**
211	Have you <u>ever</u> tried to take your life?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
212	In the <u>past 12 months</u>, have you had an operation (other than a caesarean section)?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
213	In the <u>past 12 months</u>, did you have to spend any nights in a hospital because you were sick (other than to give birth)? IF YES: How many nights in the past 12 months?	NIGHTS IN HOSPITAL ..... [ ][ ] NONE ..... 00 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	

214	Do you <u>now</u> smoke…….. 1. Daily? 2. Occasionally? 3. Not at all?	DAILY ..... **1** OCCASIONALLY..... **2** NOT AT ALL ..... 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	**⇒216** **⇒216**
215	Have you <u>ever</u> smoked in your life? Did you ever smoke…. 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY ..... 1 OCCASIONALLY..... 2 NOT AT ALL ..... 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	
216	How often do you drink alcohol? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never	EVERY DAY OR NEARLY EVERY DAY ..... 1 ONCE OR TWICE A WEEK ..... 2 1 – 3 TIMES IN A MONTH..... 3 LESS THAN ONCE A MONTH..... 4 NEVER ..... **5** DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	**⇒S.3**
217	On the days that you drank in the <u>past 4 weeks</u>, about how many alcoholic drinks did you usually have a day?	USUAL NUMBER OF DRINKS .....[ ][ ] NO ALCOHOLIC DRINKS IN PAST 4 WEEKS ... 00	
218	In the <u>past 12 months</u>, have you experienced any of the following problems, related to your drinking? a) money problems b) health problems c) conflict with family or friends d) problems with authorities (bar owner/police, etc) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT WITH FAMILY OR FRIENDS 1 2 d) PROBLEMS WITH AUTHORITIES 1 2 x) OTHER: _____ 1 2	

SECTION 3 REPRODUCTIVE HEALTH

	Now I would like to ask about all of the children that you may have given birth to during your life.		
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN.....[ ][ ] **IF 1 OR MORE ...⇒** NONE 00	**⇒303**
302	Have you ever been pregnant?	YES..... **1** NO..... **2** MAYBE/NOT SURE ..... **3** DON'T KNOW/DON'T REMEMBER..... **8** REFUSED/NO ANSWER..... **9**	**⇒304** **⇒310** **⇒310** **⇒310** **⇒310**
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN .....[ ][ ] NONE 00	
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES ..... 1 NO **2**	**⇒306**
305	a) How many sons have died? a) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD .....[ ][ ] b) DAUGHTERS DEAD.....[ ][ ] IF NONE ENTER '00'	
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER..... 1 MORE THAN ONE FATHER..... 2 N/A (NEVER HAD LIVE BIRTH)..... **7** DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	**⇒ 308**
307	How many of your children receive financial support from their father(s)? Would you say none, some or all? IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE ..... 1 SOME ..... 2 ALL..... 3 N/A ..... 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) **TOTAL** NO. OF PREGNANCIES.....[ ][ ] b) PREGNANCIES WITH TWINS .....[ ] c) PREGNANCIES WITH TRIPLETS .....[ ]	
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES .....[ ][ ] b) STILLBIRTHS .....[ ][ ] c) ABORTIONS .....[ ][ ] IF NONE ENTER '00'	
310	Are you pregnant now?	YES..... **1** NO..... **2** MAYBE..... **3**	**⇒ A** **⇒ B** **⇒ B**

DO EITHER A OR B: **IF PREGNANT NOW ==>** **IF NOT PREGNANT NOW ==>** **VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.**	**A. [301] ____ + [309 a+b+c] _____ + 1 =** **[308a] _____+ [308b] ____ + [2x308c] ____ = ___** **B. [301] ____ + [309 a+b+c] _____ =** **[308a] _____+ [308b] ____ + [2x308c] ____ = ___**

311	Have you <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</u>/<u>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**	 **⇒S4** **⇒S4** **⇒S4**
316	In what ways did he let you know that he disapproved of using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE..... A SHOUTED/GOT ANGRY .....B THREATENED TO BEAT ME .....C THREATENED TO LEAVE/THROW ME OUT OF HOME ..... D BEAT ME/PHYSICALLY ASSAULTED.....E TOOK OR DESTROYED METHOD.....F OTHER _____. X	

BEFORE STARTING WITH SECTION 4:
REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.

SECTION 4 CHILDREN

CHECK: Ref. Sheet, box B, point Q (s4bir)	ANY LIVE BIRTHS [ ] ⇓ (1)	NO LIVE BIRTHS [ ] ⇒ (2)	⇒S.5
401	I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?	DAY .....[ ][ ] MONTH .....[ ][ ] YEAR ..... [ ][ ][ ][ ]	
402	What name was given to your last born child? Is (NAME) a boy or a girl?	NAME: _____ BOY ..... 1 GIRL..... 2	
403	Is your last born child (NAME) still alive?	YES ..... 1 NO **2**	 **⇒405**
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE	AGE IN YEARS .....**[ ][ ]** IF NOT YET COMPLETED 1 YEAR **00**	**⇒406** **⇒406**
405	How old was (NAME) when he/she died?	YEARS .....[ ][ ] MONTHS (IF LESS THAN 1 YEAR) .....[ ][ ] DAYS (IF LESS THAN 1 MONTH).....[ ][ ]	
406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO	5 OR MORE YEARS AGO.....**1** LESS THAN 5 YEARS AGO.....2	**⇒417**
407	I would like to ask you about your last pregnancy. At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?	BECOME PREGNANT THEN .....1 WAIT UNTIL LATER.....2 NOT WANT CHILDREN .....3 NOT MIND EITHER WAY .....4 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
408	At the time you became pregnant with this child (NAME), did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?	BECOME PREGNANT THEN .....1 WAIT UNTIL LATER.....2 NOT WANT CHILDREN .....3 NOT MIND EITHER WAY .....4 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
409	When you were pregnant with this child (NAME), did you see anyone for an antenatal check? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY	NO ONE ..... A DOCTOR ..... B OBSTETRICIAN/GYNAECOLOGIST ..... C NURSE/MIDWIFE ..... D AUXILIARY NURSE..... E TRADITIONAL BIRTH ATTENDANT.....F OTHER:_____ _____..... X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?	STOP .....1 ENCOURAGE .....2 NO INTEREST .....3 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
411	When you were pregnant with this child, did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	SON.....1 DAUGHTER.....2 DID NOT MATTER .....3 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	

412	During this pregnancy, did you consume any alcoholic drinks?	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES .....1 NO .....2 NO, CHILD NOT YET SIX WEEKS OLD .....3 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
415	Was this child (NAME) weighed at birth?	YES .....1 NO .....**2** DON'T KNOW /DON'T REMEMBER .....**8** REFUSED/NO ANSWER 9	 **⇒417** **⇒417**
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [ ].[ ] .....1 KG FROM RECALL [ ].[ ] .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
417	Do you have any children aged between 5 and 12 years? How many? (include 5-year-old and 12-year-old children)	NUMBER .....[ ][ ] NONE.....**00**	 **⇒S.5**
418	a) How many are boys? b) How many are girls?	a) BOYS ..... [ ] b) GIRLS ..... [ ]	
419	How many of these children (ages 5-12 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS ..... [ ] b) GIRLS ..... [ ] IF "0" FOR BOTH SEXES ==== **GO TO ⇒**	 **⇒S.5**
420	Do any of these children (ages 5-12 years): a) Have frequent nightmares? b) Suck their thumbs or fingers? c) Wet their bed often? d) Are any of these children very timid or withdrawn? e) Are any of them aggressive with you or other children?	YES NO DK a) NIGHTMARES 1 2 8 b) SUCK THUMB 1 2 8 c) WET BED 1 2 8 d) TIMID 1 2 8 e) AGGRESSIVE 1 2 8	
421	Of these children (ages 5-12 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY ..... [ ] b) NUMBER OF GIRLS RUN AWAY ..... [ ] IF NONE ENTER '0'	
422	Of these children (ages 5-12 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS ..... [ ] b) GIRLS ..... [ ] IF "0" FOR BOTH SEXES ==== **GO TO ⇒**	 **⇒S.5**
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 5-12 YEARS.	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 5-12 YEARS.	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	

SECTION 5 CURRENT OR MOST RECENT PARTNER

CHECK: Ref. sheet, Box A (s5mar)	CURRENTLY MARRIED, OR LIVING WITH A MAN/WITH SEXUAL PARTNER (Options K, L) [ ] ⇓ (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ WITH SEXUAL PARTNER (Option M) [ ] ⇓ (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN (NEVER SEXUAL PARTNER) (Option N) [ ] ⇒ (3)	⇒S.6

501	I would now like you to tell me a little about your current/most recent husband/partner. How old was your husband/partner on his last birthday? PROBE: MORE OR LESS IF MOST RECENT PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS) ..... [ ][ ]	
502	In what year was he born?	YEAR.....[ ][ ][ ][ ] DON'T KNOW/DON'T REMEMBER.....9998 REFUSED/NO ANSWER 9999	
503	Can (could) he read and write?	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER 9	
504	Did he ever attend school?	YES .....1 NO .....**2** DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER 9	**⇒506**
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL.	PRIMARY _____ year .....1 SECONDARY _____ year .....2 HIGHER _____ year.....3 DON'T KNOW.....8 NUMBER OF YEARS SCHOOLING .. [ ][ ] DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER 99	
506	IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING .....**1** LOOKING FOR WORK/UNEMPLOYED.....2 RETIRED .....**3** STUDENT .....**4** DISABLED/LONG TERM SICK .....5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER 9	**⇒508** **⇒508** **⇒509**
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS .....1 4 WKS - 12 MONTHS AGO.....2 MORE THAN 12 MONTHS AGO .....3 NEVER HAD A JOB.....**4** DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER 9	**⇒509**
508	What kind of work does/did he normally do? SPECIFY KIND OF WORK	PROFESSIONAL: _____01 SEMI-SKILLED: _____02 UNSKILLED/MANUAL: _____ . 03 MILITARY/POLICE: _____.04 OTHER: _____96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER 99	

509	How often does/did your husband/partner drink alcohol? 1. Every day or nearly every day 2. Once or twice a week 3. 1–3 times a month 4. Occasionally, less than once a month 5. Never	EVERY DAY OR NEARLY EVERY DAY ...1 ONCE OR TWICE A WEEK .....2 1–3 TIMES IN A MONTH .....3 LESS THAN ONCE A MONTH .....4 NEVER .....**5** DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	**⇒512**
510	In the past 12 months (In the last 12 months of your last relationship), how often have you seen (did you see) your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month, or never?	MOST DAYS .....1 WEEKLY .....2 ONCE A MONTH .....3 LESS THAN ONCE A MONTH .....4 NEVER .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
511	In the past 12 months (In the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking? a) Money problems b) Family problems x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: _____ 1 2	
512	Does/did your husband/partner ever use drugs? 1. Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never	EVERY DAY OR NEARLY EVERY DAY ...1 ONCE OR TWICE A WEEK .....2 1 – 3 TIMES IN A MONTH .....3 LESS THAN ONCE A MONTH .....4 NEVER .....5 IN THE PAST, NOT NOW .....6 DON'T KNOW /DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
513	Since you have known him, has he ever been involved in a physical fight with another man?	YES .....1 NO .....**2** DON'T KNOW /DON'T REMEMBER .....**8** REFUSED/NO ANSWER 9	**⇒515** **⇒515**
514	In the past 12 months (In the last 12 months of the relationship), has this happened never, once or twice, a few times or many times?	NEVER .....1 ONCE OR TWICE .....2 A FEW (3-5) TIMES .....3 MANY (MORE THAN 5) TIMES .....4 DON'T KNOW /DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
515	Has your current/most recent husband/partner had a relationship with any other women while being with you?	YES .....1 NO .....**2** MAY HAVE .....3 DON'T KNOW /DON'T REMEMBER .....**8** REFUSED/NO ANSWER 9	**⇒S.6** **⇒S.6**
516	Has your current/most recent husband/partner had children with any other woman while being with you?	YES .....1 NO .....2 MAY HAVE .....3 DON'T KNOW /DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	

SECTION 6 ATTITUDES

	In this community and elsewhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.		
601	A good wife obeys her husband even if she disagrees	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
602	Family problems should only be discussed with people in the family	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
603	It is important for a man to show his wife/partner who is the boss	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
604	A woman should be able to choose her own friends even if her husband disapproves	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
605	It's a wife's obligation to have sex with her husband even if she doesn't feel like it	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
606	If a man mistreats his wife, others outside of the family should intervene	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
607	In your opinion, does a man have a good reason to hit his wife if: 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		
608	In your opinion, can a married woman refuse to have sex with her husband if: a) She doesn't want to b) He is drunk c) She is sick d) He mistreats her		

607		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

608		YES	NO	DK
a)	NOT WANT	1	2	8
b)	DRUNK	1	2	8
c)	SICK	1	2	8
d)	MISTREAT	1	2	8

SECTION 7 RESPONDENT AND HER PARTNER

CHECK: Ref. sheet, Box A (s7mar)	EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER (Options K, L, M) [ ] ⇓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER SEXUAL PARTNER (Option N) [ ] ⇒ (2)	⇒S 10

When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?

701 In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together:

		YES	NO	DK
a)	Things that have happened to him in the day	1	2	8
b)	Things that happen to you during the day	1	2	8
c)	Your worries or feelings	1	2	8
d)	His worries or feelings	1	2	8

702 In your relationship with your (current or most recent) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?

RARELY 1
SOMETIMES 2
OFTEN 3
DON'T KNOW/DON'T REMEMBER 8
REFUSED/NO ANSWER 9

703 I am now going to ask you about some situations that are true for many women. Thinking about your (current or most recent) husband/partner, would you say it is generally true that he:

		YES	NO	DK
a)	Tries to keep you from seeing your friends	1	2	8
b)	Tries to restrict contact with your family of birth	1	2	8
c)	Insists on knowing where you are at all times	1	2	8
d)	Ignores you and treats you indifferently	1	2	8
e)	Gets angry if you speak with another man	1	2	8
f)	Is often suspicious that you are unfaithful	1	2	8
g)	Expects you to ask his permission before seeking health care for yourself	1	2	8

704 The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you.

Has your current husband/partner, or any other partner ever….

		A) (**If YES continue with B. If NO skip to next item**)		B) Has this happened in the past 12 months? (**If YES ask C only. If NO ask D only**)		C) In the past 12 months would you say that this has happened once, a few times or many times? (**after answering C, go to next item**)			D) Before the past 12 months would you say that this has happened once, a few times or many times?		
		YES	NO	YES	NO	One	Few	Many	One	Few	Many
a)	Insulted you or made you feel bad about yourself?	1	2	1	2	1	2	3	1	2	3
b)	Belittled or humiliated you in front of other people?	1	2	1	2	1	2	3	1	2	3
c)	Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?	1	2	1	2	1	2	3	1	2	3
d)	Threatened to hurt you or someone you care about?	1	2	1	2	1	2	3	1	2	3

IF NO to all in Column A, go to 705

SI 704e	Would you say that during the ethnic tension your partner's behaviour (mention acts reported in 706) got worse, got better or stayed the same? PROBE: By worse I mean more frequent or more severe.	VIOLENCE FIRST STARTED DURING TENSION ... 1 WORSE ... 2 BETTER ... **3** STAYED SAME ... **4** N/A VIOLENCE STARTED AFTER TENSION ... **7** DON'T KNOW/DON'T REMEMBER ... **8** REFUSED/NO ANSWER ... **9**	 **⇒SI 704g** **⇒705** **⇒705** **⇒ 705** **⇒705**
SI 704f	Why do you think that your partner's behaviour (the abuse mentioned above) started/became worse during the tension? MARK ALL	DON'T KNOW/NO ANSWER ... A LACK OF LAW AND ORDER ... B PEER PRESSURE ... C INCREASED STRESS ... D HE JOINED THE MILITANTS ... F INCREASE IN WEAPONS ... G OTHER (specify): _____ X	**FOR ALL OPTIONS GO TO ⇒705**
SI 704g	Why do you think that your partner's behaviour (the abuse mentioned above) became better? MARK ALL	DON'T KNOW/NO ANSWER ... A ABUSIVE PARTNER DECEASED ... B DIVORCED/SEPARATED ... C RESTORATION OF LAW & ORDER ... D STOPPED SUBSTANCE ABUSE ... E INCREASED FEELING OF RESPONSIBILITY TOWARDS FAMILY/COMMUNITY ... H OTHER (specify): _____ ... X	

705	Has <u>he or any other partner</u> ever….	A) (**If YES continue with B. If NO skip to next item**) YES	NO	B) Has this happened <u>in the past 12 months?</u> (**If YES ask C only. If NO ask D only**) YES	NO	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (**after answering C, go to next item**) One	Few	Many	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times? One	Few	Many
	a) Slapped you or thrown something at you that could hurt you?	1	2	1	2	1	2	3	1	2	3
	b) Pushed you or shoved you or pulled your hair?	1	2	1	2	1	2	3	1	2	3
	c) Hit you with his fist or with something else that could hurt you?	1	2	1	2	1	2	3	1	2	3
	d) Kicked you, dragged you or beaten you up?	1	2	1	2	1	2	3	1	2	3
	e) Choked or burnt you on purpose?	1	2	1	2	1	2	3	1	2	3
	f) Threatened to use or actually used a gun, knife or other weapon against you?	1	2	1	2	1	2	3	1	2	3
		IF NO to all in Column A, go to 706									

705g	Was the behaviour you just talked, (mention acts reported in 705), by your current or most recent husband or partner, by any other partner that you may have had before, or both.	CURRENT/MOST RECENT PARTNER ... 1 PREVIOUS PARTNER ... 2 BOTH ... 3 DON'T KNOW/DON'T REMEMBER ... 8 REFUSED/NO ANSWER 9

SI 705h	Would you say that during the ethnic tension your partner's behaviour (mention acts reported in 705) got worse, got better or stayed the same? PROBE: By worse I mean more frequent or more severe.	VIOLENCE FIRST STARTED DURING TENSION ... 1 WORSE ... 2 BETTER ... **3** STAYED SAME ... **4** N/A VIOLENCE STARTED AFTER TENSION ... **7** DON'T KNOW/DON'T REMEMBER ... **8** REFUSED/NO ANSWER ... **9**	 **⇒SI 705j** **⇒706** **⇒706** **⇒ 706** **⇒706**
SI 705i	Why do you think that that your partner's behaviour (the abuse mentioned above) started/ became worse during the tension? MARK ALL	DON'T KNOW/NO ANSWER ... A LACK OF LAW AND ORDER ... B PEER PRESSURE ... C INCREASED STRESS ... D HE JOINED THE MILITANTS ... F INCREASE IN WEAPONS ... G OTHER (specify): _____ X	**FOR ALL OPTIONS GO TO** **⇒706**
SI 705j	Why do you think that your partner's behaviour (the abuse mentioned above) became better during the tension? MARK ALL	DON'T KNOW/NO ANSWER ... A ABUSIVE PARTNER DECEASED ... B DIVORCED/SEPARATED ... C RESTORATION OF LAW & ORDER ... D STOPPED SUBSTANCE ABUSE ... E INCREASED FEELING OF RESPONSIBILITY TOWARDS FAMILY/COMMUNITY ... H OTHER (specify): _____ ... X	

706		A) (**If YES continue with B. If NO skip to next item**)		B) Has this happened in the past 12 months? (**If YES ask C only. If NO ask D only**)		C) In the past 12 months would you say that this has happened once, a few times or many times? (**after answering C, go to next item**)			D) Before the past 12 months would you say that this has happened once, a few times or many times?		
		YES	NO	YES	NO	One	Few	Many	One	Few	Many
	a) Did your current husband/partner or any other partner ever physically force you to have sexual intercourse when you did not want to?	1	2	1	2	1	2	3	1	2	3
	b) Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or any other partner might do?	1	2	1	2	1	2	3	1	2	3
	c) Did your partner or any other partner ever forced you to do something sexual that you found degrading or humiliating?	1	2	1	2	1	2	3	1	2	3
		IF NO to all in Column A, go to 707									

706d	Was the behaviour you just talked about, (mention acts reported in 706), by your current or most recent husband or partner, by any other partner that you may have had before, or both.	CURRENT/MOST RECENT PARTNER ... 1 PREVIOUS PARTNER ... 2 BOTH ... 3 DON'T KNOW/DON'T REMEMBER ... 8 REFUSED/NO ANSWER 9

SI 706e	Would you say that during the ethnic tension your partner's behaviour (mention acts reported in 706) got worse, got better or stayed the same? PROBE: By worse I mean more frequent or more severe.	N/A VIOLENCE STARTED AFTER TENSION ..... 1 WORSE ..... 2 BETTER ..... **3** STAYED SAME ..... **4** VIOLENCE FIRST STARTED DURING TENSION ... **7** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER **9**	 **⇒SI 706g** **⇒707** **⇒707** **⇒ 707** **⇒707**
SI 706f	Why do you think that your partner's behaviour (the abuse mentioned above) started/became worse during the tension? MARK ALL	DON'T KNOW/NO ANSWER ..... A LACK OF LAW AND ORDER ..... B PEER PRESSURE ..... C INCREASED STRESS ..... D HE JOINED THE MILITANTS ..... F INCREASE IN WEAPONS ..... G OTHER (specify): _____ X	**FOR ALL OPTIONS GO TO ⇒707**
SI 706g	Why do you think that your partner's behaviour (the abuse mentioned above) became better during the tension? MARK ALL	DON'T KNOW/NO ANSWER ..... A ABUSIVE PARTNER DECEASED ..... B DIVORCED/SEPARATED ..... C RESTORATION OF LAW & ORDER ..... D STOPPED SUBSTANCE ABUSE ..... E INCREASED FEELING OF RESPONSIBILITY TOWARDS FAMILY/COMMUNITY ..... H OTHER (specify): _____ X	

707	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, SEE QUESTION 705	YES, PHYSICAL VIOLENCE ..... 1 NO PHYSICAL VIOLENCE 2	MARK IN BOX C
708	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, SEE QUESTION 706	YES, SEXUAL VIOLENCE ..... 1 NO SEXUAL VIOLENCE 2	MARK IN BOX C

CHECK : *(s7preg)* **Ref. sheet, Box B**	**EVER BEEN PREGNANT (option P)** *(1)* **[ ]** ⇓ **NUMBER OF PREGNANCIES (option T)** **[ ][ ]** ⇓ *(s7prcur)* **CURRENTLY PREGNANT? (option S)** **YES….1** **NO…. 2** ⇓	**NEVER PREGNANT** *(2)* **[ ]** ⇒	⇒ **S8**

709	You said that you have been pregnant TOTAL times. Was there ever a time when you were slapped, hit or beaten by (<u>any</u> of) your partner(s) while you were pregnant?	YES.....1 NO.....**2** DON'T KNOW/DON'T REMEMBER.....**8** REFUSED/NO ANSWER.....**9**	 ⇒ **S8** ⇒ **S8** ⇒ **S8**
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01" IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies were you beaten?	NUMBER OF PREGNANCIES BEATEN ..[ ][ ]	
710 a	Did this happen in the <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	 ⇒ **S8** ⇒ **S8**
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS.....1 STAYED ABOUT THE SAME.....2 GOT WORSE ..... 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	

SECTION 8 INJURIES

CHECK: Ref. sheet Box C	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("YES" TO Option U or V) [ ] ⇓	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V) [ ] ⇒	
(S8phsex)	*(1)*	*(2)*	⇒**S SI10**

I would now like to learn more about the injuries that you experienced from (any of) your partner's acts that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.

801	Have you ever been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we talked about before.	YES .....1 NO .....**2** DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	⇒**804a**
802 a	In your life, how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once or twice, several times or many times?	ONCE/TWICE .....1 SEVERAL (3-5) TIMES .....2 MANY (MORE THAN 5) TIMES .....3 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
802 b	Has this happened in the past 12 months?	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	

803 a	What type of injury did you have? Please mention any injury due to (any of) your husband/partners acts, no matter how long ago it happened. MARK ALL PROBE: Any other injury?		b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened in the past 12 months? YES	NO	DK	
		CUTS, PUNCTURES, BITES ..... A	1	2	8	
		SCRATCH, ABRASION, BRUISES .....B	1	2	8	
		SPRAINS, DISLOCATIONS C	1	2	8	
		BURNS ..... D	1	2	8	
		PENETRATING INJURY, DEEP CUTS, GASHES .....E	1	2	8	
		BROKEN EARDRUM, EYE INJURIES ..... F	1	2	8	
		FRACTURES, BROKEN BONES ..... G	1	2	8	
		BROKEN TEETH ..... H	1	2	8	
		INTERNAL INJURIES I				
		OTHER (specify): _____ X	1	2	8	

804 a	In your life, did you ever lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES ..... 1 NO ..... **3** DON'T KNOW/DON'T REMEMBER ..... **8** REFUSED/NO ANSWER 9	⇒**805a** ⇒**805a**
804 b	Has this happened in the past 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
805 a	In your life, were you ever hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? IF YES: How many times? IF NOT SURE: More or less?	TIMES NEEDED HEALTH CARE ..... [ ][ ] REFUSED/NO ANSWER ..... 99 NOT NEEDED **00**	 ⇒**S.9**

805 b	Has this happened <u>in the past 12 months</u>?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES ..... 1 YES, ALWAYS ..... 2 NO, NEVER..... **3** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒S.9**
807	In your life, have you ever had to spend any nights in a hospital due to the injury/injuries? IF YES: How many nights? (MORE OR LESS)	NUMBER OF NIGHTS IN HOSPITAL .[ ][ ] IF NONE ENTER '00' DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
808	Did you tell a health worker the real cause of your injury?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

SECTION 9 IMPACT AND COPING

I would now like to ask you some questions about what effects your husband/partner's acts has had on you . With acts I mean… (REFER TO SPECIFIC ACTS THE RESPONDENT HAS MENTIONED IN SECTION 7).

IF REPORTED MORE THAN ONE VIOLENT PARTNER, ADD: I would like you to answer these questions in relation to the most recent/last partner who did these things to you..

CHECK: **Ref. sheet Box C** *(S9phys)*	**WOMAN EXPERIENCED PHYSICAL VIOLENCE** **("YES" TO Option U)** [ ] ⇓ *(1)*	**WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY** **("NO" to Option U and "YES" to option V)** [ ] ⇒ *(2)*	**⇒906**

901	Are there any particular situations that tend to lead to your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE. PROBE: Any other situation? MARK ALL MENTIONED	NO PARTICULAR REASON.....A WHEN MAN DRUNK.....B MONEY PROBLEMS.....C DIFFICULTIES AT HIS WORK.....D WHEN HE IS UNEMPLOYED.....E NO FOOD AT HOME.....F PROBLEMS WITH HIS OR HER FAMILY.....G SHE IS PREGNANT.....H HE IS JEALOUS OF HER.....I SHE REFUSES SEX.....J SHE IS DISOBEDIENT.....K SHE HAS A DISABILITY.....K OTHER (specify):_____X	

CHECK: **(Ref. sheet, Box B, option R)** ***(s9child)***	**CHILDREN LIVING** [ ] ⇓ *(1)*	**NO CHILDREN ALIVE** [ ] ⇒ *(2)*	**⇒903**

902	For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER.....1 ONCE OR TWICE.....2 SEVERAL TIMES.....3 MANY TIMES/MOST OF THE TIME.....4 DON'T KNOW.....8 REFUSED/NO ANSWER.....9	
903	During or after a violent incident, does (did) he ever force you to have sex? PROBE: Make you have sex with him against your will? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER.....1 ONCE OR TWICE.....2 SEVERAL TIMES.....3 MANY TIMES/MOST OF THE TIME.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
904	During the times that you were hit, did you ever fight back physically or to defend yourself? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER.....**1** ONCE OR TWICE.....2 SEVERAL TIMES.....3 MANY TIMES/MOST OF THE TIME.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	**⇒905**
904 a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE/NO EFFECT.....1 VIOLENCE BECAME WORSE.....2 VIOLENCE BECAME LESS.....3 VIOLENCE STOPPED.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	

905	Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you? IF YES: How often? Would you say once or twice, several times or many times?	NEVER ..... 1 ONCE OR TWICE ..... 2 SEVERAL TIMES ..... 3 MANY TIMES ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
906	Would you say that your husband /partner's behaviour towards you has affected your physical or mental health? Would you say, that it has had no effect, a little effect or a large effect? REFER TO SPECIFIC ACTS OF **PHYSICAL AND/OR SEXUAL VIOLENCE** SHE DESCRIBED EARLIER	NO EFFECT ..... 1 A LITTLE ..... 2 A LOT ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
907	In what way, if any, has your husband/partner's behaviour (the violence) disrupted your work or other income-generating activities? MARK ALL THAT APPLY	N/A (NO WORK FOR MONEY) ..... A WORK NOT DISRUPTED ..... B PARTNER INTERRUPTED WORK ..... C UNABLE TO CONCENTRATE ..... D UNABLE TO WORK/SICK LEAVE ..... E LOST CONFIDENCE IN OWN ABILITY ..... F OTHER (specify): _____ X	

CHECK: **(Ref. sheet, Box B, option R)** ***(s9child)***	**CHILDREN LIVING [ ]** ⇓ *(1)*	**NO CHILDREN ALIVE [ ] ⇒** *(2)*	**⇒ 908**

SI 907a	In what way, if any, has your husband/partner's behaviour towards you (the violence) affected the way you parent your children? MARK ALL THAT APPLY PROBE: Any other ways?	N/A NO CHILDREN ..... A NO AFFECT ..... B SHOUT/YELL AT CHILDREN MORE ..... C HIT THE CHILDREN ..... D TOO SICK/HURT TO LOOK AFTER CHILDREN PROPERLY (I.E. NOT FEED PROPERLY) ..... E IGNORES THE CHILDREN ..... F SHELTER/PROTECT CHILDREN FROM VIOLENCE ..... G OTHER (specify): _____ X	
908	Who have you told about his behaviour? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE ..... A FRIENDS ..... B PARENTS ..... C BROTHER OR SISTER ..... D UNCLE OR AUNT ..... E HUSBAND/PARTNER'S FAMILY ..... F CHILDREN ..... G NEIGHBOURS ..... H POLICE ..... I DOCTOR/HEALTH WORKER ..... J PRIEST ..... K COUNSELLOR ..... L NGO/WOMEN'S ORGANIZATION ..... M LOCAL LEADER ..... N OTHER (specify):_____X	

909	Did anyone ever try to help you? IF YES, Who helped you? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE ..... A FRIENDS ..... B PARENTS ..... C BROTHER OR SISTER..... D UNCLE OR AUNT .....E HUSBAND/PARTNER'S FAMILY.....F CHILDREN ..... G NEIGHBOURS ..... H POLICE .....I DOCTOR/HEALTH WORKER ..... J PRIEST.....K COUNSELLOR.....L NGO/WOMEN'S ORGANIZATION..... M LOCAL LEADER..... N OTHER (specify): _____X	

910a	Did you ever go to any of the following for help? READ EACH ONE		YES	NO	910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given? YES	NO
	a) Police	a) POLICE	1	2		
	b) Hospital or health centre	b) HOSPITAL/ HEALTH CENTRE	1	2	1	2
	c) Social services	c) SOCIAL SERVICES	1	2	1	2
	d) Legal advice centre	d) LEGAL ADVICE CENTRE	1	2	1	2
					1	2
	e) Court	e) COURT	1	2		
	f) Shelter	f) SHELTER	1	2	1	2
	g) Local leader	g) LOCAL LEADER	1	2	1	2
	h) Women's organization (i.e. CCC)	h) WOMEN'S ORGANIZATION: _____	1	2	1	2
					1	2
	j) Priest/Religious leader	j) PRIEST, RELIGIOUS LEADER	1	2		
					1	2
	x) Anywhere else? Where?	x) ELSEWHERE (specify) :_____ _____	1	2		
					1	2
			*	**		

CHECK: Question 910a * **	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [ ] ⇓	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) [ ]	⇒912
(s9check)	*(1)*	*(2)*	

911	What were the reasons that made you go for help? **MARK ALL MENTIONED AND GO TO 913**	ENCOURAGED BY FRIENDS/FAMILY .....A COULD NOT ENDURE MORE.....B BADLY INJURED .....C HE THREATENED OR TRIED TO KILL HER .....D HE THREATENED OR HIT CHILDREN ..... E SAW THAT CHILDREN SUFFERING..... F THROWN OUT OF THE HOME .....G AFRAID SHE WOULD KILL HIM .....H AFRAID HE WOULD KILL HER ..... I OTHER (specify): _____ _____.....X	**FOR ALL OPTIONS GO TO 913**

912	What were the reasons that you did not go to any of these? MARK ALL MENTIONED	DON'T KNOW/NO ANSWER ..... A FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCE ..... B VIOLENCE NORMAL/NOT SERIOUS ..... C EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMED ..... D BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPED ..... E AFRAID WOULD END RELATIONSHIP ..... F AFRAID WOULD LOSE CHILDREN ..... G BRING BAD NAME TO FAMILY ..... H OTHER (specify): _____ _____ . X	
913	Is there anyone that you would like (have liked) to receive (more) help from? Who? MARK ALL MENTIONED	NO ONE MENTIONED ..... A FAMILY ..... B HER MOTHER ..... C HIS MOTHER ..... D HEALTH CENTRE ..... E POLICE ..... F PRIEST/RELIGIOUS LEADER ..... G LOCAL LEADER/CHIEF ..... H OTHER (specify): _____ .X	
914	Did you ever leave, even if only overnight, because of his behaviour? IF YES: How many times? (MORE OR LESS)	NUMBER OF TIMES LEFT ..... [ ][ ] NEVER ..... **00** N.A. (NOT LIVING TOGETHER) ..... **97** DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	**⇒919** **⇒ S SI 10**
915	What were the reasons why you left the last time? MARK ALL MENTIONED	NO PARTICULAR INCIDENT ..... A ENCOURAGED BY FRIENDS/FAMILY ..... B COULD NOT ENDURE MORE ..... C BADLY INJURED ..... D HE THREATENED OR TRIED TO KILL HER ..... E HE THREATENED OR HIT CHILDREN ..... F SAW THAT CHILDREN SUFFERING ..... G THROWN OUT OF THE HOME ..... H AFRAID SHE WOULD KILL HIM ..... I ENCOURAGED BY ORGANIZATION: _____ ..... J AFRAID HE WOULD KILL HER ..... K OTHER (specify): _____ X	
916	Where did you go the last time? MARK ONE	HER RELATIVES ..... 01 HIS RELATIVES ..... 02 HER FRIENDS/NEIGHBOURS ..... 03 HOTEL/LODGINGS ..... 04 STREET ..... 05 CHURCH ..... 06 SHELTER ..... 07 OTHER (specify): _____ ...96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	
917	How long did you stay away the last time? RECORD NUMBER OF DAYS OR MONTHS	NUMBER OF DAYS (IF LESS THAN 1 MONTH) ..... [ ][ ] ..1 NUMBER OF MONTHS (IF 1 MONTH OR MORE) ..... [ ][ ] ..2 LEFT PARTNER/DID NOT RETURN/NOT WITH PARTNER **3**	**S SI 10**

CHECK: (Ref. sheet, Box B, option R) *(s9child)*	CHILDREN LIVING [ ] ⇓ *(1)*	NO CHILDREN ALIVE [ ] ⇒ *(2)*	⇒ 918
SI 917a	The last time that you left, did you take any of the children with you? Did you take all of them, some of them or none of them?	ALL CHILDREN ..... **1** SOME CHILDREN ..... 2 NONE OF CHILDREN ..... 3 N/A HAD NO CHILDREN AT THE TIME ..... **7** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒918** **⇒918**
SI 917b	What was the reason that you did not take any/all of your child/children with you when you left? PROBE: Any other reasons	CHILDREN NOT HOME AT THE TIME ..... A PREVENTED FROM TAKING CHILDREN ..... B CHILDREN REFUSED TO LEAVE ..... C NO TRANSPORT TO TAKE CHILDREN ..... D OTHER (specify): _____ .X	
918	What were the reasons that you returned? MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDREN ..... A SANCTITY OF MARRIAGE ..... B FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR) ..... C COULDN'T SUPPORT CHILDREN ..... D LOVED HIM ..... E HE ASKED HER TO GO BACK ..... F FAMILY SAID TO RETURN ..... G FORGAVE HIM ..... H THOUGHT HE WOULD CHANGE ..... I THREATENED HER/CHILDREN ..... J COULD NOT STAY THERE (WHERE SHE WENT) ..... K VIOLENCE NORMAL/NOT SERIOUS ..... L BRIDE PRICE WAS PAID ..... L OTHER (specify): _____ X	**FOR ALL OPTIONS GO TO S SI 10**
919	What were the reasons that made you stay? MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDREN ..... A SANCTITY OF MARRIAGE ..... B DIDN'T WANT TO BRING SHAME ON FAMILY ..... C COULDN'T SUPPORT CHILDREN ..... D LOVED HIM ..... E DIDN'T WANT TO BE SINGLE ..... F FAMILY SAID TO STAY ..... G FORGAVE HIM ..... H THOUGHT HE WOULD CHANGE ..... I THREATENED HER/CHILDREN ..... J NOWHERE TO GO ..... K VIOLENCE NORMAL/NOT SERIOUS ..... L BRIDE PRICE WAS PAID ..... L OTHER (specify): _____ X	

SI SECTION 10 PARTNER'S TREATMENT OF CHILDREN

CHECK: **Ref. sheet, Box A** *(s7mar)*	**EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER** **(Options K, L, M)** [ ] ⇓ *(1)*	**NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER SEXUAL PARTNER** **(Option N)** [ ] ⇒ *(2)*	**⇒S.10**
CHECK: **(Ref. sheet, Box B, option R)** ***(s920child)***	**CHILDREN LIVING** [ ] ⇓ *(1)*	**NO CHILDREN ALIVE** [ ] ⇒ *(2)*	**⇒S10**

I would now like to ask you a few questions about how your most recent husband/partner or any other partner treats your children. We ask these questions so that we can find out information to help children in the Solomon Islands. I remind you again that you do not have to answer any questions that you do not want to, and if you request assistance to protect your children we will do whatever we can to help. In very serious cases we may be required to get other people involved but as far as possible we will do this with your support.

SI 1001	The next questions are about things that your current partner, or any other partner may have done to your child/children? As far as you know, has your current husband/partner, or any other partner ever		YES NO
	a) Done things to scare or intimidate your child/children on purpose (e.g. by the was he looked at them, by yelling, smashing things or threatening them)		1 2
	b) Slapped, pushed, shoved them or thrown something at them that could hurt them?		1 2
	c) Hit them with his fist, kicked them, or beaten them up, or done anything else that could hurt them?		1 2
	d) Shaken, choked, burnt them on purpose or used a gun, knife or other weapon against them?		1 2
	e) Touched your child/children sexually or made them do something sexual that they did not want to?		1 2
			IF NO to all in go to **S10**
SI 1002	Was the behaviour you just talked about, (mention acts reported in 920a), by your current or most recent husband or partner, by any other partner that you may have had before, or both.	CURRENT/MOST RECENT PARTNER ..... 1 PREVIOUS PARTNER ..... 2 BOTH ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
SI 1003	Has the child/children ever been injured as a result of these acts by (any of) your husband/partner(s).	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒ S10**
SI 1004	Did the child/children ever receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES ..... 1 YES, ALWAYS ..... 2 NO, NEVER..... **3** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒ S10**
SI 1005	What were the reasons that made you take the child/children to receive health care for this injury (these injuries)? **MARK ALL MENTIONED AND GO TO 913**	ENCOURAGED BY FRIENDS/FAMILY ..... A WANTED TO CHECK THEY WERE OK ..... B CHILD BADLY INJURED..... C HE THREATENED OR TRIED TO KILL THE CHILD..... D SAW THAT CHILDREN SUFFERING..... E OTHER (specify): _____ _____ X	**FOR ALL OPTIONS GO TO S10**

SI 1006	What were the reasons that you did not take the child to receive medical care? MARK ALL MENTIONED	DON'T KNOW/NO ANSWER..... A FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCE..... B VIOLENCE NORMAL/NOT SERIOUS..... C EMBARRASSED/ASHAMED/AFRAID WOULD BE BLAMED ..... D BELIEVED THEY WOULD NOT HELP..... E AFRAID CHILDREN WOULD BE TAKEN AWAY ..... F BRING BAD NAME TO FAMILY ..... G NO HEALTH CARE EASILY ACCESSIBLE ..... H OTHER (specify): _____ _____. X	

SECTION 10 OTHER EXPERIENCES

In their lives, many women experience different forms of violence from relatives, other people that they know, and/or from strangers. If you don't mind, I would like to briefly ask you about some of these situations. Everything that you say will be kept private. May I continue?

1001 a	Since the age of 15 years, has anyone (FOR WOMEN WITH CURRENT OR PAST PARTNER: other than your partner/husband) ever beaten or physically mistreated you in any way? IF YES: Who did this to you? PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A militant during the ethnic tension? A stranger or anyone else?	NO ONE ..... **A** FATHER ..... B STEPFATHER ..... C OTHER MALE FAMILY MEMBER ..... D FEMALE FAMILY MEMBER: _____ E TEACHER ..... F POLICE/ SOLDIER ..... G MALE FRIEND OF FAMILY ..... H FEMALE FRIEND OF FAMILY ..... I BOYFRIEND ..... J STRANGER ..... K SOMEONE AT WORK ..... L PRIEST/RELIGIOUS LEADER ..... M MILITANT ..... N OTHER (specify): _____ X	**⇒ 1002** b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times Once or twice / A few times / Many times 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3
1002 a	Since the age of 15 years, has anyone (FOR WOMEN WITH CURRENT OR PAST PARTNER: other than your partner/husband) ever forced you to have sex or to perform a sexual act when you did not want to? IF YES: Who did this to you? PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A militant during the ethnic tension? A stranger or anyone else?	NO ONE ..... **A** FATHER ..... B STEPFATHER ..... C OTHER MALE FAMILY MEMBER ..... D FEMALE FAMILY MEMBER: _____ E TEACHER ..... F POLICE/ SOLDIER ..... G MALE FRIEND OF FAMILY ..... H FEMALE FRIEND OF FAMILY ..... I BOYFRIEND ..... J STRANGER ..... K SOMEONE AT WORK ..... L PRIEST/RELIGIOUS LEADER ..... M MILITANT ..... N OTHER (specify): _____ .X	**⇒ 1003** b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times Once or twice / A few times / Many times 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3

1003 a	Before the age of 15 years, do you remember if anyone in your family ever touched you sexually, or made you do something sexual that you didn't want to? IF YES: Who did this to you? IF YES OR NO CONTINUE: How about someone at school? How about a friend or neighbour? How about a militant during the ethnic tension? Has anyone else done this to you? IF YES: Who did this to you?	NO ONE ..... **A**	**⇒ 1004**			
			ASK ONLY FOR THOSE MARKED IN 1003a			
			b) How old were you when it happened with this person for the first time? (more or less)	c) How old was this person? PROBE: roughly (more or less).	d) How many times did this happen?	
					Once/ twice	Few times	Many times
		FATHER.....B	[ ][ ]	[ ][ ]	1	2	3
		STEPFATHER C	[ ][ ]	[ ][ ]	1	2	3
		OTHER MALE FAMILY MEMBER/ (BROTHER, ETC) _____ ... D	[ ][ ]	[ ][ ]	1	2	3
		FEMALE FAMILY MEMBER: _____ ..E	[ ][ ]	[ ][ ]	1	2	3
		TEACHER.....F	[ ][ ]	[ ][ ]	1	2	3
		POLICE/ SOLDIER ..... G	[ ][ ]	[ ][ ]	1	2	3
		MALE FRIEND OF FAMILY ..... H	[ ][ ]	[ ][ ]	1	2	3
		FEMALE FRIEND OF FAMILY I	[ ][ ]	[ ][ ]	1	2	3
		BOYFRIEND .....J	[ ][ ]	[ ][ ]	1	2	3
		STRANGER ..... K	[ ][ ]	[ ][ ]	1	2	3
		SOMEONE AT WORK L	[ ][ ]	[ ][ ]	1	2	3
		PRIEST/RELIGIOUS LEADER.....M	[ ][ ]	[ ][ ]	1	2	3
		MILITANT..... N	[ ][ ]	[ ][ ]	1	2	3
		OTHER (specify): _____ .. X	[ ][ ]	[ ][ ] DK = 98	1	2	3

1004	How old were you when you first had sex?	AGE YEARS (MORE OR LESS) .....[ ][ ] NOT HAD SEX ..... **95** REFUSED/NO ANSWER 99	**⇒1006**
1005	How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	WANTED TO HAVE SEX ..... 1 NOT WANT BUT HAD SEX ..... 2 FORCED TO HAVE SEX ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES .....1 NO .....**2** PARENTS DID NOT LIVE TOGETHER.....**3** DON'T KNOW .....**8** REFUSED/NO ANSWER 9	**⇒s10mar*** **⇒s10mar*** **⇒s10mar***
1007	As a child, did you see or hear this violence?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	

*** CHECK: Ref. sheet Box A**	**EVER MARRIED/EVER LIVING WITH A MAN/*SEXUAL PARTNER*** **(Options K,L,M) [ ]** ⇓	**NEVER MARRIED/NEVER LIVED WITH A MAN** **(Option N) [ ] ⇒**	**⇒S.11**
(s10mar)	*(1)*	*(2)*	

1008	As far as you know, was your (most recent) partner's mother hit or beaten by her husband?	YES ..... 1 NO ..... 2 PARENTS DID NOT LIVE TOGETHER ..... 3 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	 ⇒**1010** ⇒**1010** ⇒**1010**
1009	Did your (most recent) husband/partner see or hear this violence?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	

SECTION 11 FINANCIAL AUTONOMY

Now I would like to ask you some questions about things that you own and your earnings. We need this information to understand the financial position of women nowadays.

1101 Please tell me if you own any of the following, either by yourself or with someone else:

FOR EACH, PROBE: Do you own this on your own, or do you own it with others?

		YES Own by self	YES Own with others	NO Don't own
a) Land	a) LAND	1	2	3
b) Your house	b) HOUSE	1	2	3
c) A company or business	c) COMPANY	1	2	3
d) Large animals (cows, horses, etc.)	d) LARGE ANIMALS	1	2	3
e) Small animals (chickens, pigs, goats, etc.)	e) SMALL ANIMALS	1	2	3
f) Produce or crops from certain fields or trees	f) PRODUCE	1	2	3
g) Large household items (TV, bed, cooker)	g) HOUSEHOLD ITEMS	1	2	3
h) Jewellery, gold or other valuables	h) JEWELLERY	1	2	3
j) Motor car	j) MOTOR CAR	1	2	3
k) Savings in the bank?	k) SAVINGS IN BANK	1	2	3
x) Other property, specify	x) OTHER PROPERTY: _____			

1102 a) Do you earn money by yourself?

IF YES: What exactly do you do to earn money?

ASK ALL. SPECIFY:

NO ..... **A** ⇒ ***s11mar**

		YES	NO
b) Job	b) JOB: _____	1	2
c) Selling things, trading	c) SELLING/TRADING: _____	1	2
x) Any other activity, specify	x) OTHER: _____	1	2

*** CHECK: Ref. sheet, Box A** *(s11mar)*	**CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN (Option K) [ ]** ⇓ *(1)*	**NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST SEXUAL PARTNER (Options L, M, N) [ ]** ⇒ *(2)*	**⇒S.12**
CHECK 1102	**1. OPTIONS b) c) or x) MARKED [ ]** ⇓	**2. OPTION a) MARKED [ ]** ⇒	**⇒1105**

1103 Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?

- SELF/OWN CHOICE 1
- GIVE PART TO HUSBAND/PARTNER 2
- GIVE ALL TO HUSBAND/PARTNER 3
- DON'T KNOW 8
- REFUSED/NO ANSWER 9

1104 Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?

- MORE THAN HUSBAND/PARTNER 1
- LESS THAN HUSBAND/PARTNER 2
- ABOUT THE SAME 3
- DO NOT KNOW 8
- REFUSED/NO ANSWER 9

1105 Have you ever given up/refused a job for money because your husband/partner did not want you to work?

- YES 1
- NO 2
- DON'T KNOW/DON'T REMEMBER 8
- REFUSED/NO ANSWER 9

1106	Has your husband/partner ever taken your earnings or savings from you against your will? IF YES: Has he done this once or twice, several times or many times?	NEVER ..... 1 ONCE OR TWICE ..... 2 SEVERAL TIMES ..... 3 MANY TIMES/ALL OF THE TIME ..... 4 N/A (DOES NOT HAVE SAVINGS/EARNINGS) 7 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
1107	Does your husband /partner ever refuse to give you money for household expenses, even when he has money for other things? IF YES: Has he done this once or twice, several times or many times?	NEVER ..... 1 ONCE OR TWICE ..... 2 SEVERAL TIMES ..... 3 MANY TIMES/ALL OF THE TIME ..... 4 N/A (PARTNER DOES NOT EARN MONEY) ..... 7 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
1108	In case of emergency, do you think that you alone could raise enough money to house and feed your family for 4 weeks? This could be for example by selling things that you own, or by borrowing money from people you know, or from a bank or moneylender?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER 9	

SECTION 12 COMPLETION OF INTERVIEW

1201	I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face. No matter what you have already told me, I would like you to put a mark below the sad picture if someone has ever touched you sexually, or made you do something sexual that you didn't want to, before you were 15 years old. Please put a mark below the happy face if this has never happened to you. Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer. GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. ON LEAVING THE INTERVIEW SECURELY ATTACH THE ENVELOPE TO THE QUESTIONNAIRE (OR WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE).	CARD GIVEN FOR COMPLETION.....1 CARD NOT GIVEN FOR COMPLETION.....2	
1202	We have now finished the interview. Do you have any comments, or is there anything else you would like to add? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		
1203	I have asked you about many difficult things. How has talking about these things made you feel? WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT _____ _____ _____ _____ _____ _____ _____	GOOD/BETTER.....1 BAD/WORSE.....2 SAME/ NO DIFFERENCE . 3	
1204	Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification? COUNTRIES TO SPECIFY TIME PERIOD DEPENDING ON WHEN THEY PLAN TO DO QUALITY CONTROL VISITS	YES..... 1 NO..... 2	

FINISH ONE – IF RESPONDENT HAS DISCLOSED PROBLEMS/VIOLENCE

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about their health and experiences of violence.

From what you have told us, I can tell that you have had some very difficult times in your life. No one has the right to treat someone else in that way. However, from what you have told me I can see also that you are strong, and have survived through some difficult circumstances.

Here is a list of organizations that provide support, legal advice and counselling services to women in STUDY LOCATION. Please do contact them if you would like to talk over your situation with anyone. Their services are free, and they will keep anything that you say private. You can go whenever you feel ready to, either soon or later on.

FINISH TWO - IF RESPONDENT HAS NOT DISCLOSED PROBLEMS/VIOLENCE

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about women's health and experiences in life.

In case you ever hear of another woman who needs help, here is a list of organizations that provide support, legal advice and counselling services to women in STUDY LOCATION. Please do contact them if you or any of your friends or relatives need help. Their services are free, and they will keep anything that anyone says to them private.

1205	RECORD TIME OF END OF INTERVIEW:	Hour [ ][ ] (24 h) Minutes [ ][ ]
1206	ASK THE RESPONDENT. How long did you think the interview lasted ?	Hours [ ] Minutes [ ][ ]

INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW

REFERENCE SHEET (THIS WILL BE USED IF VIOLENCE QUESTIONS APPLIED TO ALL WOMEN WHO EVER HAD A PARTNER, CURRENT OR PAST)

Box A. MARITAL STATUS

Copy exactly from Q119 and 120a. Follow arrows and mark **only ONE** of the following for marital status:

119	Are you currently married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED .....1 LIVING WITH MAN, NOT MARRIED .....3 *CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART* .....4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN *(NOT INVOLVED IN A SEXUAL RELATIONSHIP)* 5	[ ] Currently married and/or living with man **(K)** [ ] Currently with regular sexual partner (dating relationship) **(L)**
120 a	Have you ever been married or lived with a male partner?	YES, MARRIED.....1 LIVED WITH A MAN, NOT MARRIED……..3 NO 5	[ ] Previously married/previously lived with man *(no current sexual relationship)* **(M1)** [ ] Previously had *sexual relationship* **(M2)**
120 b	Have you ever had a regular male sexual partner?	YES……..**1** NO……**2**	[ ] Never married /never lived with man *(no current or past sexual relationship)* **(N)**

123. Number of times married/lived together with man: [ ][ ] **(O)**

Box B. REPRODUCTIVE HISTORY

Check and complete ALL that applies for reproductive history of respondent:

(P) Respondent has been pregnant at least once (Question 308, 1 or more)	[ ] Yes	[ ] No
(Q) Respondent had at least one child born alive (Question 301, 1 or more)	[ ] Yes	[ ] No
(R) Respondent has children who are alive (Question 303, 1 or more)	[ ] Yes	[ ] No
(S) Respondent is currently pregnant (Question 310, option 1)	[ ] Yes	[ ] No
(T) Number of pregnancies reported (Question 308):	[ ][ ]	

Box C. VIOLENCE AND INJURIES

Check and complete ALL that applies for respondent:

(U) Respondent has been victim of physical violence (Question 707)	[ ] Yes	[ ] No
(V) Respondent has been victim of sexual violence (Question 708)	[ ] Yes	[ ] No

ANNEX 2: KEY INFORMANTS INTERVIEWED

Date	Interviewee	Organization	Interviewer
1.9.08	Josephine Teakeni	Vois Blong Mere	Emma Fulu
1.9.08	Esther Lelapitu	Magistrate	Emma Fulu
1.9.08	Lanieta Leo	Christian Care Centre	Emma Fulu
1.9.08	Ethel Suri	SICA FOW	Emma Fulu
1.9.08	Ethel Sigimanu	PS Ministry of WYCA	Emma Fulu
2.9.08	Florence Taro	Sexual Assault Unit	Emma Fulu
2.9.08	Morris Tuhaika/ Andrew Telea	Family Violence Unit	Emma Fulu
2.9.08	Kylie Walsh	Public Solicitors Office	Emma Fulu
8.09.08	Lovelyn Kwaoga	Family support Centre	Alice Rore
23.09.08	Ben Ricky	Health worker, Isabel Province	Alice Rore
23.09.08	Lazarus Taki	Provincial Police Commander, Lata	Alice Rore
23.09.08	Doreen Salanga	Provincial Council of Women	Alice Rore
23.09.08	Doreen Lenialu	World Vision, Lata	Alice Rore
15.10.08	Joy Maesilia	Community Sector Program, Malaita	Alice Rore
15.10.08	Representatives	Health workers, Malaita	Jeremiah
15.10.08	Representatives	Auki Police	Alice Rore
15.10.08	Representatives	WDD (women's organization)	Margaret Sandy

ANNEX 3: IN-DEPTH INTERVIEW GUIDES

Sample semi-structured interview for women known to have experienced partner violence

Identification code for tape _____ Date of interview _____

Introduction

Thank for coming. I am from SPC. We are conducting research on violence against women. We have invited you here to learn about your experiences, and to seek your advice about how we can best help women in situations like your own.

All of the information that you choose to provide is voluntary, and will be kept strictly secret. You are free to stop the interview at any point, or to not answer any of the questions that we ask. I will not write down your name.

Your answers will be used to draw Government attention to the problems faced by women, and to develop better services for women. Again, I would like to assure you that everything that you say will be kept secret.

Do you agree to be interviewed? *Record response Yes / No*

If you don't mind, I would like to tape our discussion. This is to help me record what you say. The tape will not be played to anyone, and once I have taken notes from the tape, it will be destroyed. If you would prefer that we do not tape the interview, I can take notes instead.

Do I have your permission to record our conversation? *Record response Yes / No*

Thank you.

Comments, to be completed after interview

Questionnaire guideline

1. Can you please tell me a little about yourself? Did you go to school?
   Where do you live now?
   Do you have children?
   How do you normally spend your days?
   What things do you like to do?

2. Tell me about your husband. How did you first meet?
   When did you get married?
   What does he do?

3. When did your problems with your husband start?
   How long has this continued for?
   Are there times when this has improved, or got worse?

4. Has your husband's/partner's treatment had an effect on your physical well-being? In what sort of ways?
   How has it affected your feelings about yourself?
   Do you think that it is having an effect on your children. In what ways?
   Has it affected your ability to provide for the family or go to work?
   Has it affected the way you treat your children?
   Has it made it difficult for you to meet friends or relatives? How?

5. Can you explain to me what your husband or partner does to your children when he thinks they need discipline or when he is angry with them?
   Have you ever seen injuries on your children which you know or suspect have been caused by your husband's/partner's treatment of them? What kind of injuries?
   Do you feel you are ever able to intervene? And what do you do?

6. Have you ever discussed your problems with others? How did they respond?
   Was there more that you would have liked them to do?
   What sort of things would have helped?

7. Looking back at your situation, what advice would you give another woman who has just started to have these sorts of problems with her husband?

Wrap up

Thank you for sharing this with me. I appreciate that we have asked very difficult questions, and thank you for being so open. What you have told us is very important, and will help us in our work to address violence against women.

From the woman's responses, mention the woman's strengths.

Give details of follow-up counseling support available both immediately and later.

Give more general information about services available in the community.

Sample semi-structured interview for women known to have experienced child abuse

Identification code for tape _____ Date of interview _____

Introduction

Thank for coming. I am from SPC. We are conducting research on violence against women and children. We have invited you here to learn about your experiences, and to seek your advice about how we can best help women and children who have experienced things like you have.

All of the information that you choose to provide is voluntary, and will be kept strictly secret. You are free to stop the interview at any point, or to not answer any of the questions that we ask. I will not write down your name.

Your answers will be used to draw Government attention to the problems faced by women, and to develop better services for women. Again, I would like to assure you that everything that you say will be kept secret.

Do you agree to be interviewed? *Record response* *Yes / No*

If you don't mind, I would like to tape our discussion. This is to help me record what you say. The tape will not be played to anyone, and once I have taken notes from the tape, it will be destroyed. If you would prefer that we do not tape the interview, I can take notes instead.

Do I have your permission to record our conversation? *Record response* *Yes / No*

Thank you.

Comments, to be completed after interview

Questionnaire guideline

1. Can you please tell me a little about yourself? Did you go to school?
   Where do you live now?
   Do you have children?
   How do you normally spend your days?
   What things do you like to do?

2. Tell me about your childhood.
   Did you live with your parent? Both parents? Were your parents divorced?
   Do you have any brothers or sisters? Are they older or younger?
   How long did you go to school for?

3. Did you ever experience any physical or sexual abuse when you were under the age of 15?
   Can you please share some of your experiences?
   How old were you when it first started? How long did it go on for?
   Who did these things to you?
   How often did the incidents occur?
   Do you know if any of your siblings also went through something similar?

4. Has it had a great effect on your physical well-being? In what sort of ways?
   How has it affected your feelings about yourself?
   Did it affect your ability to go to school and do work?

5. Did you ever discuss your problems with others? Who did you tell? Why? How did they respond?
   If you did not tell anyone, why not?
   Was there more that you would have liked them to do?
   What sort of things would have helped?

6. Looking back at your situation, what advice would you give another girl who has just started to go through what you went through?

Wrap up

Thank you for sharing this with me. I appreciate that we have asked very difficult questions, and thank you for being so open. What you have told us is very important, and will help us in our work to address violence against women and girls.

From the woman's responses, mention the woman's strengths. Give details of follow-up counseling support available both immediately and later. Give more general information about services available in the community.

Sample semi-structured interview for women known to have experienced stranger violence

Identification code for tape _____ Date of interview _____

Introduction

Thank for coming. I am from SPC. We are conducting research on violence against women. We have invited you here to learn about your experiences, and to seek your advice about how we can best help women in this country.

All of the information that you choose to provide is voluntary, and will be kept strictly secret. You are free to stop the interview at any point, or to not answer any of the questions that we ask. I will not write down your name.

Your answers will be used to draw Government attention to the problems faced by women, and to develop better services for women. Again, I would like to assure you that everything that you say will be kept secret.

Do you agree to be interviewed? *Record response* *Yes / No*

If you don't mind, I would like to tape our discussion. This is to help me record what you say. The tape will not be played to anyone, and once I have taken notes from the tape, it will be destroyed. If you would prefer that we do not tape the interview, I can take notes instead.

Do I have your permission to record our conversation? *Record response* *Yes / No*

Thank you.

Comments, to be completed after interview

Questionnaire guideline

1. Can you please tell me a little about yourself? Did you go to school?
   Where do you live now?
   Do you have children?
   How do you normally spend your days?
   What things do you like to do?

2. Could you please tell me about any physical or sexual violence you have experienced in your life?
   When did this happen?
   Who did these things to you?

3. Has it had a great effect on your physical well-being? In what sorts of ways?
   How has it affected your feelings about yourself?
   Has it affected your ability to provide for the family or go to work?

5. Have you ever discussed what happened with others? How did they respond?
   Was there more that you would have liked them to do?
   What sort of things would have helped?

6. Looking back at your situation, what advice would you give another woman who has experienced something similar to you?

Wrap up

Thank you for sharing this with me. I appreciate that we have asked very difficult questions, and thank you for being so open. What you have told us is very important, and will help us in our work to address violence against women.

From the woman's responses, mention the woman's strengths.

Give details of follow-up counseling support available both immediately and later.

Give more general information about services available in the community.

Sample semi-structured interview for male perpetrators of violence

Identification code for tape _____ Date of interview _____

Introduction

Thank for coming. I am from the Ministry of WYCA. We are conducting research on family issues. We have invited you here to learn about your experiences.

All of the information that you choose to provide is voluntary, and will be kept strictly secret. You are free to stop the interview at any point, or to not answer any of the questions that we ask. I will not write down your name.

Do you agree to be interviewed? *Record response* *Yes / No*

If you don't mind, I would like to tape our discussion. This is to help me record what you say. The tape will not be played to anyone, and once I have taken notes from the tape, it will be destroyed. If you would prefer that we do not tape the interview, I can take notes instead.

Do I have your permission to record our conversation? *Record response* *Yes / No*

Thank you.

Comments, to be completed after interview

Questionnaire guideline

1. Can you please tell me a little about yourself?
   Where do you live now?
   Do you have children?
   How do you normally spend your days? Do you work?
   What things do you like to do?

2. Please tell me a little about your own childhood?
   Did you go to school?
   Were your parents together?
   Did your father ever hit your mother? Did you ever experience violence as a child?

3. Tell me about your wife. How did you first meet?
   When did you get married? Was bride price paid?
   What does she do?

4. Have you and your wife ever faced problems in your relationship? What type of problems?
   Do you and your wife argue much?
   Do you ever get angry with you wife? What makes you angry at her?
   When did these problems start?

5. Have you ever hit your wife?
   For what reasons do you hit your wife?
   What does your wife do when you hit her?
   Do you use hitting as a form of discipline or punishment if your wife behaves in a way that you don't like?
   Do you ever feel remorseful after hitting your wife or do you normally think it is because she has done something to deserve it?

6. Do you think your behaviour affects your wife's health and well-being? In what ways?
   Do you think your relationship problems affect your children? In what ways?
   What do you think your wife should do to improve the situation?

7. Have you ever discussed your relationship problems with others? How did they respond?
   Was there more that you would have liked them to do?
   What sort of things would have helped?

8. Now I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.

   a) A good wife obeys her husband even if she disagrees
   b) Family problems should only be discussed with people in the family
   c) It is important for a man to show his wife/partner who is the boss
   d) A woman should be able to choose her own friends even if her husband disapproves
   e) It's a wife's obligation to have sex with her husband even if she doesn't feel like it

In your opinion, does a man have a good reason to hit his wife if:

a) She does not complete her household work to his satisfaction
b) She disobeys him
c) She refuses to have sexual relations with him
d) She asks him whether he has other girlfriends
e) He suspects that she is unfaithful
f) He finds out that she has been unfaithful

In your opinion, can a married woman refuse to have sex with her husband if:

a) She doesn't want to
b) He is drunk
c) She is sick
d) He mistreats her

Wrap up

Thank you for sharing this with me. I appreciate that we have asked very difficult questions, and thank you for being so open. What you have told us is very important, and will help us in our work to address family issues.

ANNEX 4: FOCUS GROUP DISCUSSION GUIDE

Identification code for tape: _____ Date: _____

Location: Urban / Rural Sex: M / F

Number of participants: _____

Age range of participants: 15 - 20 / 20 - 35 / 35 - 49

Introduction

Thank for coming. We are from Ministry of WYCA. We are conducting research on family problems and their possible solutions. We have invited you here today to discuss this issue with you. Your responses will be used to help develop materials and services to assist women experiencing violence.

All of our discussions will be kept strictly secret. We will be producing a report on our findings, but will not quote anything you say by name.

If you don't mind, we would like to tape our discussion. This is to help us record what has been said. The tape will not be played to anyone. Once notes have been taken from the tape, it will be destroyed.

Is everyone happy to participate in this discussion? *Record response Yes / No*
Is there anyone who would like to leave now? *Record if someone leaves*

Thank you.

We hope that you will all feel free to discuss your opinions openly. There are no right or wrong answers - and we would like to hear your honest opinions about the issue. All of your responses will remain confidential.

Notes on background of participants and comments on discussion

To be completed after interview

Focus group discussion guide

1. Warm up
Tell me something about yourself, your family, your work, the things you like to do.
What worries you these days?
What are the biggest problems facing women today?

2. Story completion
Story 1
'Serah is 36 years old and lives with her partner (David) who is 50 years old. Serah has three children by her first marriage (their father died), however these children live with Serah's parents as David will not support them. Sarah and David have a 3-year-old daughter. David works full-time as a mechanic and makes good money but refuses to give Sarah any of it and each week he wastes most of his money getting drunk on Solbrew. Serah works as a cleaner six days a week to pay for their rent and food and for her children's school fees. Serah often goes without food when the money is short and will walk for over an hour to get to work to save money on bus fares. David regularly tells Serah that she is lazy and ugly and that she is not fit to be a mother. He shouts and yells at her a lot when he is drunk and will often lock her out of the house at night so she ends up having to sleep on the doorstep. Serah suffers frequently from bad headaches and has lost a lot of weight recently. She feels sad all the time and wants to leave David but knows that he will not let her take their daughter with her.'

- Do you think problems like this are common in your community?
- What might be the causes of the problems Serah is facing?
- In what ways do these problems affect Serah?
- Will it affect her children? In what ways?
- Is the way David treating Serah acceptable in your community? Why?
- If you were a close friend of Serah, what would you advise her to do? Why?
- What might happen to Serah if she took these actions?

Story 2
'Margaret is 25 years old and lives with her husband Michael and their five children. Bride price was paid and Margaret believes very much in the sanctity of marriage. Her husband gets drunk a couple of times a week and every time he is drunk he becomes violent towards Margaret and the children. One time he dragged her across the floor by her hair and kicked her in the stomach and ribs when she is lying on the ground. He frequently demands sex when he is drunk and forces her to have sex.

Margaret is very sad and finds that she cries a lot. She has a lot of health problems and has started thinking of ways to end her life. The children are often present when Margaret is beaten up by Michael and at times the eldest child has also been injured when she has tried to intervene. Margaret has tried to seek help from both her own family and from Michael's family but they have told her that she belongs to Michael and she must put up with it.'

- Do you think problems like this are common in your community?
- What might be the causes of the problems Margaret is facing? Do you think bride price has any impact on this situation?
- In what ways do these problems affect Mary?
- Will it affect her children? In what ways?
- Is the way John treating Margaret acceptable in your community?
- If you were Margaret neighbour and you knew what was happening, what would you do? What if you were her sister or aunt? At what point would you feel that you should intervene?

Story 3

'Helen is 21 years old. She lives with her grandmother and aunty and she has a 7-year-old son. Helen's father died when she was 3 years old and her mother remarried. From the time that Helen's stepfather moved into their house, he started doing things to Helen that she did not like. She remembers that at first he used to just watch her as she was taking a bath in the stream. However he soon began touching her on her private parts and when she was 9 years old he raped her for the first time. He continued to rape her until she became pregnant when she was 14 years old. Helen tried to tell her mother what her stepfather was doing but Helen's mother had called her liar and told her that she was a 'trouble-maker'. It was only when Helen became pregnant and she told her grandmother what was happening, that the sexual abuse finally stopped. Helen never reported the abuse to the police as she was ashamed, but her grandmother did demand compensation from the stepfather's family. Helen has had a couple of boyfriends since her son was born, however these relationships have been abusive and Helen now finds it very difficult to trust men.'

- Do you think problems like this are common in your community?
- Why do you think this happens in your community?
- Is what Helen's stepfather did to her acceptable in your community? Why?
- Why do you think Helen's mother didn't believe her? Is this common?

Story 4

'Rose is 35 years old. She has four children and lives with her husband John.
During the years of the ethnic tensions they had to rely on what they could grow in their garden to feed their family. The garden was about a 45-minute walk from where they lived and was in an area that was quite isolated. Rose would always make sure she went to the garden with other women but one day in 2001, Rose left to walk to the garden later than everyone else as one of her children was sick. About 20 minutes into the walk, Rose was confronted by two men armed with bush knives. They grabbed her and threw her on the ground and raped her repeatedly over the next hour. Rose eventually made it to the garden that day, however she never told anyone what had happened to her, including her husband. It is now 7 years since she was raped, but Rose thinks about it nearly every day and often cries when she is on her own when she remembers what these two men did to her.'

- Do you think problems like this are common in your community? Was it worse during the ethnic tension?
- Why do you think this happens in your community?
- In what ways has this experience affected Rose?
- Why do you think that Rose didn't tell anyone about the experience? Do you think she should have told someone? Do you think she should have told her husband?

Conclusion

Thank you everyone for coming and making some very useful contributions. We really appreciate the time you have given today. We will use the information you have shared to help address violence against women and children in the community.

ANNEX 5: WEIGHT CALCULATIONS

Weights calculations – persons

The derivation of the person weights took into consideration two key elements:

- The probability of selection of the females who participated in the survey
- The best estimate of females in scope for the survey for each island

For (a), the probability of selection was based on the various stages of selection, which included:

- The probability of the PSU being selected
- Probability of the household being selected

For (b), a best guess estimate of the number of females in scope of the survey was derived using information from the survey only. These estimates where then compared to estimates using population projections derived from counts from the previous two censuses. Given that there were significant differences between the two counts, it was decided to use the population projection figures to adjust weights to more appropriately reflect the total number of females in scope of the survey for the Solomon Islands. The justification for this is because it was considered that the estimate of total number of females in scope coming from the survey would be more likely to contain errors because households tend not to account for all members of a household as rigorously in a sample survey, as opposed to a census.

Stratum weights

The weights for each stratum were derived by initially computing the probability of selection of all females selected in the survey as follows:

Pr(select female) = Pr(PSU selected) * Pr(H'hold selected) * Pr(Female selected)

The initial weight for each female was then derived as:

Wt(female) = 1 / Pr(select female)

The sum of these weights then provided a best guess estimate of the number of females in scope of the survey, based on the survey alone. This figure was slightly modified to account for households which either i) refused, ii) were not at home, or iii) had language problems.

For the provinces of Malaita and Temotu, where minor scope reductions occurred due to the difficulty in covering these areas, an adjustment was made to the weights to cover the excluded areas.

Given that the projected number of females for each province was considered a more appropriate estimate of the true value of females in scope of the survey, the final weights were then adjusted to account for this.

Weights calculations – households

It is anticipated that the weights for households will only be used in the production of tables which produces estimates of the 'household size', 'sex of household head' and 'socio-economic status' by region and whether or not the interview was completed.

Stratum weights

The household weights for each stratum were derived by initially computing the probability of selecting a household from each of the stratum, via the two stages, and taking the inverse. An adjustment was then made to account for households that either, i) refused, ii) were not at home, or iii) had language problems. Finally an adjustment was then made for the provinces of Malaita and Temotu to account for the fact that not all areas were within the scope of the survey.