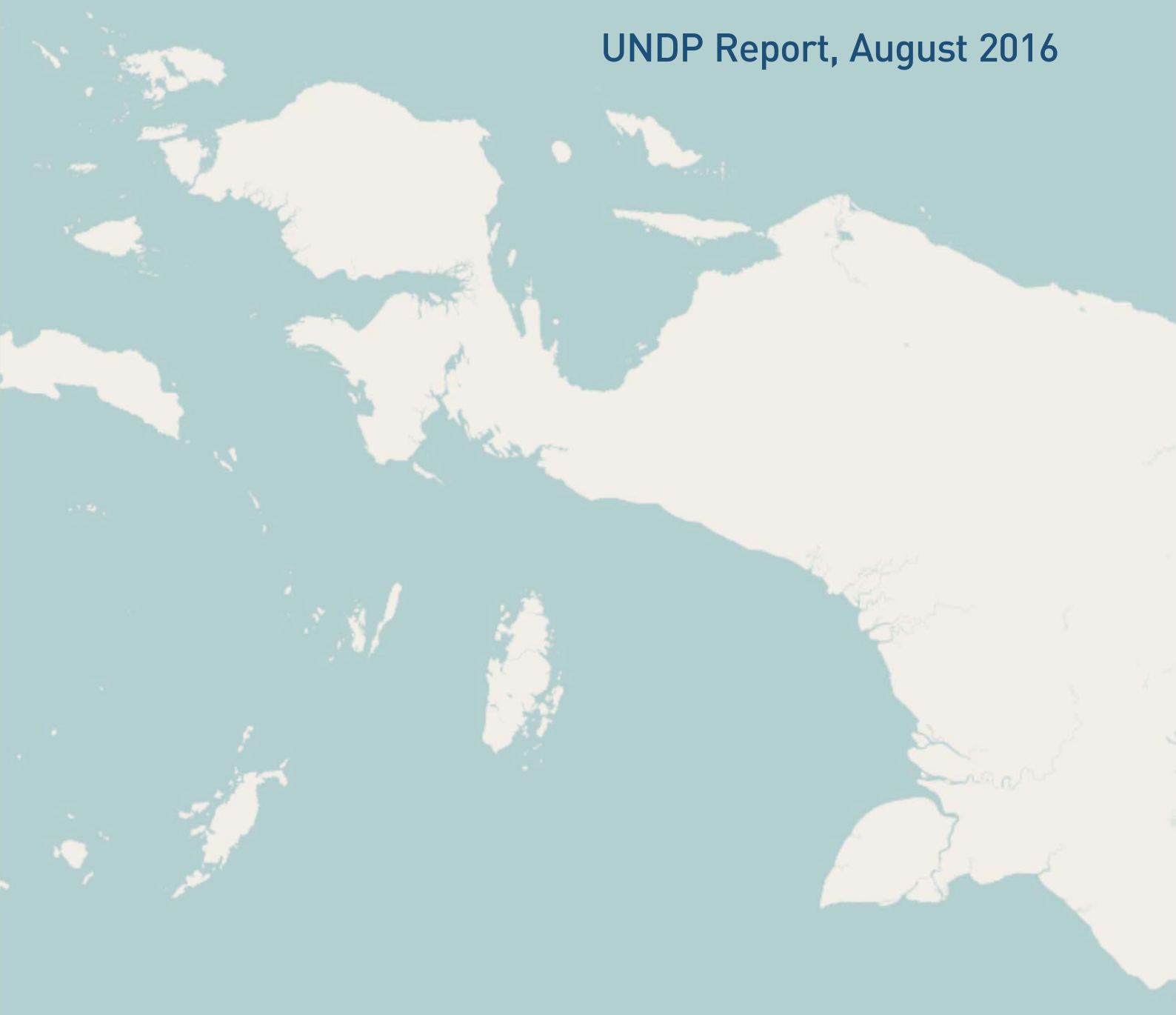


STUDY ON WOMEN'S AND MEN'S HEALTH AND LIFE EXPERIENCES IN PAPUA, INDONESIA

UNDP Report, August 2016



Study on women's and men's health and life experiences in Papua, Indonesia

August 2016

Foreword

This “Study on Women’s and Men’s Health and Life Experiences in Papua, Indonesia” undertaken by UNDP and USAID seeks to provide insight into the health and life experiences of women and men in Papua and West Papua provinces. It focuses on the four districts of Jayapura, Jayawijaya, Manokwari and Sorong Districts. It describes gender relations in those districts and seeks to understand the perspectives of those involved in incidents of gender-based violence, including the survivor, perpetrator and bystander. This study presents evidence on the scale of incidence of GBV in Papua and West Papua provinces as well as its impact in the lives of women, men and families. The Institutional Capacity Assessment outlines the kinds of support services that are available in the four districts and concludes that further capacity building is needed to improve the quality of those services.

It is hoped that the findings and recommendations of the report are a useful resource for policy making and programming as part of efforts to eliminate GBV, and contributing to SDG 5 on Gender Equality.

Yours Sincerely,

Christophe Bahuet
Country Director

Acknowledgements

The “Study on Women’s and Men’s Health and Life Experiences in Papua, Indonesia” report is a collective effort and prepared based on three assessments: quantitative, qualitative and institutional capacity assessment. Therefore, UNDP would like to acknowledge the vast stakeholders who have set aside time and expertise in contributing to the making of this study, especially the 960 women and 971 men who have participated in the survey.

First, UNDP would like to convey our highest regards to the Statistic Indonesia (*BPS*) team for their contribution and hard work in ensuring data collection are done timely and with quality. Our highest appreciation to Suhariyanto - Chief Statistician, M. Sairi Hasbullah - Deputy for Social Statistic, Thoman Pardosi - Director for Social Resilience Statistic, Head of Provincial Statistic Office at Papua and West Papua, Head of Regency Statistic Office at Manokwari, Sorong, Jayapura and Jayawijaya for their leadership and hard work in leading the quantitative component of the Study. Special appreciation to the team at sub directorate of social vulnerability statistic, GBV survey trainer team and field enumerator team.

Second, Rifka Annisa Research and Training Center Unit that has led the qualitative component of the Study. UNDP would like to express our gratitude and give recognition to Saeroni for devoting his time to technically prepare the two questionnaires’ adaptation into BPS questionnaire model in Bahasa Indonesia, and Rifka Annisa team (Dr. Elli Nur Hayati, Saeroni, Suharti, Aditya, Wariyatun, Nia Agustin and Bertha) for conducting the qualitative research in the four Districts. UNDP and Rifka Annisa would also like give appreciation to all related stakeholders and communities on sites for their involvement and contribution to this important study.

Third, Livia Iskandar has led the institutional capacity assessment component. Her energy and dedication to the study has triggered the awareness among GBV service providers and encouraged them to better provide quality services. UNDP applaud her exceptional contribution to the Study. UNDP and Livia would also like to extend our appreciation to the contributors from Women Empowerment Office representatives in Papua and West Papua Province, and the four districts: Jayapura, Jayawijaya, Manokwari and Sorong; the P2TP2A staff, the UPPA staff at Provincial and District Police Office, the public and private hospital staff, the primary health centers staff, the local NGOs: LP3AP, LBH APIK, P3W GKI, Lotus Heart of Papua Foundation, Humi Inane, PBHKP, LP3BH, local community and religious leaders, the survivors and many others that have participated in the capacity assessment.

Fourth, this study would not be complete without the hard work of Emma Fulu, who has compiled and analysed the three component of the report into one final report. Her valuable analysis and recommendations are remarkable.

Finally, UNDP are deeply grateful to all those individuals who reviewed the Study manuscript at different stages of preparation and in many cases provided extensive comments, useful critiques, critical questions and enthusiastic encouragement that greatly shaped up the final report. We are particularly grateful to the following individuals: David Hoffman, Director of USAID/Indonesia Office of Democracy, Rights and Governance (DRG), Dondy Sentya, USAID DRG Sr. Rule of Law Advisor.

We also gratefully acknowledge the services of the following individuals within our country office and their support in the commencement of the Study: Francine Pickup, Nurina Widagdo, Siprianus Bate Soro, Lany Harijanti, Henny Sondang Pasaribu, Evi Rosantini, Usman Situmorang, Sherly Toding, Dewi Elsy Fitriana.

The “Study on Women’s and Men’s Health and Life Experiences in Papua, Indonesia” is a joint effort between UNDP and USAID with the aim to understand better the gender dynamics of people life in Papua and West Papua, especially in the four study sites, so that it can be used to re-shape and re-focus development programme in Papua and West Papua.

Christophe Bahuet

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Acronyms

BPS – National Statistical Office, Indonesia

CB – Census block

CEDAW – Convention on the Elimination of All Forms of Discrimination Against Women

CRM – Coordinated Response Mechanism

FGD – Focus Group Discussion

GBV – Gender Based Violence

HIV – Human Immunodeficiency Virus

IDHS – Indonesian Demographic and Health Survey

IPV – Intimate Partner Violence SDG – Sustainable Development Goals

PPS – Probability proportional to size

The Study – Study on Women’s and Men’s Health and Life Experiences

UNDP – United Nations Development Programme

UN MCS – United Nations Multi-Country Study

UNICEF – United Nations Children’s Emergency Fund

UNSC – Statistical Committee of the United Nations

US – United States

USAID – United States Agency for International Development

WHO – World Health Organization

WHO MCS – World Health Organization Multi-Country Study

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Executive summary

The *Baseline study on women's and men's health and life experiences in Papua, Indonesia* is a baseline survey that measures the prevalence of both women's experiences and men's perpetration of violence against women and their health consequences in Papua. Previous studies have indicated the widespread nature of violence against women in Papua, and this study expands upon that earlier research (Fulu, Warner et al. 2013). The results of this Study will provide an important evidence base from which the Government of Indonesia, local non-governmental organizations, and other agencies working on violence against women in their country, will be able to develop and implement more appropriate and effective policies and programs to prevent violence.

The United States has put gender equality and the advancement of women and girls at the forefront of U.S. foreign policy. Responding to the USAID/Indonesia's scope of work for carrying out a more detailed survey to assess attitudes, practices and experiences about VAW and government services available to address VAW in Eastern Indonesia, UNDP conducted this research with the National Statistical Office (BPS Indonesia). The key objective of the Study is to provide baseline data about:

- women's experiences of different forms of violence;
- men's perpetration of violence against women;
- gender attitudes; and
- public services in selected areas of Papua and West Papua provinces.

Study methodology

The Study consisted of a qualitative and quantitative component. The quantitative component consisted of a population-based household survey that was conducted around Papua and West Papua provinces, comprising Manokwari district, Sorong district, Jayawijaya district, and Jayapura district. The total sample size of the Study was 960 women aged 14-64 years, and 971 men aged 14-64 years. The WHO methodology and the P4P survey methodology were used as the basis for baseline methodology for female and male respondents respectively. The survey used female interviewers and supervisors for the female sample, and male interviewers and supervisors for the male sample. Both interviewers and supervisors underwent thorough training. Strict ethical and safety guidelines, as developed by WHO, were adhered to.

Violence against women by intimate partners

Physical and/or sexual IPV

The Papua Study shows a high prevalence of violence against women by intimate partners in all sub-districts within the Study. 38 percent of ever-partnered women, aged 14-64, reported having ever experienced at least one form of physical and/or sexual violence by a male intimate partner in their lifetime, and 18 percent had experienced one of these forms of violence in the 12 months before the interview. One in three ever-partnered women (33 per cent) reported experiencing some form of physical intimate partner violence in their lifetime, while one in five ever-partnered women (20 per cent) had ever experienced sexual intimate partner violence.

In general, women were much more likely to experience severe forms of violence (about four in five women who had ever experienced physical violence) rather than just moderate forms (less than one fifth of women who had ever experienced physical violence) in their lifetime. Women were also more likely to experience violence many times.

The relatively high rates of intimate partner violence found in Papua likely relate to a number of factors at all levels of society. Some significant contributors may include:

- The acceptability of violence against women: more than half of women in Papua believe that a husband/partner is justified in hitting his wife under some circumstances (for example, infidelity and disobedience);
- The normalisation of controlling behaviours within intimate relationships: more than three quarters of women reported at least one form of controlling behaviour by a partner, and 87 percent of men agreed with one or more of the given statements about control in an intimate relationship;
- Almost all men in the Study agreed with expressions of a dominant masculinity predicated on harmful notions of male power, that to be a man you need to be tough (98 percent) and that men need more sex than women do (57 percent);
- Physical punishment is often deemed appropriate as a form of discipline against women who have transgressed prescribed gender roles;
- The lack of formal support services available, which also makes it difficult for women to seek help;
- The fact that traditional methods of mediation and negotiation are used to settle cases of violence against women by community or tribal leaders, as opposed to the police or the courts.

Emotional abuse and controlling behaviour

Emotional abuse by intimate partners was also explored in this Study and found to be relatively prevalent. Around one third of ever-partnered women (31 percent) had experienced at least one act of emotional violence in their lifetime, and 16 percent in the 12 months prior to the interview. Emotional abuse is a key feature of partner violence and is often cited by women as the most hurtful, leaving long-term psychological scars. There are difficulties however around measuring emotional violence, and so the focus of this study is on physical and sexual violence.

The Study revealed that almost three quarters of women reported at least one form of controlling behaviour within an intimate relationship. The most common forms of controlling behaviour were insisting on knowing her whereabouts at all times (52 percent) and expecting her to ask permission before seeking health care for herself (51 percent). These findings indicate that women in Papua often experience non-violent forms of abuse and control within intimate relationships, and that such abuse is a normalised part of intimate relationships.

Men's perpetration of violence against intimate partners

Physical and/or sexual IPV

The rates of perpetration were generally high amongst most sub-districts of the Study. Overall, 38 percent of ever-partnered men aged 14-64 had perpetrated at least one form of physical and/or sexual violence against a female partner in their lifetime, and 26 percent reported having done so in the last 12 months. Physical violence was perpetrated by 22 percent of ever-partnered men, while 25 percent reported having perpetrated sexual violence. The Study found that men's higher reported lifetime perpetration rates were among men aged 20-29 years, followed by 30-39 years. This same pattern is true for men's current perpetration rates.

Emotional and economic abuse

The perpetration of both emotional and economic abuse were explored and found to be relatively prevalent. Among ever-partnered men aged 14-64, 35 percent reported having ever perpetrated emotional abuse in their lifetime, and 21 percent in the past 12 months. Lifetime economic abuse was reported by 26 percent of ever-partnered men, with 16 percent reporting this abuse in the past 12 months.

Relationship control scale

The men's questionnaire also included questions on men's beliefs and behaviors around control within intimate relationships. These questions were asked of ever-partnered men who reported having ever been married or ever having lived with a woman, but not of those who had only ever had a girlfriend. Among all men who had ever been married or lived with a woman, the vast majority (87 percent) said that they agree or strongly agree with at least one of the given statements about control within intimate relationships, and 59 percent agreed with three or more of the statements. Men most commonly agreed with the statement that "When I want sex I expect my partner to agree" (80 percent), which illustrates men's sense of sexual entitlement within intimate relationships. Similarly, men who reported having ever perpetrated at least one act of physical and/or sexual intimate partner violence in their lifetime were consistently more likely to agree with the statements on relationship control. Almost all men who had perpetrated intimate partner violence (97 percent) agreed with at least one of the statements, compared with 81 percent of men who had never perpetrated such violence.

Non-partner physical and sexual violence

Lifetime and current prevalence of non-partner physical and violence after age 15

In addition to partner violence, the Study also collected data on physical and sexual abuse against women by perpetrators, other than an intimate partner. Among women aged 14-64, more than one third (38 percent) reported that they had experienced non-partner physical violence in their lifetime, and 13 percent had experienced it in the past 12 months.

Women were also asked whether, since age 15, they had ever been forced to have sex when they did not want to, by anyone other than an intimate partner (this is classified as non-partner rape). Among

all women, 6 percent reported having ever been forced to have sex since age 15 by someone other than an intimate partner, and 1 percent in the 12 months before the interview.

Men's perpetration of partner and non-partner sexual violence

Lifetime and current perpetration of partner and non-partner rape

Male respondents were asked whether, in their whole life, they had ever forced a woman who was not an intimate partner to have sex when they did not want to, when they were too drunk or drugged to say no, or whether they had ever perpetrated gang rape. Five percent of men reported ever perpetrating non-partner rape, and one percent of men reported perpetrating gang rape. Overall, 15 percent of men reported ever having perpetrated partner and/or non-partner rape.

Among those men who had ever perpetrated rape, a number of additional factors were explored:

- the majority reported that they had only done so once; however almost one third of men who had perpetrated any non-partner rape had forced a woman or girl who was not a partner to have sex on more than one occasion;
- amongst men who had ever raped a woman, 46 percent had perpetrated rape against two or more different women in their lifetime;
- more than half (65 percent) of the men who had ever perpetrated rape said that they were between 15 and 19 years old the first time they did so;
- the predominant motivation given for any rape of a women or girl was sexual entitlement (66 percent), followed by boredom or entertainment seeking (47 percent);
- after the most recent incident of rape, the majority felt worried or guilty (75 percent), more than two thirds (67 percent) did not experience any legal consequences for their actions, and less than one in five experienced any punishment from family, friends or others supporting their victim.

Childhood trauma

The results from the Study indicate that childhood violence is both widespread and normalized in Papua. Nearly two in five women reported experiencing any physical abuse during childhood. More than half of male respondents reported having experienced neglect; and 41 percent had experienced at least one form of physical and/or sexual violence during childhood. In addition, one in three men (30 percent) and women (29 percent) reported that they had ever witnessed the abuse of their mother during their childhood.

There are significant associations between women experiencing intimate partner violence and their children having emotional and behavioral problems. The Study found that two-thirds of ever-partnered women with children who had experienced physical IPV, had had their children present on at least one occasion of physical violence, while 39 percent of women reported that their children had witnessed acts of violence several or many times.

Early sexual abuse is a highly sensitive issue that is difficult to explore in a survey. The Study used a two-stage process, allowing women to report both directly and anonymously, whether anyone had ever touched them sexually or made them do something sexual that they did not want to do before the age of 15. In Papua, as in almost all other WHO study sites, anonymous reporting resulted in substantially more reports of sexual abuse.

Childhood sexual abuse was found to be relatively common; around 14 percent of women reported that they had experienced any child abuse.

More than 14 percent of women who reported that they had ever had sexual intercourse reported that their first sexual experience was forced or coerced, and the younger the girl at first sexual encounter, the more likely sex was forced.

Impact of intimate partner violence on women's physical and reproductive health, and on children's well-being

Injuries as a result of intimate partner violence

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 findings that draw strong links between partner violence and symptoms of physical and mental ill-health.

The report found that many women who had experienced physical or sexual partner violence considered that the violence had affected their health and ability to function normally. Of women in Papua who reported ever having experienced physical or sexual partner violence, more than half (57 percent), reported being injured at least once in their lifetime, 52 percent had been injured several times, and 18 percent reported fainting as a result of their injuries. Women also reported a variety of injuries, such as scratches, bruises and abrasions, and more serious injuries including sprains, dislocations, or internal injuries.

Among women who reported that they had been injured by their partner, almost one quarter (25 percent) reported that they had been injured badly enough to need health care. Of those women who ever needed health care, two thirds (64 percent) had received health care. Importantly, the Study also revealed that of the women who received health care for violence-related injuries, more than half (56 percent) told the health worker the real cause of their injuries.

Physical health

Women who reported violence by an intimate partner were significantly more likely to report that their general health was fair, poor, or very poor than women who had not experienced partner violence. Ever-abused women were also more likely to have had any problems with asthma. An association between ill-health and lifetime experiences 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.

Violence during pregnancy and reproductive health

Among ever-partnered women who reported that they had ever been pregnant, 7 percent reported experiencing physical violence during at least one pregnancy. More than two-fifths (44 percent) of those women were punched or kicked in the abdomen whilst pregnant, and nearly all (93 percent) of those women were beaten by the same person before pregnancy.

Among women who had ever had sex, only half (54 percent) said that they had ever used a method of contraception. Women who had experienced physical and/or sexual intimate partner violence were significantly less likely to report having ever used a form of contraception (45 percent compared with 62 percent of women who have never experienced intimate partner violence).

Children's well-being

For women with one or more child aged 6-12 years living at home with them at the time of the survey, a number of questions were asked that explored potential emotional or behavioral issues that their child or children may have faced. These behavioral issues included having nightmares, sucking their thumb or finger, bedwetting, shyness, and aggressiveness towards others. These questions were asked regardless of whether the woman had experienced violence or not. While it is not possible through the cross-sectional survey design to draw a direct correlation between a woman's experience of intimate partner violence and the impact on her children, some associations can be inferred. Overall, the Study found that children of women who had experienced any physical and/or sexual intimate partner violence were more significantly likely to report emotional or behavioral problems, compared with women who did not report experiencing such violence (31 percent compared with 13 percent).

Women's coping strategies and responses to intimate partner violence

Who women talk to

For many women, the interviewer was the first person they had spoken to about their partner's abuse. Of women who had experienced physical and/or sexual partner violence, nearly half (49 percent) reported that they had never told anyone about their partner's behaviour. Among those women who had told someone about their experiences, they most commonly told their own parents or siblings, their partner's family, or their own friend or neighbours. Relatively few women had told staff of formal services or individuals in positions of authority about the violence.

Agencies that women approached for support

The vast majority of women who experienced intimate partner violence had never sought help from formal agencies or authorities. While women most commonly sought assistance from the police, this was reported by only 7 percent of women who had experienced such violence. Moreover, no women in the Study reported ever seeking assistance from any social services or shelters. The majority of women reported that they did not seek help because they were worried it would bring a bad name to the family, or due to a fear of threats or other consequences. On the other hand, the most common reasons for seeking help were related to the severity of violence: 'could not endure more', and 'encouraged by friends and family'.

Women who leave

Women who experienced physical or sexual intimate partner violence were asked if they had ever left home because of the violence, even if only overnight. Of women who experienced intimate partner violence, 70 percent had never left home because of the violence. Among those women who had left at least once, the majority said that they went to their own relatives (78 percent), or other family

members. Importantly, none of the women who had left said that they went to a shelter or to a church, temple or mosque.

Women who flight back

Women who had experienced physical intimate partner violence were asked whether they had ever fought back physically against their partner in retaliation or self-defence. Two in five women (39 percent) who had experienced physical intimate partner violence said that they had fought back against the violence. In terms of frequency of fighting back, 19 percent of women responded that they had fought back once, 18 percent fought back several times (2-5 times), and 1 percent fought back many times or most of the time. Among women who did fight back, more than half (56 percent) said that the violence got worse, indicating that this is not a positive coping strategy for women to adopt when faced with their partner's violent behavior.

Recommendations

The *Study on women's and men's health and life experiences in Papua, Indonesia* is a baseline survey that measures the prevalence of both women's experiences and men's perpetration of violence against women and their health consequences in Papua. The results of this Study will provide an important evidence base from which the Government of Indonesia, local non-governmental organizations, and other agencies working on violence against women in their country, will be able to develop and implement more appropriate and effective policies and programs to prevent violence.

Promote gender equality and women's empowerment

- Ensure national laws, policies, and institutions in all sectors promote equality for women and men and eliminate all forms of discrimination against women.
- Strengthen the Customary Marital Law to protect women in polygamous marriages/unions who experience intimate partner violence
- Develop skills and income generation programmes that enhance women's economic empowerment to women's access to and control over financial resources, including increasing financial decision-making power and economic independence. Evidence suggests that economic empowerment programmes when combined with gender transformative training can be effective in reducing rates of violence.
- Integrate women's empowerment programming into different sectors, including microfinance, agriculture, water and sanitation, and other development programming for women.

Challenge social norms related to the acceptability of violence against women

- Implement long-term and comprehensive community mobilization interventions that work with women and men, girls and boys, to change the social norms that perpetuate gender inequality, violence against women and girls, with priority given to interventions that foster collaboration between programmes.
- Implement facilitated community conversation approaches that make violence against women prevention a community-owned and led issue.

- Work intensively with cultural influencers, including local leaders (with whom most women seek help), religious leaders and those revered in the media or popular culture to educate them on violence against women and how to effectively respond to cases.

Promote healthy and consensual relationships and address male sexual entitlement

- Address male sexual entitlement, including working specifically with young boys, below age 15, to address the early age of perpetration of sexual violence. These sexual education initiatives should focus on respectful relationships, grounded in consent
- Participatory, community-driven projects that engage multiple stakeholders and support a process of critical thinking about violence and models of manhood and its consequences.
- These initiatives must be conducted in conjunction with a strengthening of the justice sector response to sexual violence

Promote non-violent ways of being a man that are oriented towards equality and respect

- Programs that include support for men’s mental health, including skills building for non-violence conflict resolution.
- Implement sustained school-based and out-of-school interventions with boys and girls to promote respectful relationships, and social norms that value, respect and empower all women and girls.
- Use peer group approaches to work with teenage boys to promote a more positive understanding of consent and condemn rape beliefs and practices.
- Work with male role models and local leaders in a long-term and comprehensive ways to promote positive ways ‘to be a man’.

Strengthen the role of the health sector in responding to and preventing violence against women

- Increase gender sensitization among health-care providers, policy makers and other stakeholders and raise awareness of the significant health burden of violence against women and the important role of the health sector in addressing violence against women (the results of this report can be a key advocacy tool in this regards).
- Mainstream gender responsive services in the health sector. Specifically, integrate violence against women response and prevention into the mandate of the health sector including initiatives related to reproductive health, maternal health, child health, mental health, and substance abuse prevention.
- Integrate continuing supervision, training and mentoring on violence against women into health sector curricula.
- Develop and implement clinical guidelines and protocols for responding to intimate partner violence and sexual violence against women in health settings, including free access to services and referral. Protocols should be based on the WHO clinical and policy guidelines.
- Increase training to provide qualified counsellors in crisis centers or medical clinics.

Enforce the domestic violence law and strengthen the capacity of the justice sector

- Integrate gender sensitization and comprehensive training on violence against women, including marital rape, into police, law enforcement and other legal authorities training curricula.
- Invest in community programming which focuses on educating men and women about laws and legislation regarding violence against women, violence prevention, and individual risk factors.
- Establish a comprehensive monitoring system to ensure the effective administration of justice.
- Involve customary tribal leaders to review gender-sensitive laws as well as train them to deal with gender based violence cases utilizing a human rights perspective

Address child abuse and promote healthy families and violence free environments for children

- Implement positive parenting programmes that provide skills, tools, resources and support to foster healthy, non-violent and safe homes and non-violent discipline.
- Implement comprehensive communications campaigns to address the social tolerance of violence against children.
- Implement programmes to improve conflict resolution, problem solving skills, relationship building, and promote healthy communication skills within relationships.
- Promote child participation in family decision making and raise children's awareness and knowledge on child rights, and child protection services.

Coordinate

- Promote a coordinated gendered response mechanism at the national and sub-national levels between ministries, institutions, service providers, private sector and other key stakeholders for a prevention and response strategy, and for the development of knowledge and skills.
- Ensure adequate resources are available to support the implementation of national action plans in all relevant sectors, and for the engagement of community based support networks and women's movement and women's organizations.
- Support mechanisms to promote collaboration and coordination between all sectors to nurture coherence and efficient use of resources, so as to improve services for survivors of violence. For example, establish a multi-sectoral Coordinated Response Mechanism (CRM) at the sub-national level in cooperation with provincial and district institutions.

Conduct further research, monitoring and evaluation

- Continue to monitor the prevalence of violence against women through the DHS and other population-based surveys.
- Use a comprehensive system of data collection and monitoring to regularly collect data from relevant stakeholders to monitor and evaluate programs aimed at prevention.
- Document the cost and cost-effectiveness of violence programming to inform resource planning and priority setting.
- Carefully monitoring women's use of services to promote greater access and improve response systems.

Chapter 1 : Introduction

Violence against women, in its many forms and manifestations, and across all settings, is a violation of human rights and fundamental freedoms. Violence against women occurs regardless of age, class, race, and ethnicity, and impacts women across the world. According to most recent global estimates, 30 percent of women aged 15 years or older have experienced physical and/or sexual intimate partner violence during their lifetime (Devries, Mak et al. 2013, Garcia-Moreno, Palitto et al. 2013). It is the leading cause of homicide death in women globally (Stockl, Devries et al. 2013) and has many other major health consequences (Garcia-Moreno, Palitto et al. 2013). The economic and social costs associated with violence against women are significant (Garcia-Moreno, 2015), and global evidence shows that violence against women consistently undermines development efforts at various levels, driving the depreciation of physical, human and social capital (Garcia-Moreno, Jansen et al. 2005).

As violence against women becomes increasingly recognized as both a public health issue and a human rights violation, countries throughout the world are taking action through political and social reforms. The recently adopted Sustainable Development Goals (SDG) include a specific target on the elimination of all forms of violence against women and girls, on which member states will have to report. In addition, in 2011, the Statistical Committee of the United Nations (UNSC) adopted a core set of statistical indicators on violence against women (Department of Economic and Social Affairs 2014). These indicators can only be measured using data collected through surveys. Since UN Member States will be asked to report on these indicators in the near future, Papua is well placed to be able to report on these indicators.

Having quality data on the prevalence, health and other consequences of different forms of violence against women at the country and sub-national level can serve as an important tool in forging an action plan and monitoring progress on key indicators. Quality data can also contribute to information on the health status of women.

Objectives of research

The United States has put gender equality and the advancement of women and girls at the forefront of U.S. foreign policy. In accordance with the 2012 United States Strategy to Prevent and Respond to Gender-based Violence. Globally, USAID is addressing gender-based violence within its development and humanitarian assistance mandate.

Responding to the USAID/Indonesia's scope of work for carrying out a more detailed survey to assess attitudes, practices and experiences of violence against women, and government services available to address violence against women in 4 districts in Papua and West Papua Provinces, UNDP conducted this research with the National Statistical Office (BPS Indonesia) and Rifka Annisa Research and Training Center Unit.

The purpose of the Study is to generate data among women about their experiences of different forms of violence, and about men's perpetration of violence against women. The findings of the Study will be used to further inform programming and advocacy on response and prevention of violence against women and girls.

The key objective of the *Study on women’s and men’s health and life experiences in Papua and West Papua, Indonesia* (the Study) is to provide baseline data about violence against women, gender attitudes and related public services in selected areas of Papua and West Papua provinces.

Key terminology and definitions

Box 1.1 presents the key terminology used in this Study and report. The definition of different type of violence presented in Box 1.2 as a breakdown of the specific acts, which constitute each type of violence against women.

Box 1.1 Operational definitions of violence and abuse used in this Study

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|--|
| <p>Ever-partnered women</p> <p>The definition of ‘ever-partnered women’ is central to the Study because it defines the population that could potentially be at risk of intimate partner violence, and hence becomes the denominator for intimate partner violence prevalence figures. For the purposes of this Study, a broad definition of partnership was used, since any woman who had been in a relationship with a male intimate partner, whether or not they had been married, could have been exposed to violence. Women were considered to be ‘ever-partnered’ if they said they had ever been married to a man, ever lived with a man, or ever been in a dating relationship with a man. In general, the definition of ‘ever-partnered women’ includes women who were or had ever been married or in a common-law relationship. It also covers dating relationships.</p> <p>Prevalence</p> <p>The prevalence of violence against women refers to the proportion of ‘at-risk’ women in a population who have experienced violence. For some kinds of violence, such as sexual violence, all women may be considered ‘at risk’. For others, such as intimate partner violence, only women who have or have had an intimate partner could be considered at risk.</p> <p>Lifetime</p> <p>The prevalence rate shows us the proportion of women in the current population who ever experienced one or more acts of violence at any time in their life (and thus by definition they include women that are also measured in 12 month prevalence). This prevalence rate does not tell us how long the violence lasted, or how frequently it occurred, it just tells us if the violence ever happened, even if it was only once.</p> <p>Past 12 months (prior to interview)/Current</p> <p>The 12 month prevalence rate shows the proportion of women who experienced one or more acts of violence in the 12 months prior to the interview and thus close to the point of time of measurement. It includes violence that has just started, as well as violence that may have started prior to 12 months. It could have stopped within the past 12 months or still be ongoing at the time of measurement, as long as it took place within this 12 month period. As with lifetime prevalence, it does not tell us how long the violence lasted or how frequently it occurred. This prevalence rate is also labelled as ‘current prevalence’ in the charts and tables in this report.</p> <p>Intimate partner violence</p> <p>Behavior within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse, and controlling behaviors (Garcia-Moreno, Jansen et al. 2005). The definition covers violence by both current and former spouses and partners. This Study measured physical, sexual, emotional, and economic intimate partner violence.</p> |
|--|

Physical and/or sexual intimate partner violence

While the Study measured physical, sexual, emotional, and economic violence, the data presented on consequences and risk and protective factors focuses on women's experiences of physical and/or sexual intimate partner violence, which refers to women who have experienced at least one act of physical or sexual violence, or both, by a male intimate partner.

Non-partner rape

A key objective of the Study was to gather information on the prevalence of women's experiences of sexual violence by a man who was not their intimate partner and of men's perpetration of sexual violence against both women and men. For the purposes of this Study, sexual violence included acts of non-partner rape and gang rape. Women were also asked about the identity of the perpetrator of non-partner rape, where known.

Child sexual abuse

The Study explored the extent to which respondents had been sexually abused by others during childhood. For women this was before age 15 and for men before age 18. Female respondents were also asked how old they were at their first sexual experience, and whether it had been something they wanted to happen, something they had not wanted but that happened anyway, or something that they had been forced into. Other forms of childhood abuse are defined in Box 1.2.

How violence was measured in this study

The language surrounding violence against women can be highly sensitive. Variations in terminology can affect how stakeholders conceptualize the issues and lead to differing interpretations and conclusions. For this reason, definitions of terms that were used in this Study are described here and throughout the report to ensure consistent understanding of the findings, conclusions and recommendations that are presented.

The Study focused primarily on intimate partner violence because globally this has shown to be the most pervasive form of violence against women. Included in this were acts of physical, sexual and emotional violence by a current or former intimate partner (husband/partner), whether married or not. In addition, the Study also examined controlling behaviors, including acts to constrain a woman's mobility or her access to friends and relatives, and extreme jealousy.

The Study also looked at 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 summarized in Box 1.2.

A range of behavior specific questions related to each type of violence were asked. For the purpose of the analyses, the questions on physical violence were divided into those related to 'moderate' violence and those considered 'severe' violence, where the distinction between moderate and severe violence is based on the likelihood of physical injury (Box 1.3). For each act of physical, sexual or emotional violence that the respondent reported as having happened to her, she was asked whether it has happened ever or in the past 12 months, and with what frequency.

The Study also looked at men's perpetration of physical and sexual violence against partners and non-partners. A range of behavior specific questions related to each type of violence were asked. For each

act of physical and sexual violence that the respondent reported perpetrating against either a partner or non-partner, he was asked whether it has happened ever, at what age he was, and with what frequency.

Box 1.2 Operational definitions of violence and abuse used in this Study

| Women’s questionnaire | Men’s questionnaire |
|---|--|
| <p>Intimate partner violence The list below refers to either acts that a woman had experienced by a male intimate partner (husband/boyfriend), or that a man had perpetrated against a female intimate partner (wife/girlfriend).</p> | |
| <p>Physical partner violence</p> | |
| <p>Has a partner ever:</p> <ul style="list-style-type: none"> a) Slapped or something thrown at you that could hurt you b) Pushed you or shoved you or pulled your hair c) Hit you with his fist or something else that could hurt you d) Kicked you, dragged you or beaten you up e) Choked or burnt you on purpose f) Threatened with or actually used a gun, knife or other weapon against you g) Done anything else physical against you | <p>You have ever:</p> <ul style="list-style-type: none"> a) Slapped a partner or thrown something at her that could hurt her b) Pushed or shoved a partner c) Hit a partner with your fist or with something else that could hurt her d) Kicked, dragged, beaten, choked or burned a partner e) Threatened to use or actually used a gun, knife or other weapon against a partner |
| <p>Sexual partner violence</p> | |
| <p>Has a partner ever:</p> <ul style="list-style-type: none"> a) Forced you to have sexual intercourse when you did not want to; for example, by threatening you or holding you down b) (Did you ever) have sexual intercourse when you did not want to because you were afraid of what your partner might do if you refused c) Forced you to do anything else sexual that you did not want or that you found degrading or humiliating d) Forced you to have sexual intercourse with other men | <p>You have ever:</p> <ul style="list-style-type: none"> a) Forced a partner to have sexual intercourse when she did not want to (rape) b) Had sexual intercourse with a partner when she did not want to but believed she should agree because she was your wife/partner c) Forced a partner to watch pornography when she did not want to d) Forced a partner to do something else sexual when she did not want to |
| <p>Emotional partner violence</p> | |
| <p>Has a partner ever:</p> <ul style="list-style-type: none"> a) Insulted you or made you feel bad about yourself b) Belittled you or humiliated you in front of other people c) Done things to scare or intimidate you on purpose; for example, by the way he looked at you, by yelling and smashing things d) Verbally threatened to hurt you or someone you care about e) Done other things that cause you discomfort | <p>You have ever:</p> <ul style="list-style-type: none"> a) Insulted a partner or deliberately made her feel bad about herself b) Belittled or humiliated a partner in front of other people c) Done things to scare or intimidate a partner on purpose; for example, by the way you looked at her or by yelling and smashing things d) Threatened to hurt a partner e) Hurt people your partner cared about as a way of hurting her, or damaged things of importance to her |
| <p>Controlling behaviors</p> | <p>Economic partner violence</p> |
| <p>Has a partner ever:</p> <ul style="list-style-type: none"> a) Tried to keep you from seeing your friends b) Tried to restrict contact with your family of birth c) Insisted on knowing where you are at all times d) Not cared about you and been apathetic | <p>You have ever:</p> <ul style="list-style-type: none"> a) Prohibited a partner from getting a job, going to work, trading or earning money b) Taken a partner’s earnings against her will c) Thrown a partner out of the house |

| | |
|---|---|
| <ul style="list-style-type: none"> e) Been angry if you speak with another man f) Often been suspicious that you are unfaithful g) Expected you to ask his permission before seeking health care for yourself h) Obstructed you from praying | <ul style="list-style-type: none"> d) Kept money from your earnings for alcohol, tobacco or other things for yourself when you knew your partner was finding it hard to afford household expenses |
| <p>Non-partner violence The list below refers to either acts that a woman had experienced by a non-partner (someone who was not her husband/boyfriend), or that a man had perpetrated against a non-partner woman, girl, man or boy.</p> | |
| <p>Non-partner physical violence</p> | <p>Sexual victimization</p> |
| <p>Since age 15, someone other than a partner ever:</p> <ul style="list-style-type: none"> a) Slapped, hit, beat, kicked, or did anything else to hurt you b) Threw something at you, or pushed you c) Hit you with their hand or something else that could hurt you d) Kicked or dragged you, or beat you up e) Chocked or burnt you on purpose f) Threatened you with or used a weapon against you | <p>You were ever:</p> <ul style="list-style-type: none"> a) Forced or persuaded to have sex or do something sexual with a man when you did not want to |
| <p style="text-align: center;">Non-partner rape</p> | |
| <p>Since age 15, someone other than a partner ever:</p> <ul style="list-style-type: none"> a) Forced you into sexual intercourse when you did not want to, for example by threatening you, holding you down, or putting you in a situation where you could not say no | <p>You have ever:</p> <ul style="list-style-type: none"> a) Forced a woman who was not your wife/girlfriend at the time to have sex with you b) Had sex with a woman or girl who was not your wife/girlfriend at the time when she was too drunk or drugged to say whether she wanted to or not c) Done anything sexual with a man or boy when he did not consent or was forced d) Done anything sexual with a man or boy when you put your penis in his mouth or anus when he did not consent or was forced |
| <p style="text-align: center;">Non-partner gang rape</p> | |
| <p><i>Not asked of women.</i></p> | <p>You and other men have ever:</p> <ul style="list-style-type: none"> a) Had sex with a woman or girl at the same time when she did not consent to sex or you forced her b) Had sex with a woman or girl at the same time when she was too drunk or drugged to stop you c) Had sex with a man or boy when he did not want to |
| <p>Childhood sexual abuse These questions refer to acts that women and men report having had done to them during childhood (before age 15 for women and before age 18 for men).</p> | |
| <p>Before age 15:</p> <ul style="list-style-type: none"> a) Someone ever touched you sexually, or made you do something sexual that you did not want to | <p>Before age 18:</p> <ul style="list-style-type: none"> a) Someone touched your buttocks or genitals or made you touch them when you did not want to b) Had sex with someone because you were threatened or frightened or forced |

‘Moderate’ violence: respondent answers “yes” to one or more of the following questions regarding her intimate partner (and does not answer “yes” to c-e below):

- a) (Has he) slapped you or thrown something at you that could hurt you?
- b) (Has he) pushed or shoved you?

‘Severe’ violence: respondent answers “yes” to one or more of the following questions regarding her intimate partner:

- c) (Has he) hit you with his fist or with something else that could hurt you?
- d) (Has he) kicked you, dragged you or beaten you up?
- e) (Has he) choked or burnt you on purpose?
- f) (Has he) threatened to use or actually used a gun, knife or other weapon against you?

National context of Papua

Socio-cultural context

Tanah Papua is an Indonesian territory located in the east of the country, divided into two provinces: Papua and West Papua (Papua Barat). The region is rich in cultural, ethnic and linguistic diversity. There are approximately 315 distinct tribal groups, and at least 250 local languages. The majority of Papuans are Christian, predominantly Protestant and Catholic, but Muslims, Hindus and Buddhists also exist (UNICEF. 2014). Papua and West Papua provinces have a combined population of approximately 3.8 million, half of which are non-Melanesian Indonesian settlers and their offspring, who reside in the urban and coastal areas of the provinces. Comparatively, the Indigenous Melanesian population are largely located in the mountainous interior. Almost 45 percent of the population is aged 0-18, and 20 percent of the population is aged 15-20 (UNICEF. 2014).

Papua and West Papua provinces suffer from a number of developmental challenges. Despite having a regional GDP 50 percent higher than the national average, a consequence of it being rich in natural resources (specifically oil, gas and gold), Papua is one of the most underdeveloped territories in the region. It has the lowest population density and the highest fiscal resources in Indonesia. The poverty rate stands at approximately 31 percent and it has a human development index of 0.63. Across both provinces, poverty rates are much higher in rural areas compared with the national average, and in general considerably higher than in urban centers (World Bank. 2009, UNDP 2013).

The average annual per capita household expenditure from 2010 to 2012 shows that Indonesian settlers have higher expenditure growth than indigenous Papuans who experience the lowest expenditure growth (United Nations in Indonesia. 2010, Resosudarmo, Mollet et al. 2014). Fewer than 30 percent of Papuans have access to clean drinking water, and approximately 50 percent of Indigenous Papuans have either not completed elementary school or have only completed elementary school. Girls are disproportionately affected by lack of access to education, as they are often forced to drop out of school earlier than boys due to competing demands of early marriage, child rearing and domestic work. In fact, the median age of women at their first child birth in Papua and West Papua provinces is 22 years (Statistics Indonesia., National Population and Family Planning Board. et al. 2013).

The developmental challenges facing Papua are a combination of poor governance and lack of capacity to deliver basic services, and a socio-political and historical context that continues to undermine development in the region.

Women in Papua

The patriarchal domination of leadership and subordination of women is pervasive, and deeply rooted in traditional Papuan custom. Women face discrimination in division of roles, property and inheritance rights and they are inhibited from participating in decision-making processes in both the public and private spheres. According to custom, Papuan men control the household, tribal and community leadership bodies, and churches and faith groups. Women are expected to be submissive, to obey their husbands and refrain from argument. They are also expected to assume their traditional roles in the family, including caretaking and other domestic duties, as well as working in the fields, selling produce at the markets, and providing cigarettes and food for her husband and family.

Polygamy and adultery are commonplace and contribute to the incidence of both violence against women and HIV rates in Papua and West Papua provinces. 'Polygamy' is regarded as prestigious, as having many wives not only demonstrates privilege, but also increases political power and wealth (ICA Report 2016; Qualitative report). Women often have no say over men's decisions to take on another wife, and men regularly use the threat of polygamy against women who refuse sex or argue with their husbands (International Centre for Transitional Justice. 2012). Other practices such as dowry and early marriage still exist which further undermine women's status in the family and society. The existence of dowry especially reinforces the notion of ownership and serves as a barrier to women seeking to leave violent relationships. It is also not uncommon for victims of rape to be forced to marry their rapist as a result of negotiation between families and within the community (International Centre for Transitional Justice. 2012).

The subordination women in Papua experience is multi-levelled, and has meant that many are unable to access services and justice, particularly related to violence against women. In general, there is a less visible demand for gender-responsive governance, which is reflected in the tendency to view violence against women as a private family matter, as opposed to a criminal offence. So-called 'cultural' excuses are often invoked to justify violent behavior, and police are often hesitant to intervene on the basis that it is a private matter that should be addressed within the confines of the family unit. This has meant that women are less inclined to seek support, and so many women continue to experience violence in silence (Franciscans International., Faith Based Network on West Papua. et al. 2011, International Centre for Transitional Justice. 2012).

What is known about violence against women in Papua from other studies

Reliable baseline data on the incidence and prevalence of violence against women in Papua is limited. The most comprehensive data on violence against women and girls is from the 2013 United Nations Multi-Country Study (UNMCS) on Men and Violence in Asia and the Pacific (Fulu, Warner et al. 2013). This population-based survey of men in Jayapura province highlighted the extent of perpetration of physical and/or sexual violence against both intimate partners and non-partners in their lifetimes. The Study found that 60 percent of ever-partnered men reported ever having perpetrated physical and/or sexual violence against an intimate partner; and 11 percent in the 12 months prior to the interview. Nearly 44 percent of ever-partnered men reported having perpetrated partner rape in their lifetime. (Fulu et al 2014). The perpetration rates of IPV in Papua were generally much higher than those found in the other two Study sites in Indonesia. They were consistent however with rates found in sites measured in neighboring Papua New Guinea (Fulu, Warner et al. 2013).

Non-partner sexual violence was also measured in the UN MCS. The Study found that 23 percent of men reported having perpetrated non-partner rape ever, and 7 percent had perpetrated gang rape. Of those men who reported having perpetrated rape against a woman or girl (either a partner or non-partner), 61 percent reported perpetrating rape more than once, 62 percent reported perpetrating rape for the first time when they were younger than 20 years (Fulu, Warner et al. 2013). In addition, men who had reported ever raping a woman or girl were also asked about their motivations for rape. The Study found that in Papua, as with every other region surveyed, the most common reason was sexual entitlement (75 percent), followed by entertainment seeking (43 percent). This is an important finding as it highlights its foundations in gender inequality, not just in Papua, but in all other sites.

Finally, the UN MCS also asked men who reported any rape against a woman or girl about the consequences of their behavior. Almost 80 percent of men reported that they had felt guilty or worried, and 40 percent of men had experienced some form of punishment, threats or violence from family or friends or someone in the community who supported the victim. However, of all the men who reported having ever perpetrated rape, 78 percent had experienced no legal consequences; that is, they had not been arrested or jailed as a consequence of their actions (Fulu, Warner et al. 2013).

Men's gender norms, attitudes and practices were also measured in the Study to determine the extent to which men's attitudes and beliefs related to women's rights and gender equality reflected broader structural inequalities and men's use of violence. The Study found that: 97 percent of men either agreed or strongly agreed that a woman should obey her husband; 92 percent of men agreed that to be a man, you need to be tough; 67 percent agreed that if a woman does not physically fight back then it is not considered rape; and 74 percent of men believe that a man should have the final say in all family matters. In all, these figures demonstrated that men in Papua share very gender unequal attitudes (Fulu, Warner et al. 2013).

In 2011, UNICEF carried out a Multiple Indicator Cluster Survey (MICS) in six selected districts in Papua province. The Study was designed to measure the state of women and children according to the development indicators outlined in the Millennium Development Goals. A total of 6000 households were included in the sample, 1000 for each district. In the context of violence against women and girls, the survey included questions around child abuse and early marriage, and attitudes towards wife beating. The Study found that in all six districts, children aged 2 to 14 years experienced at least one form of psychological or physical violence by their mother/caretaker or other household members: the rate of violent discipline ranged from 86 percent to 92 percent (UNICEF. 2012). In addition, the Study found that early marriage among Papuan girls was relatively common. In one Papuan district, one in two women aged 15 to 19 years are either married or in a union. In four other districts, the percentage of women aged 15 to 19 years currently married ranged from 13 percent to 22 percent. The percentage of women who were first married before the age of 18 was higher in rural areas compared to urban, and on average had lower education levels and were from a poorer family. In contrast, early marriage was found to be very uncommon among men aged 20 to 49 years (UNICEF. 2012).

The Study also included a module on attitudes towards wife beating. A variety of different scenarios were given to assess whether men and women agree that under certain circumstances a husband/partner is justified in beating his wife/partner. Throughout the six districts, the percentage of women who justified wife beating ranged from 33 percent to 61 percent. The most commonly cited reasons justifying violence were neglect of the child, and arguing with her husband. Refusing sexual

intercourse was the least accepted reason to justify wife beating. Among the men, the rates of acceptance ranged from 23 percent to 68 percent across all six districts. In general, the correlations between acceptance of wife beating, and men who lived in rural areas, had lower education and lived in the poorest household, were much more pronounced (UNICEF. 2012).

The World Bank conducted a population-based survey in 2006 on risky behavior and HIV prevalence in Papua, and included some questions on sexual violence. The Integrated Bio-Behavioral Surveillance study included a sample of 6,500 men and women aged 15-49, in ten districts of Papua. The Study found that among those participants who had had sexual intercourse in the year previous to the interview, 9 percent had had sexual intercourse with some element of coercion. A total of 6 percent of males had raped any woman; among that group of men, 59 percent reported raping a partner, and 42 percent perpetrated rape against a non-partner. 12 percent of women in the study reported experiencing forced sex, or rape. Of those women, 84 percent had been raped by their partner, 15 percent by a non-partner, and 2 percent of women had experienced gang rape (Irmanigrum, Priyono et al. 2007).

The 2012 Indonesian Demographic and Health Survey (IDHS) included a module on attitudes towards wife beating. The IDHS found that overall, 25 percent of women in Papua province and 46 percent of women in West Papua, aged 15-49 agree that a husband is justified in beating his wife/partner under some circumstances. The most widely accepted reason for wife beating among women aged 15-49 years old, was neglect of the children (27 percent), followed by going out without telling her husband/partner (24 percent). Only 9 percent of women believed that refusal of sexual intercourse was a justification for violence, and 6 percent agreed that arguing with her husband was a justifiable reason for wife beating. Among men aged 15-54 in Papua and West Papua, 41 percent and 12 percent respectively agree with at least one reason justifying a husband/partner beating his wife/partner (Statistics Indonesia., National Population and Family Planning Board. et al. 2013).

Legal framework for domestic violence in Papua

Violence against women constitutes a violation of several fundamental human rights, including the right to health and to physical integrity. It also constitutes a form of gender discrimination, as recognized by CEDAW General Recommendation 19. Indonesia is signatory to CEDAW, the Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children. Indonesia has also voted to support the non-binding UN Declaration on the Rights of Indigenous Peoples. International human rights law requires States to use due diligence in the prevention, protection from and prosecution of human rights violations. The failure to do so constitutes additional human rights violations, including the right to access to justice and to an effective remedy. Failure to exercise due diligence in preventing, protecting and prosecuting incidents of violence against women is also a violation of the prohibition of discrimination based on gender.

At a national level, the Law on the Eradication of Domestic Violence 23/2004 (*KDRT Law*) defines rights for survivors of physical, psychological, and sexual violence and/or neglect perpetrated within a household, and it defines government obligations to provide protection, restorative services, and prosecution of accused perpetrators. The Law specifically defines intimate partner violence as:

every act in relation to a person, primarily women, which results in misery/torment or anguish/suffering of a physical, sexual and/or psychological nature and or domestic neglect/abandonment including threats of conduct of acts, force or deprivation of freedom in an unlawful manner in a domestic environment.

The scope of the law includes all family members, including children, elders and persons with family ties by blood, marriage or partnership, and also domestic workers. However, the Law does not include those who live outside of the household. Therefore, violence perpetrated by a former or current partner or a couple not bound by wedlock, is excluded (Yusran 2013). A further limitation of the law is that only the victim, or in the case of a minor, the parent or guardian, can file a complaint, and once the complaint is initiated, legal investigation and court proceedings must be terminated if the victim retracts the complaint within three months of filing it (Yusran 2013).

The Criminal Code narrowly defines rape and sexual abuse as, “any person who by using force or threat of force forces a woman to have sexual intercourse with him outside of marriage”. Evidently, the definition of rape only includes female victims; male rape is instead considered as sexual abuse. In 2004, the Government of Indonesia criminalized marital rape, the enactment of *KDRT* Law. It is not criminalized in the Criminal Code and the Marriage Law contains several discriminatory provisions. Nonetheless, Article 8 of the *KDRT* Law describes marital rape as, “forcing sexual intercourse carried out against an individual living within the scope of the household”, and, “forcing sexual intercourse against one of the individuals within the scope of the household for commercial purpose and/or a certain purpose.” While a person found guilty of marital rape may be sentenced to 5-20 years, the Law requires two elements of proof to proceed, for example, the victim’s testimony and the defendant’s confession. Moreover, cases of marital rape are treated as offence on complaint (Yusran 2013).

Despite the establishment of these laws, many people remain unaware of their existence or meaning, or even their right to access them. Instead, people continue to turn to traditional forms of dispute resolution and customary law (*adat*). Customary justice mechanisms often emphasize returning to what traditional leaders, who are overwhelmingly men, perceive as the best recourse for the family and the community. This is usually decided at the expense of justice for a victim of violence, and especially so in cases of violence against women. In Papua, marriage is regarded as a relationship among families, not individuals, and is conceived in explicitly economic terms. Dowry is paid by the groom to the bride’s family, and cases of intimate partner violence are usually settled by *adat* judgements that include an exchange of money, animals or other goods among male family members. The female survivor will almost never receive direct compensation or justice for the violence (USAID 2015).

Laws requiring or promoting gender equality and women’s participation in decision-making are another important aspect of the legal framework related to violence against women and girls. In reality however, they are poorly enforced. For example, Law 2/2008 in Political Parties and Law 10/2008 on General Election stipulates that all political parties have a gender quota of 30 percent; and Law 8/2012 outlines further requirements for attaining a minimum level of women’s representation in political parties and Parliament. Despite this, in 2009, women’s representation in provincial parliaments in two provinces of Papua, was less than 10 percent. At a district level, 12 out of 28 districts remain without any women in the district level-parliament (USAID 2015).

Chapter 2 : Methodology

Two structured household questionnaires were administered to a sample of 960 women aged 14-64 years, and 971 men aged 14-64 years.

The WHO methodology (for female respondents) and the P4P survey methodology (for male respondents) was used as the basis for baseline methodology.

Location

As per the scope of work, the survey covered the capital city and one rural “target area” in each of the 4 districts (Kabupaten). To ensure accessibility of respondents and reduce travel costs, the rural target areas selected were those which had the highest population density based on 2010 Population Census. The sample will be designed to be representative of the areas.

| Regency | Urban | Population | Density | Rural | Population | Density |
|-------------------|-----------------|------------|---------|-----------|------------|---------|
| Manokwari | Manokwari Barat | 85700 | 361 | Prafi | 14045 | 36 |
| Sorong | Aimas | 23000 | 103 | Mariat | 10939 | 50 |
| Jayapura District | Sentani | 47409 | 209 | Waibu | 7446 | 28 |
| Jayawijaya | Wamena | 44209 | 177 | Asologama | 8257 | 45 |

Sampling design and study population

This survey divided the respondents into four groups: young women (14–19 years), adult women (20–64 years), young men (14–19 years), and adult men (20–64 years). The survey covers the area of West Papua Province and Papua Province, comprising Manokwari district, Sorong district, Jayawijaya district, and Jayapura district. There are two sub-districts in each of the said districts.

The sample framework was prepared on the basis of sampling units that were selected during the survey. The sampling units selected in the survey are census blocks, dwellings, households, and eligible respondents.

The sample framework for the census block (CB) is also known as the *Primary Sampling Unit* (PSU) which is a list of census blocks containing information about the number of households according to the SP2010 Census. There is a limitation in using the SP2010 Census block, after 6 years, the actual household visited during the GBV survey data collection might have moved or died or even the house itself has been dismantled. Therefore, BPS used dwellings approach that is the sample framework is a list of buildings occupied by the households in each of the selected census blocks. If the dwellings are gone due to dismantling or other reasons, the household is replaced purposively.

Sampling method

The sampling method used in this survey is a two-stage layered sampling method. The stages in selecting a sampling unit are as follows:

Stage 1: selecting a number of CB in each layer by *probability proportional to size (PPS) - systematic sampling*. Size as used here is the number of households according to the SP2010 Census. The selection of CB is performed independently at each layer. The sample framework for PSU will be placed in order according to geographical code.

Stage 2: choosing a dwelling in each of the selected CB by *probability proportional to size (PPS)-random sampling*. The size used here is the number of households according to the SP2010 Census.

Stage 3: identifying the census buildings and sample households.

Stage 4: choosing one *eligible respondent* randomly.

Based on the above sampling method, a sampling planning table can be made as shown below:

| Stage | Unit | Number of Units in Subdistrict | | Method of Sampling | Chances | Sampling Fraction |
|-------|---------------------|--------------------------------|--|--------------------|--------------------------|--|
| | | Population | Sample | | | |
| 1 | Census Block | M_{hi} | m_{hi} | PPS | $\frac{Z_{hij}}{Z_{hi}}$ | $m_{hi} \times \frac{Z_{hij}}{Z_{hi}}$ |
| 2 | Dwelling | L_{hij} | 20 for young age group, 10 for adult age group | Random | $\frac{1}{L_{hij}}$ | $\frac{20(10)}{L_{hij}}$ |
| 3 | Household | B_{hijk} | 1 | Random | $\frac{1}{B_{hijk}}$ | $\frac{1}{B_{hijk}}$ |
| 4 | Member of Household | A_{hijk} | 1 | Random | $\frac{1}{A_{hijk}}$ | $\frac{1}{A_{hijk}}$ |

Based on the table we can calculate the *overall sampling fraction* from the above sampling design which is a multiplication of the sampling fraction in each stage of sampling, as follows:

$$F = \frac{Z_{hij} \times m_{hi} \times 20(10)}{Z_h \times L_{hij} \times B_{hijk} \times A_{hijk}}$$

Whereas the *design weight* is calculated from the *inverse* of the *overall sampling fraction*, as follows:

$$W_{hijk} = \frac{1}{F}$$

When a list of the dwelling samples has been made, the following steps must be taken:

1. In each of the selected dwellings, identification will be made of the existing census building.
2. The number of households occupying the census building will be identified and given numbers.
3. One household will be chosen randomly to be the household sample.

4. If the household given in the list of dwellings no longer lives in the said census building, it can be replaced by another household still living in the census building. If there is no household for replacement, then it shall be replaced by another household within the said Census Block.
5. After selecting a household sample from the census, the next step is to determine a member of the household who will be the respondent and who meets the requirements of an *eligible* respondent.
6. If there is no one eligible in the household sample, the sample should be replaced with another household in which there is an eligible respondent.

Questionnaire development and translation

We use two questionnaires in this Study, one was from the *WHO Multi-Country Study on Women's Health and Domestic Violence against Women* (for female respondents) and the other one was the questionnaire developed by the *International Men and Gender Equality Survey* (for male respondents). The questionnaires' adaptation was done by the collaboration of the Indonesian Statistical Bureau, Rifka Annisa and UNDP, to integrate the original questionnaires into BPS's questionnaire standard (such as local concepts, terms, answering options and skip pattern). Adaptation was also done to accommodate the additional criteria of respondents, which included younger respondents aged 14-18 years. As a consequence of those adaptations, some changes to the questions, answering options and skip patterns in the questionnaires were unavoidable.

Interviewer selection and training

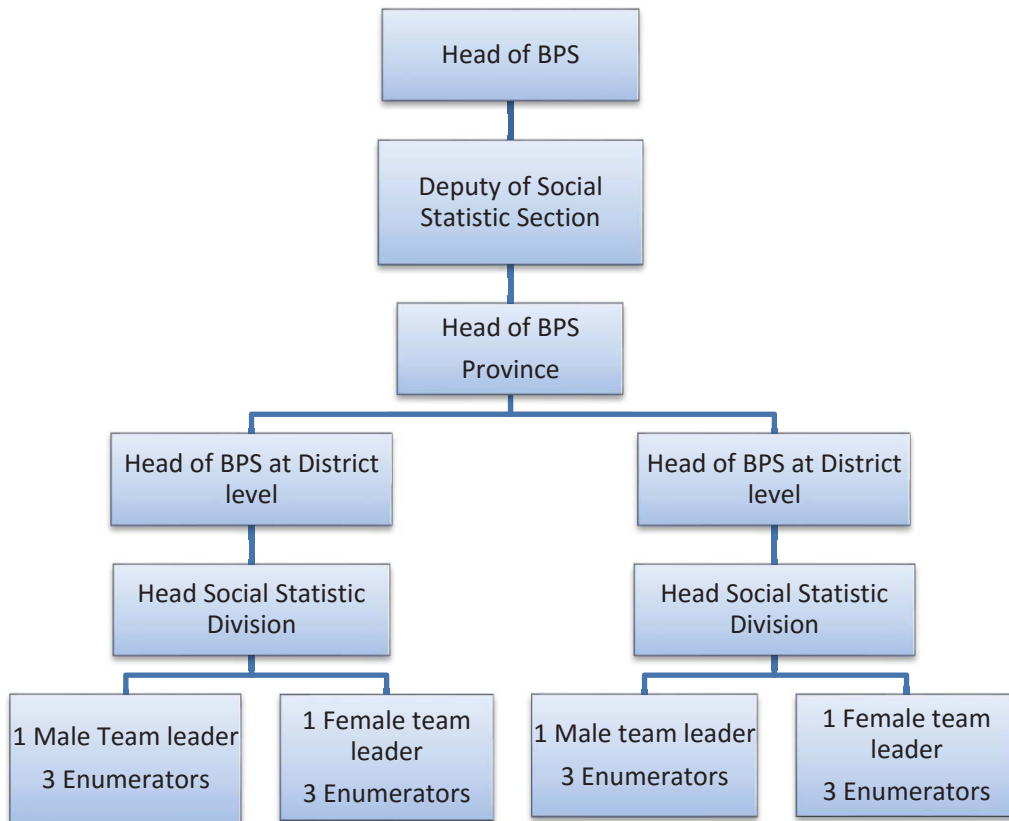
Recruitment of enumerators for this study was managed by *BPS* who recruited 40 enumerators (20 local females and 20 local males) from 4 districts (Manokwari, Sorong, Jayapura and Jayawijaya). Although they had prior experience conducting surveys, training was compulsory in order to gain a new knowledge on gender, gender-based violence, and the nature of the questionnaires. They were trained in Sorong from 11 – 22 February 2016. Those who failed the training, were excluded from the final pool of enumerators. There was only one candidate who failed the training.

All enumerators were trained by the master trainer from *BPS* and the research team from Rifka Annisa. They were divided into two separate classes; female and male. The training materials consisted of: patriarchal culture, gender inequality and inequity, masculinity/femininity and power relations, men/women and sexuality, childhood, parenting and relationships, violence against women and gender-based violence, female victim characteristics and male perpetrator characteristics, empathic communication with female/male victims and perpetrators, and safety and ethics in researching violence against women.

At the second phase of the training sessions, the master trainer from *BPS* trained the enumerators on how to apply the questionnaire. Each question in the survey was explained in detail by the *BPS* expert and the process was monitored by Rifka Annisa's team to avoid any conceptual misinterpretations.

Organization of the Study and fieldwork procedures

Figure 2.1: Organization of the BPS research team



The survey was carried out by teams of male and female enumerators and team leaders. Each team consisted of a team leader and three enumerators. The terms of the officers and duties and responsibilities of field workers are as detailed in Boxes 2.1 and 2.2.

Box 2.1 Terms of the officers

| Team Leader | Enumerator |
|---|--|
| <ul style="list-style-type: none"> • Preferably a BPS staff member with a minimum education of a diploma or equivalent • Good communication skills and able to manage enumerators • Sound knowledge about the area under his/her supervision • Able to participate in survey training for 11 days | <ul style="list-style-type: none"> • Male enumerators will interview male respondents and female enumerators will interview female respondents • Minimum education required is senior high-school and fluency in Bahasa Indonesian and the local language • Performed well in the training sessions, or prior experience conducting the census or other surveys conducted by BPS • Hard worker and able to obey the rules of the survey • Sound knowledge about his or her area of the survey • Able to participate in survey training for 11 days |

Box 2.2 Duties and responsibilities of field workers

| | |
|--|--|
| Head of BPS at district level | <ul style="list-style-type: none"> • He/she responsible for the activities of both female and male surveys at the district level • Recruit enumerators based on the criteria • Monitor the survey process and its targeted achievements • Apply policy where needed to resolve field work challenges • Supervise survey as scheduled |
| Head of Social Statistic Division | <ul style="list-style-type: none"> • Assist the recruitment of enumerators based on the criteria • Monitor the survey process and its targeted achievements • Assist with resolving any survey challenges both technical and non-technical and coordinate with the Head of BPS at the district level • Conduct field work supervision based on the schedule • Write an operational report for both the female and male surveys |
| Supervisor | <ul style="list-style-type: none"> • Conducting a meeting / briefing attended by all team members at the district level, at days 7, 14, 21, 28 and 35 • Assist with resolving any survey challenges both technical and non-technical that emerge during the briefing • Collect the data and evaluate survey targets • Support the enumerators and create a strategy to achieve survey targets • Revisit 5 households (respondent) to make sure the interview was carried out properly by the enumerator • Collect all Android tablets at day 35 and bring them back to BPS |
| Team leaders | <ul style="list-style-type: none"> • Participate in survey training • Manage field work preparation and fieldwork schedule • Distribute survey roles to each team member • Assist enumerators throughout the survey • Check survey results in the Androids of each enumerators on a daily basis • Assist with resolving challenges faced by enumerators during data collection and coordinate with BPS staff at the district level • Assist enumerator to achieve survey targets • Collect the data, create a data back-up, compile the data and send it to the server |
| Enumerators | <ul style="list-style-type: none"> • Participate in female/male survey training • Visit selected households • Interview a sampling respondent • Finish all interviews of selected respondent as stated in the target except where the respondent refuses to do so • Create a good working team to achieve survey targets • Work based on the stated schedule • Participate in the meetings/briefings on days 7, 14, 21, 28 and 35 • Report and transfer interview data on a daily basis to his or her team leader |

Mechanism for quality control

Throughout the survey, BPS at the national, province and district level, regularly supervised enumerators. This was applied every 7 days, with a total of 5 meetings and one evaluation. Supervision

involved checking survey documents directly, entering data into the computer tablets, and focus group discussions. Field findings, challenges and solutions, lessons learned, and planning for the next 7 days were discussed in these meetings. Furthermore, briefings were also carried out to discuss any obstacles faced by enumerators and vicarious trauma. Lastly, supervision also included interviews with 6-10 respondents directly after they were interviewed by an enumerator. If there were any problems or conflicts of interest encountered by enumerators, survey coordinators were able to check the android tablet or interview a respondent directly.

Data handling and analysis

The data in this survey was collected using computer tablets with Android programming for the following reasons:

- Computer tablets facilitate asking questions on the most sensitive topics.
- There is no need for data entry; this can lower the possibility of mistakes during the manual process of data entry and also increase the speed of data input and data cleaning.
- Computer tablets resolves the ethical issues of asking women and men about sensitive issues.
- Computer tablets resolve the issue of interviewer bias and exhaustion.
- Due to the skip pattern that exists in this survey, computer tablets can help reduce the error by automatically skipping questions the respondent does not need to answer.

Data entry was conducted simultaneous to the interview process due to the use of personal computer tablets. Data cleaning was performed shortly after completion of the data collection process.

Quantitative data was entered and analyzed using Stata 14IC. Descriptive analysis was conducted and the results have been described in frequency tables and graphs in this report.

Ethical and safety considerations

The Papua Study followed the WHO ethical and safety guidelines for research on violence against women (outlined in Box 2.3) (Garcia-Moreno, Jansen et al. 2005). The guidelines emphasize the importance of ensuring confidentiality and privacy, both as a means to protect the safety of respondents and field staff, and to improve the quality of the data. Researchers have a responsibility to ensure that the research does not lead to the participant suffering further harm and does not further traumatize the participant. Furthermore, interviewers must respect the respondent's decisions and choices.

Particularly sensitive questions related to criminal behaviors such as sexual violence perpetration were self-administered using audio-assisted computer devices (as with the UN MCS) to protect respondent's anonymity.

- Enumerators were the same sex as the respondent (male enumerator for male respondent, and vice versa).
- In one unit sample area, only one category of respondent was interviewed (male only or female only)
- Enumerators avoided staying overnight in the same sample area once the interview was completed. This is to minimize the risk of the community finding out the details of the survey or affecting the confidentiality of the interviews, as well as possible repercussions from perpetrators.
- Interviews were conducted only when the safety of the respondent was secured. Enumerators maintained confidentiality and found a safe, private location to conduct the interview.
- Local language translation (verbal) was provided in areas where Bahasa is not the main language or the illiteracy rate was high. This was done within strict limits to ensure that enumerators used the same terms and did not alter the meaning of any questions

All male respondents will receive below brochure after interview:

Apa Yang Paling Penting Bagi Laki-laki Sejati ?

Jati diri laki-laki tidak saja ditentukan oleh jenis kelamin biologisnya semata, namun juga oleh kualitas pribadinya yang meliputi karakteristik sifat, peran sosial, sikap dan perilakunya. Kualitas seorang laki-laki seringkali dikaitkan dengan bagaimana ia menjalankan tanggungjawabnya sebagai seorang laki-laki, suami dan ayah. Bagi laki-laki nilai ke-Tuhan-an, kebaikan, cinta kasih, tanggungjawab dan keluarga merupakan hal yang sangat penting dalam hidupnya.

Laki-laki secara budaya lebih diistimewakan dibandingkan perempuan. Hal ini membuat laki-laki memiliki kedudukan dan kekuasaan lebih tinggi dibanding perempuan. Laki-laki dengan segala keistimewaan yang diberikan oleh adat dan budaya rentan mengalami masalah-masalah sosial, seperti penyalahgunaan kuasa dan kedudukannya. Di sisi lain, mereka enggan menjalankan peran dan tanggungjawabnya. Hal ini menyebabkan mereka mudah berbuat sewenang-wenang dan merendahkan perempuan dan anak-anak. Laki-laki yang tidak mampu menjalankan tanggungjawabnya juga mengalami tekanan dalam dirinya sendiri maupun dari lingkungan sosialnya. Laki-laki sejati akan dapat menyeimbangkan peran dan tanggungjawab.

1. Saling Memahami
Laki-laki dan perempuan dibesarkan secara berbeda, terlebih jika berasal dari keluarga dan lingkungan yang berbeda. Pengalaman hidup yang berbeda melahirkan cara berfikir, sikap dan perilaku yang berbeda. Saling mengenali dan memahami pasangan akan membantu kita untuk memahami dan memperlakukan mereka sebagaimana kita juga ingin dipahami dan diperlakukan pasangan kita.

2. Saling Menghormati dan Toleran
Menghormati perempuan sebagai pasangan kita, berarti pula menjaga harkat dan martabat keluarga, sehingga masing-masing merasa nyaman untuk membangun rumah tangga harmonis. Tidak ada manusia yang sempurna, setiap orang punya kekurangan dan pernah berbuat salah, termasuk kita sebagai laki-laki. Jika setiap pihak berkeinginan untuk menghukum, menghakimi, atau membalas dendam untuk setiap kesalahan yang dilakukan pasangannya, maka berarti dia merusak fondasi keharmonisan rumah tangga.

3. Mengatasi Persoalan Bersama
Laki-laki sejati akan menganggap pasangannya sebagai mitra sejajar dalam menjalani hidup yang berlandaskan pada kesamaan tujuan, cita-cita, sikap hidup, intuisi dan perasaan dalam membangun hubungan dan keluarga. Setiap masalah yang timbul dalam kehidupan bersama pasangan, maka masalah itu dilihat sebagai masalah bersama dan diselesaikan bersama atas dasar kerjasama dan partisipasi masing-masing pihak.

4. Saling Berbagi Pekerjaan Rumah Tangga
Setiap pekerjaan akan terasa ringan bila dikerjakan secara bersama-sama. Tidak ada seorangpun laki-laki yang mampu menyelesaikan masalahnya sendiri tanpa keterlibatan orang lain. Banyak laki-laki yang

Menjadi Laki-laki Sejati

Anda laki-laki ?
Anda seorang Suami ?
Anda Seorang Ayah ?

Bagaimana Menjadi Laki-laki?

Berikut ini delapan langkah menjadi laki-laki sejati yang bertanggungjawab terhadap keluarga dan pasangannya agar menjadi keluarga yang bahagia

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membutuhkan bantuan pasangannya untuk memenuhi kebutuhan hidupnya, namun mereka tidak mau berbagi pekerjaan rumah tangga. Padahal perempuan seringkali sangat kelelahan karena harus menyelesaikan semua pekerjaan rumah tangga mulai dari pagi sampai malam. Keterlibatan suami dalam pekerjaan rumah tangga akan membuat pekerjaan menjadi lebih ringan dan juga meningkatkan keharmonisan rumah tangga. Istri memiliki waktu yang cukup untuk istirahat sehingga kesehatannya menjadi lebih baik.

Laki-laki yang terlibat dalam pengasuhan anak, akan lebih meningkatkan kasih sayang di dalam keluarga. Anak-anak akan tumbuh lebih sehat dan nyaman dalam keluarga, dan dapat menjauhkan mereka dari pengaruh lingkungan yang buruk.

5. Terbuka dan Bertanggungjawab

Sikap terusterang, kejujuran, dan keberanian adalah kunci dalam membangun hubungan dengan pasangan yang tidak bebas dari kesalahan. Jika Anda melakukan kesalahan, maka segeralah meminta maaf, berani mengakuinya, dan berjanji tidak akan mengulangnya lagi di kemudian hari. Sikap tersebut sama sekali tidak berarti menistakan status dan harga diri Anda. Hal itu justru mendorong pihak lain untuk menghormati, mempercayai, dan memaafkan Anda.

6. Kepedulian dan solidaritas

Bagian fragmen terindah kehidupan rumah tangga adalah kepedulian dan solidaritas yang dilakoni suami atau istri dalam menghadapi kesulitan dengan kesabaran dan perjuangan luar biasa. Tatkala istri berdiri di samping suaminya, maka suami akan merasa kuat dan penuh percaya diri, begitu juga sebaliknya. Ketika istri atau suami merasakan bahwa pasangannya merasa kuat dan percaya diri, maka dia akan merasa jiwanya diliputi kedamaian dan ketenteraman. Sisi ini pada kenyataannya merupakan esensi pernikahan dan integrasi batin di antara kedua belah pihak.

7. Anti Kekerasan

Selain melanggar hukum, penyelesaian masalah dengan cara kekerasan seringkali tidak dapat menyelesaikan masalah secara tuntas. Laki-laki sejati akan mengedepankan rasionalitas dan cara-cara penyelesaian masalah secara damai karena lebih menjamin keberlangsungan hubungan dengan pasangan dan kedamaian dalam membangun hubungan bersama.

8. Besikap Adil dan Setara

Laki-laki sejati akan menempatkan pasangan secara adil dan setara. Laki-laki yang menempatkan istri atau pasangannya secara setara akan memberikan ruang bagi istri untuk lebih terbuka dalam berkomunikasi dan mengemukakan masalah. Masing-masing pihak juga memiliki kesempatan yang sama untuk berdiskusi dalam sebuah pengambilan keputusan dalam rumah tangga. Pada posisi ini istri maupun suami akan merasa lebih dihargai dan dicintai.

“Semakin anda peduli, sabar, setia, penuh cinta kasih, menghargai, bersikap adil dan anti kekerasan, semakin anda laki-laki.”

Pastikan solusi permasalahan yang anda pilih penuh kedamaian dan tanpa kekerasan

Jika anda merasa tidak bahagia sebagai laki-laki, atau Anda mengalami permasalahan dalam hubungan anada dengan pasangan atau istri, atau Anda tertarik mencari informasi lebih lanjut mengenai gerakan laki-laki dan juga relasi antara laki-laki dan perempuan, silakan menghubungi organisasi-organisasi berikut:

Elli Nur Hayati, Psi, M.P.H., Ph.D; Saeroni, S.Ag., M.H. atau Aditya P. Kurniawan, S.Psi., MSH.Counseling No. Tlp. 081229852754 (aktif hingga 16 April 2016, selanjutnya hubungi organisasi-organisasi di bawah ini)

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Perum Pemda Baru, Jl. Klamono Km. 24, Aimas, Kabupaten Sorong

LP3AP
Jl. Arwana Gang Batu Karang No. 2 (Belakang Mega Swalayan Waena), Kel. Waena, Distrik Heram, Kota Jayapura, Papua. Kode Pos : 99358 Telp. 0967 – 572690 Email: lp3a_p@yahoo.com

Pujaprema
CP. Slamet Subroto
Jl. Proyek RT 003/RW 010
Kelurahan Yabansai Distrik Heram
Pujaprema_jpr@yahoo.com

Yayasan Humi Inane
Kontak Person : Etha
Jl. Tamrin Potikelek, Wamena; Telp. 082199558549

Aliansi Laki-Laki Baru
www.laklakibaru.or.id atau
email: aliansilaklakibaru@gmail.com

All female respondents will receive below brochure after interview:



Keluarga bahagia adalah impian setiap laki-laki dan perempuan yang mengikatkan diri dalam sebuah pernikahan. Keluarga harmonis sangat baik, penting dan dibutuhkan oleh semua anggota keluarga. Ayah dan ibu sehat, tenang dalam melakukan tugas-tugasnya, anak-anak bisa tumbuh sehat dan menjadi generasi penerus bangsa yang dicita-citakan. Berikut **delapan langkah membangun keluarga bahagia**:

1. Berupaya saling mengenal dan memahami

Perbedaan lingkungan dan kondisi tempat suami atau istri tumbuh sangat berpengaruh dalam pembentukan ragam selera, perilaku, dan sikap yang berlainan pada setiap pihak dari yang lain. Hal itu merupakan kewajiban setiap pasutri untuk memahami keadaan ini dan berusaha mengetahui serta mengenal pihak lain yang menjadi pasangan hidupnya.

2. Setiap pihak saling menghormati

Ketika suami atau istri memasuki rumahnya, maka dia layak mendapatkan penghormatan dan apresiasi dari pasangannya. Hal itu bertujuan untuk menjaga harkat dan mengangkat pasangan suami istri, sehingga masing-masing merasa nyaman untuk membangun rumah tangga harmonis. Dalam hal ini, sudah menjadi kewajiban pasangan suami untuk mencari poin-poin positif yang dimiliki masing-masing untuk

digunakan sebagai penopang sikap saling menghormati.

3. Mengatasi persoalan bersama

Pernikahan merupakan bentuk relasi kerjasama dan partisipasi. Kerjasama yang berdiri di atas landasan kesamaan tujuan, cita-cita, sikap, intuisi dan perasaan, serta kolaborasi dan solidaritas dalam memecahkan setiap persoalan. Setiap masalah yang timbul dalam kehidupan suami-istri, maka masalah itu dilihat sebagai suatu sebuah masalah bersama.

4. Saling berbagi pekerjaan

Banyaknya pekerjaan yang ada di dalam rumah tangga akan terasa ringan jika dikerjakan bersama. Seringkali istri merasa sangat kelelahan karena harus menyelesaikan semua pekerjaan rumah tangga mulai dari pagi sampai malam. Keterlibatan suami dalam pekerjaan rumah tangga akan membuat pekerjaan menjadi lebih ringan dan juga meningkatkan keharmonisan rumah tangga. Istri memiliki waktu yang cukup untuk istirahat sehingga kesehatannya menjadi lebih baik.

Dalam hal pengasuhan anak, suami dan istri yang sama-sama terlibat dalam pengasuhan anak, akan lebih meningkatkan kasih sayang didalam keluarga. Anak akan lebih merasa nyaman tinggal di dalam keluarga karena melihat ayah dan ibunya kompak dalam setiap urusan dalam rumah tangga. Ibu dan ayah yang demikian bisa menjadi contoh bagi anak-

anakny sehingga mereka dapat terlindungi dari pengaruh buruk yang ada di lingkungannya, seperti kriminalitas atau kekerasan .

5. Sikap toleransi kedua belah pihak

Sungguh sangat tidak masuk akal jika setiap pihak mengharapkan perilaku ideal permanen dari pasangannya dalam hubungan rumah tangga, karena menurut perilakunya, manusia kadang salah dan benar. Suami atau istri kadang lupa dan khilaf sehingga kerap mengulangi kesalahan serta kekeliruannya. Dia mungkin melakukan kesalahan karena ketidaktahuan, dan mengulanginya tanpa disadarinya. Jika setiap pihak berkeinginan untuk menghukum, menghakimi, atau membalas dendam untuk setiap kesalahan yang dilakukan pasangannya, maka berarti dia merusak fondasi keharmonisan rumah tangga. Kesalahan tidak perlu diikuti dengan tekanan, cacian, dan intimidasi bahkan sampai melakukan kekerasan seperti memukul pada pasangannya.

6. Saling terbuka

Sikap terus terang, kejujuran, dan keberanian adalah kunci kebahagiaan kehidupan rumah tangga yang tidak mungkin nihil dari kesalahan. Dalam artian, jika Anda melakukan kesalahan, maka yang harus Anda lakukan adalah bergegas meminta maaf, berani mengakuinya, dan berjanji tidak akan mengulanginya lagi di kemudian hari. Sikap tersebut sama sekali tidak berarti menistakan status dan harga diri Anda. Hal itu justru mendorong pihak lain untuk

menghormati, mempercayai, dan memaafkan Anda.

7. Kepedulian dan solidaritas

Bagian fragmen terindah kehidupan rumah tangga adalah kepedulian dan solidaritas yang dilakoni suami atau istri dalam menghadapi kesulitan dengan kesabaran dan perjuangan luar biasa. Tatkala istri berdiri di samping suaminya, maka suami akan merasa kuat dan penuh percaya diri, begitu juga sebaliknya. Ketika istri atau suami merasakan bahwa pasangannya merasa kuat dan percaya diri, maka dia akan merasa jiwanya diliputi kedamaian dan ketenteraman. Sisi ini pada kenyataannya merupakan esensi pernikahan dan integrasi batin di antara kedua belah pihak.

8. Kesetaraan

Rumah tangga yang baik akan selalu menempatkan suami dan istri sebagai pasangan yang setara. Tidak satupun di dalam keluarga memiliki posisi yang lebih tinggi dari yang lain. Suami yang menempatkan istrinya pada posisi sejajar akan memberikan ruang bagi istri untuk lebih terbuka dalam berkomunikasi dan mengemukakan masalah. Masing-masing pihak juga memiliki kesempatan yang sama untuk berdiskusi dalam sebuah pengambilan keputusan dalam rumah tangga. Pada posisi ini istri maupun suami akan merasa lebih dihargai dan dicintai.

Jika anda merasa tidak bahagia atau mengalami permasalahan dalam keluarga anda silahkan menghubungi kontak di bawah ini :

Elli Nur Hayati, Psi, M.P.H., Ph.D; Saeroni, S.Ag., M.H. atau Aditya P. Kumiawan, S.Psi., MSH.Counseling
No. Tlp. 081229852754 (aktif hingga 16 April 2016, selanjutnya hubungi organisasi-organisasi di bawah ini)

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Telp. 0967 – 572690 Email: lp3a_p@yahoo.com

Pujaprema
CP. Slamet Subroto
Jl. Proyek RT 003/RW 010 Kelurahan Yabansai Distrik Heram, Email: Pujaprema_jpr@yahoo.com

Yayasan Humi Inane
Kontak Person : Etha
Jl. Tamrin Potikelek, Wamena; Telp. 082199558549

Aliansi Laki-Laki Baru
www.lakilakibaru.or.id atau email aliansilakilakibaru@gmail.com

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

Second, as with any study based on self-reporting, there may be recall bias on some issues. Further, despite all efforts to reduce under-reporting, given the stigma associated with violence against women as well as possible safety concerns, it is always possible that women underreport their experiences of violence. Garcia-Moreno et al. (2005) 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 or of violence perpetration. However, the standardization of the Study tools, the careful pre-testing of the questionnaire and intensive interviewer training will have helped to minimize bias, maximize disclosure, and reduce the potential for interviewer variability. Nevertheless, remaining disclosure related bias would likely lead to an underestimation of the levels of violence (Garcia-Moreno et al., 2005). Therefore, the prevalence and perpetration figures presented in this report should be considered to be minimum estimates of the true rates of violence in the study region.

In addition, the sample is relatively small and spread across a number of sites. This makes it difficult to disaggregate the data further. In addition, there confidence intervals on prevalence rates are relatively wide so caution should be taken when comparing results from different sites.

Special strengths of the Study stem from the use of internationally-recognized methodologies, including the comparability with other countries where the surveys have been conducted, the use of rigorous interviewer training, and the emphasis on ethical and safety considerations (Garcia-Moreno et al., 2005: 87-88). The WHO MCS methodology, with its intensive training of interviewers and more rigorous ethical and safety standards, is likely to result in higher rates of disclosure of violence against women than other studies such as the DHS.

Chapter 3 : Response rates and respondents' characteristics

Response rates

Overall, 960 women and 971 men fully completed the questionnaire. All 1,931 interviews were included in the analysis.

Garcia-Moreno and colleagues (2005) argue that, "as women are commonly stigmatized and blamed for the abuse they experience, there is unlikely to be over reporting of violence." The main potential form of bias is likely to reflect respondents' willingness to disclose their experiences of violence. However, the standardization of the Study tools, the careful pre-testing of the questionnaire and intensive interviewer training will have helped to minimize bias, maximize disclosure, and reduce the potential for interviewer variability. 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 Tanah Papua (Garcia-Moreno, Jansen et al. 2005).

Characteristics of households and respondents

Demographic characteristics of respondents

Table 3.1 shows the site, location, age, income, educational status, and partnership status of all respondents who completed the interview. The Study sample covered equal, or close to equal, rural and urban sites. The rural sites were in Prafi, Aimas, Asologaima, and Waibu *kecamatan*, and the urban sites were in Manokwari Barat, Mayamuk, Wamena, and Sentani *kecamatan*. This means also that there was equal distribution of respondents across all eight sites. Thus it is not possible to directly compare the Study population with the demographic profile of these areas of Papua, as they are not representative of the population size.

Due to the sampling strategy, there was equal or close to equal representation of respondents aged 14-19 and 20-64 for both the women's and men's surveys. While women in the older age group reflect the bell-curve that we would expect to see, with more women aged 20-29 and 30-39, and fewer women in the oldest age group, the men's survey had fewer men in the 20-29 age group. Chapter 4 provides a breakdown of women's experiences and men's perpetration of intimate partner violence by age group, and those findings are discussed there.

Table 3.1 also shows the literacy, education and income for women and men in the Study. Respondents were asked whether they could read and write, and the majority of both women (86 percent) and men (94 percent) responded yes. Respondents were also asked about the highest level of schooling they had reached. Among women, 17 percent did not have any education, 23 percent had attended primary school, more than half (55 percent) had attended junior or senior high school, while only 5 percent reported having a tertiary level education. Rates of education were consistently higher among male respondents, with only 8 percent reporting that they had no education or had not completed primary school, 27 percent had completed primary school, 60 percent had attended junior or senior high school, and 6 percent had a tertiary education. Reports of tertiary level education, which includes Diplomas, Bachelors and Masters degrees, were therefore very low across both women and men in

the Study. Respondents were also asked questions about their employment activities to determine whether they were currently earning any income from formal or informal labor. Only 31 percent of women reported that they were earning their own cash, compared with 58 percent of men.

Among all respondents who completed the questionnaire, 541 women and 633 men were defined as 'ever-partnered', that is ever having been married, lived with a partner or had a boyfriend/girlfriend. See Chapter 1 for the definition of ever-partnered and its relevance to this Study.

Table 3.1 Demographic characteristics of female and male respondents in the Study

| Demographic category | Women | | Men | |
|--|-------|------|-----|------|
| | n | % | n | % |
| Residence | | | | |
| Rural | 480 | 50.0 | 480 | 49.4 |
| Urban | 480 | 50.0 | 491 | 50.6 |
| Site / Kecamatan | | | | |
| Prafi | 120 | 12.5 | 120 | 12.4 |
| Manokwari Barat | 120 | 12.5 | 128 | 13.2 |
| Mayamuk | 120 | 12.5 | 122 | 12.6 |
| Aimas | 120 | 12.5 | 120 | 12.4 |
| Wamena | 120 | 12.5 | 120 | 12.4 |
| Asologaima | 120 | 12.5 | 119 | 12.3 |
| Waibu | 120 | 12.5 | 121 | 12.5 |
| Sentani | 120 | 12.5 | 121 | 12.5 |
| Age group | | | | |
| 14-19 years | 480 | 50.0 | 492 | 50.7 |
| 20-29 years | 125 | 13.0 | 69 | 7.1 |
| 30-39 years | 156 | 16.3 | 151 | 15.6 |
| 40-49 years | 105 | 10.9 | 140 | 14.4 |
| 50-64 years | 94 | 9.8 | 119 | 12.3 |
| Read and write | | | | |
| No | 132 | 13.8 | 59 | 6.1 |
| Yes | 828 | 86.3 | 912 | 93.9 |
| Education | | | | |
| None | 165 | 17.2 | 77 | 7.9 |
| Primary school | 222 | 23.2 | 262 | 27.0 |
| Junior/senior high school | 525 | 54.7 | 578 | 59.5 |
| Tertiary | 47 | 4.9 | 54 | 5.6 |
| Earn cash | | | | |
| No | 661 | 68.9 | 405 | 41.7 |
| Yes | 299 | 31.2 | 566 | 58.3 |
| Relationship status: Ever-partnered | | | | |
| No | 417 | 43.5 | 338 | 34.8 |
| Yes | 541 | 56.5 | 633 | 65.2 |
| <i>Total number women and men responding</i> | 960 | | 971 | |

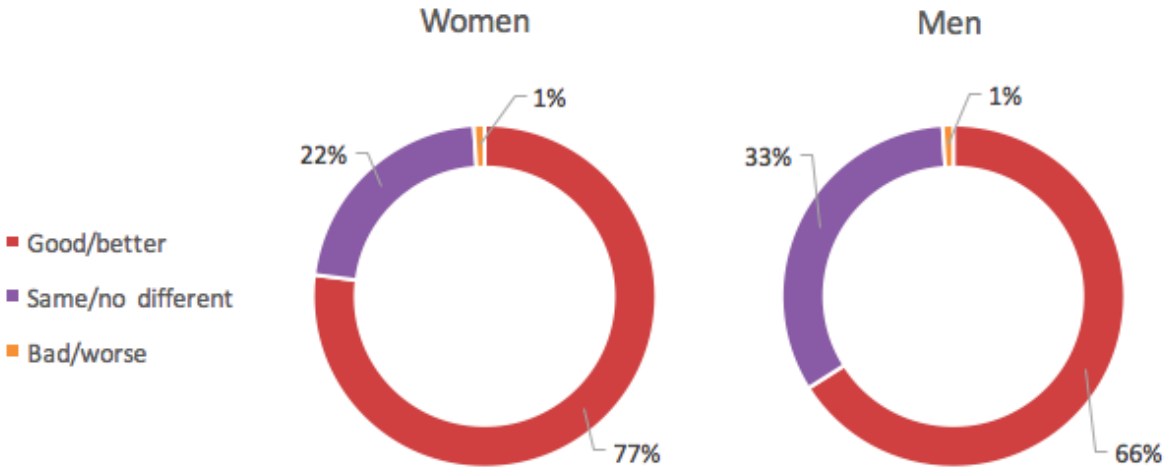
Satisfaction with interview

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

When asked at the end of the interview if they felt better, no different or worse after the interview an overwhelming majority (99% of both women and men) said they felt better or the same. Less than one percent of all participants reported that they felt bad or worse after the interview (see Figure 3.1).

This confirms that although violence against women 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 setting and in a respectful and kind manner. This is consistent with what has been found in most other countries.

Figure 3.1 Respondents satisfaction with interview



Chapter 4 : Prevalence and patterns of violence against women by male intimate partners: Women's experiences and men's perpetration of intimate partner violence in Papua

Box 4.1 Summary of key findings

- Overall, nearly two in five (38 percent) ever-partnered women aged 14-64 reported having ever experienced at least one form of physical and/or sexual violence by a male intimate partner in their lifetime, and nearly one in five (18 percent) had experienced physical and/or sexual violence in the 12 months before the interview.
- One in three (33 percent) ever-partnered women aged 14-64 had ever experienced emotional abuse by a male intimate partner in their lifetime, and nearly three in four (73%) ever-partnered women reported ever experiencing at least one form of controlling behavior within a relationship.
- Younger women aged 14-19 years were most at risk of experiencing current intimate partner violence, and also reported higher rates of lifetime intimate partner violence.
- Four in five women (81 percent) who had experienced physical violence by a male intimate partner had experienced severe acts of violence, compared to only moderate acts of violence (see Box 1.3 for definition).
- The Study found similar rates for men's perpetration of intimate partner violence. Overall, 38 percent of ever-partnered men aged 14-64 reported having perpetrated at least one act of physical and/or sexual violence against a female partner in their lifetime, and 26 percent had perpetrated this violence in the past 12 months.

This chapter presents the data on the prevalence of different forms of intimate partner violence, including acts of physical, sexual and emotional abuse, and controlling behaviors, by a current or former intimate partner, whether married or not. In the Study, a range of behavior-specific questions related to each type of violence were asked (see chapter 1 for definitions). For each type of act mentioned, the respondent was asked whether she had experienced that act within the past 12 months and about the frequency in which it had occurred. Women were also asked a series of questions on whether their partners tried to control their daily activities. The results on the extent of physical or sexual violence by current or ex-partners are presented according to the type and severity of violence, when the violence took place, and the extent of overlap of physical and sexual violence.

This chapter also presents the data on the prevalence of male perpetration of physical violence against an intimate partner. Male respondents were asked whether they had perpetrated that act in their lifetime and the frequency in which they had perpetrated that act. For each form of intimate partner violence (physical, sexual, emotional, and economic), male respondents were asked whether they had perpetrated each form of intimate partner violence within the past 12 months, rather than by individual act of violence.

The prevalence rate for intimate partner violence is calculated using physical and/or sexual violence by a current or former partner (see Chapter 1 for definitions). Percentages for prevalence of intimate

partner violence are calculated as a proportion of women or men who have ever been partnered. While intimate partner violence includes physical, sexual, emotional, and economic forms of violence, physical and sexual violence are the most established and clearly defined forms within international research on violence against women. However, this level of international agreement is currently lacking on standard measures of emotional and economic violence, and the threshold at which acts that can be considered emotionally violent or financially controlling can cross the line into intimate partner violence (Garcia-Moreno, Palitto et al. 2013). For this reason, emotional and economic violence are not included in calculations of the prevalence rate for intimate partner violence. However, this is not to suggest that women who experience emotional and/or economic intimate partner violence experience less harm or that these acts of violence are less serious.

The results on the extent of physical and sexual violence by current or ex-partners are presented according to the type of violence, when the violence took place, and is disaggregated by age group and by sub-district (*kecamatan*). The results from the women's survey are further presented according to the severity and frequency of physical violence, and the extent of overlap of physical, sexual, and emotional violence. The results on emotional and economic violence by current or ex-partners are also presented according to the type of violence and when the violence took place. Women were also asked a series of questions on whether their partners tried to control their daily activities, and whether their children were ever present during occasions of physical violence. The results on men's perpetration of intimate partner violence are presented by the type of violence (physical, sexual, emotional, and economic), and are disaggregated by age group and by sub-district.

Of all respondents who participated in the Study, 541 women and 633 men were defined as 'ever-partnered', that is ever having been married or in an intimate relationship (see Chapter 1).

Lifetime and current prevalence of physical and/or sexual intimate partner violence

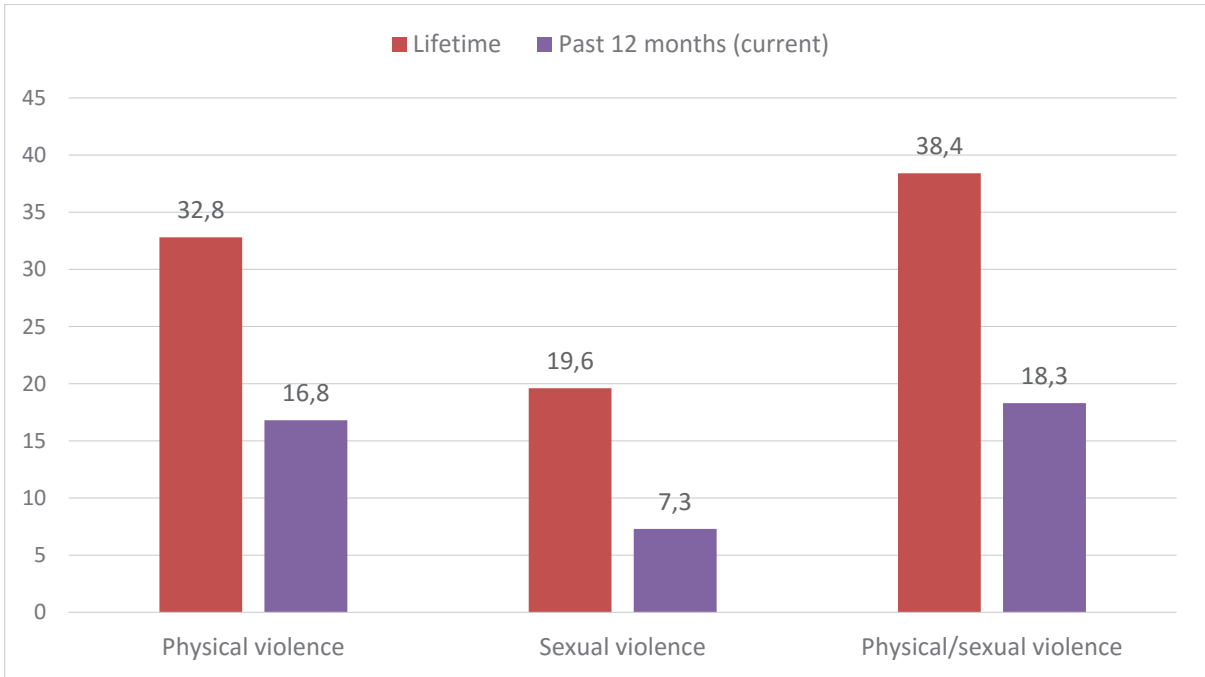
Table 4.1 and Figure 4.1 show the rates of physical, sexual and physical and/or sexual intimate partner violence as reported by women in the Study. These rates are defined as a woman having reported ever experiencing at least one act of a specific type of physical and/or sexual intimate partner violence in her lifetime. Overall, 38 percent of ever-partnered women reported having ever experienced at least one form of physical and/or sexual violence by a male intimate partner in their lifetime, and 18 percent had experienced one of these forms of violence in the 12 months before the interview (current prevalence).

One in three ever-partnered women (33 percent) reported experiencing some form of physical intimate partner violence in their lifetime, while one in five ever-partnered women (20 percent) had ever experienced sexual intimate partner violence.

Table 4.1 Lifetime and current prevalence of physical and sexual intimate partner violence, among ever-partnered women aged 14-64, by type of violence and by time period (N=541)¹

| Physical and sexual intimate partner violence | Physical violence | | | Sexual violence | | | Physical and/or sexual violence | | |
|---|-------------------|------|-----------|-----------------|------|-----------|---------------------------------|------|-----------|
| | n | % | 95% CI | n | % | 95% CI | n | % | 95% CI |
| Lifetime | 176 | 32.8 | 29.0-36.9 | 105 | 19.6 | 16.4-23.2 | 206 | 38.4 | 34.4-42.6 |
| Past 12 months | 90 | 16.8 | 13.9-20.2 | 39 | 7.3 | 5.4-9.8 | 98 | 18.3 | 15.2-21.8 |

Figure 4.1 Lifetime and current prevalence of physical and sexual intimate partner violence, as a percentage of ever-partnered women aged 14-64, by type of violence and by time period



Breakdown of intimate partner violence prevalence by sub-district

Table 4.2 shows the breakdown of the lifetime and current prevalence of physical and/or sexual intimate partner violence by sub-district (*kecamatan*). The results show that intimate partner violence is a significant problem in all sub-districts within the Study. The highest rates of lifetime prevalence of physical and sexual intimate partner violence are in Asologaima (59 percent) and Waibu (54 percent); and in Waibu (33 percent) and Sentani (26 percent) for current prevalence rates. However, given the relatively small sample size by sub-district the confidence intervals for the prevalence rates are

¹ There may have been some non-response by individual respondents to particular questions. Therefore, the total number of respondents (N) for each set of questions may vary a little from the total number of ever-partner women (N=541). The total percentage reported in the table are based on the actual number of respondents who answered the relevant questions.

relatively wide. Therefore, caution should be taken when comparing rates of violence across sub-districts.

Table 4.2 Lifetime and current prevalence of physical and sexual intimate partner violence, among ever-partnered women aged 14-64, by sub-district

| Physical and sexual intimate partner violence | Lifetime | | | Past 12 months | | |
|---|----------|------|-------------|----------------|------|-------------|
| | n | % | 95% CI | n | % | 95% CI |
| Sub-district | | | | | | |
| Prafi (N=62) | 10 | 16.1 | 8.7 – 27.8 | 3 | 4.8 | 1.5 – 14.4 |
| Manokwari Barat (N=64) | 22 | 36.1 | 24.8 – 49.1 | 12 | 19.7 | 11.3 – 31.9 |
| Mayamuk (N=63) | 8 | 12.7 | 6.4 – 23.8 | 3 | 4.8 | 1.5 – 14.4 |
| Aimas (N=60) | 12 | 20.0 | 11.5 – 32.4 | 4 | 6.7 | 2.5 – 16.9 |
| Wamena (N=82) | 40 | 49.4 | 38.5 – 60.4 | 21 | 25.9 | 17.4 – 36.8 |
| Asologaima (N=76) | 45 | 59.2 | 47.6 – 69.9 | 15 | 19.7 | 12.1 – 30.5 |
| Waibu (N=72) | 39 | 54.2 | 42.4 – 65.5 | 24 | 33.3 | 23.2 – 45.2 |
| Sentani (N=62) | 30 | 49.2 | 36.6 – 61.9 | 16 | 26.2 | 16.5 – 39.0 |

Breakdown of intimate partner violence prevalence by age group

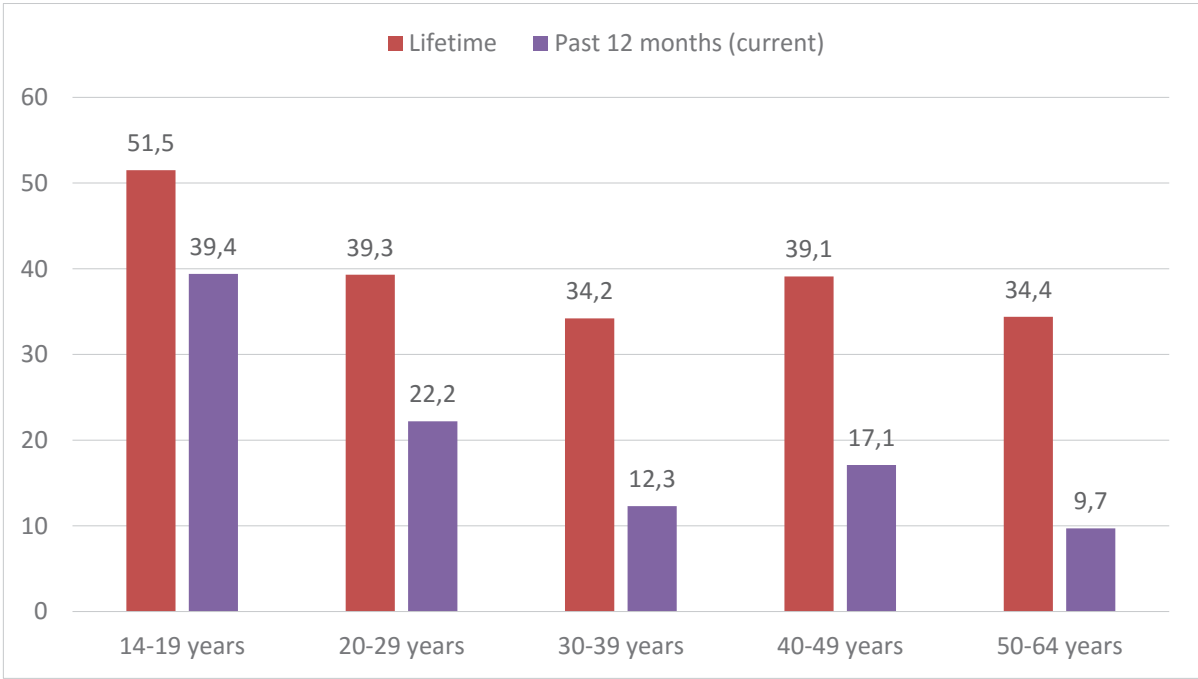
This section presents the lifetime and current prevalence of intimate partner violence by age group. Table 4.3 shows the breakdown of lifetime and current prevalence of physical and/or sexual intimate partner violence as a proportion of ever-partnered women in each age group. The Study found that women aged 14-19 years were most likely to have experienced at least one form of physical and/or sexual violence in their lifetime (52 percent), followed by those aged 20-29 years and 40-49 years (39 percent). Patterns of current violence (past 12 months) across age groups showed that women in the youngest age groups were also most at risk of experiencing current intimate partner violence.

Generally, we would expect lifetime prevalence to increase as a woman's age increases because she is exposed to risk for a longer period of time. Overall, this pattern holds in Papua. These findings are important in terms of programming for young people around respectful and healthy relationships.

Table 4.3 Lifetime and current prevalence of physical and sexual intimate partner violence, among ever-partnered women aged 14-64, by age group

| Physical and sexual intimate partner violence | Lifetime | | Past 12 months | |
|---|----------|------|----------------|------|
| | n | % | n | % |
| Age group | | | | |
| 14-19 years (N=69) | 34 | 51.5 | 26 | 39.4 |
| 20-29 years (N=119) | 46 | 39.3 | 26 | 22.2 |
| 30-39 years (N=155) | 53 | 34.2 | 19 | 12.3 |
| 40-49 years (N=105) | 41 | 39.1 | 18 | 17.1 |
| 50-64 years (N=93) | 32 | 34.4 | 9 | 9.7 |

Figure 4.2 Lifetime and current prevalence of physical and sexual intimate partner violence, as a percentage of ever-partnered women aged 14-64, by age group



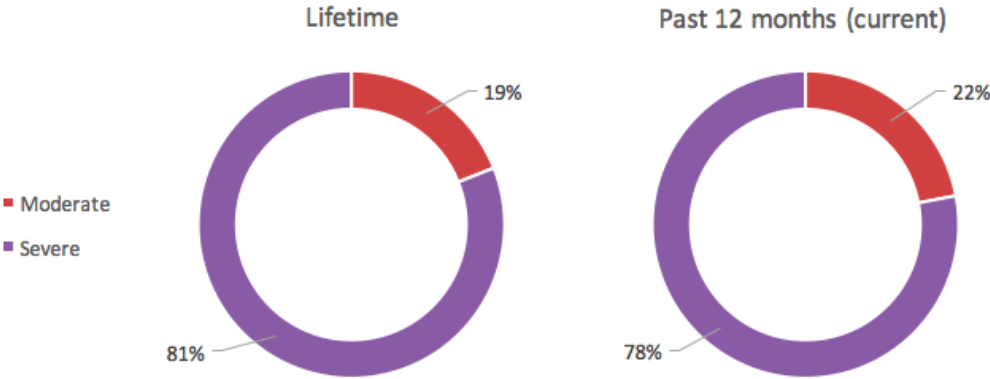
Severity and frequency of intimate partner violence

For the purpose of analysis, the questions on physical intimate partner violence were divided into those considered ‘moderate’ violence and those considered ‘severe’ violence, where the distinction between moderate and severe violence was based on the likelihood of physical injury (see Box 1.3 in Chapter 1 for definitions). Table 4.4 and Figure 4.3 show the breakdown of moderate and severe violence among those women who had experienced any form of physical intimate partner violence. From this, we see that women were much more likely to experience severe forms of violence (about four in five women who had ever experienced physical violence) rather than just moderate forms (less than one fifth of women who had ever experienced physical violence) in their lifetime.

Table 4.4 Proportion of women reporting moderate versus severe acts of physical violence, among ever-partnered women who reported having ever experienced physical intimate partner violence

| Severity of physical intimate partner violence | Lifetime | | Past 12 months | |
|---|----------|------|----------------|------|
| | n | % | n | % |
| Moderate | 32 | 18.6 | 19 | 22.1 |
| Severe | 140 | 81.4 | 67 | 77.9 |
| <i>Total number of women who ever experienced physical violence</i> | 172 | | 86 | |

Figure 4.3 Proportion of women reporting moderate versus severe acts of physical violence, among ever-partnered women who reported having ever experienced physical intimate partner violence (N=176)



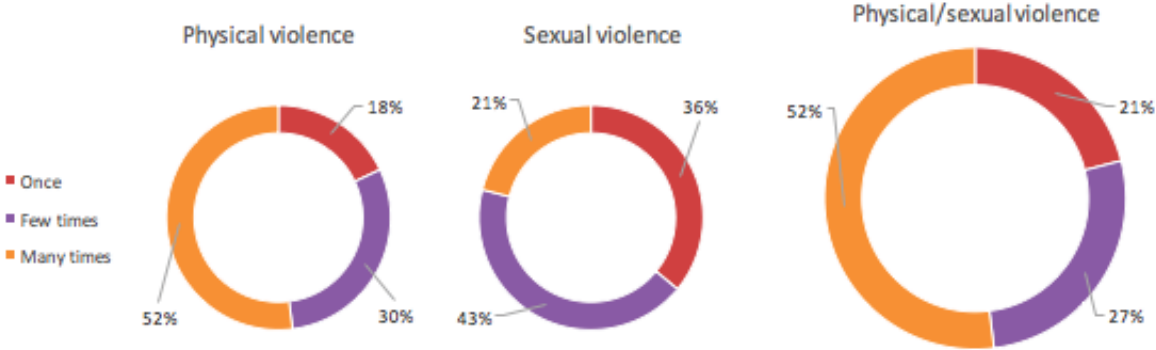
Women who said that they had experienced any act of intimate partner violence were asked if this had happened once, a few times or many times. Table 4.5 and Figure 4.4 present the frequency of which women said they had experienced physical intimate partner violence, sexual intimate partner violence, or both, in their lifetime.² The Study found that women were much more likely to experience frequent acts of violence rather than a one-off incident. Overall, among women who had ever experienced any physical and/or sexual intimate partner violence, 52 percent had experienced this violence many times over their lifetime. This is compared with 27 percent who had experienced it a few times, and 21 percent who had experienced only one act of physical and/or sexual violence.

Table 4.5 Frequency of women’s lifetime experiences of intimate partner violence, among women who had ever experienced any physical and/or sexual intimate partner violence

| Frequency of intimate partner violence | Score 1 (Once) | | Score 2-3 (Few times) | | Score 4+ (Many times) | |
|---|----------------|------|-----------------------|------|-----------------------|------|
| | n | % | n | % | n | % |
| Physical violence (N=176) | 32 | 18.2 | 52 | 29.6 | 92 | 52.3 |
| Sexual violence (N=105) | 38 | 36.2 | 45 | 42.9 | 22 | 21.0 |
| Physical and/or sexual violence (N=206) | 43 | 20.9 | 56 | 27.2 | 107 | 51.9 |

² To calculate the frequency of each type of intimate partner violence, a score was created for each respondent summarizing whether she had experienced a particular act of violence one time, a few times, many times, or not at all. For each domain of violence—physical, sexual, and physical and/or sexual, a summary score was created, which corresponded to the number of acts and the frequency of those acts experienced. Three categories were created: (1) having one act one time; (2) having one act a few or many times, having two or three acts one time, or having one act one time and 2 acts a few times; (3) having a score of four or above, which is more than one act more than one time, four acts one time, or any other combination of acts that resulted in a score of four or more. The scores were calculated for each type of violence and separate scores were calculated for lifetime and current prevalence.

Figure 4.4 Frequency of women’s lifetime experiences of intimate partner violence, among women who had ever experienced physical and/or sexual intimate partner violence (N=206)



Emotional abuse and controlling behavior

In addition to asking about physical and sexual violence by an intimate partner, ever-partnered women were also asked about emotional violence and controlling behavior that they may have experienced from a current or former partner. For the types of acts that are classified as emotional abuse and controlling behavior, please refer to the definitions in Chapter 1.

Prevalence of emotional abuse

The research found that nearly one in three women (31 percent) aged 14-64 had experienced at least one act of emotional violence in their lifetime, and 16 percent in the 12 months before the interview (current).

Table 4.6 Lifetime and current prevalence of emotional intimate partner violence, among ever-partnered women aged 14-64, by time period (N=541)

| Emotional intimate partner violence | Emotional violence | | |
|-------------------------------------|--------------------|------|-------------|
| | n | % | 95% CI |
| Lifetime | 168 | 31.3 | 27.5 – 35.4 |
| Past 12 months | 88 | 16.4 | 13.5 – 19.8 |

Controlling behavior

The Study also asked women a number of questions on controlling behaviors that they may have experienced by a male partner in their lifetime. Controlling behaviour reflects unequal gender norms and practices and is highly associated with VAW. There are important programming implications for controlling behaviours - they are able to be changed by teaching relationship skills and promoting respect and gender equity

Overall, nearly three in four women (73 percent) reported having experienced at least one of these controlling behaviors in their lifetime, and one in three had experienced at least three of these behaviors. The most common forms of controlling behavior were: insisting on knowing her whereabouts at all times (52 percent), expecting her to ask permission before seeking health care for herself (51 percent), and getting angry if she spoke with another man (30 percent). These findings

demonstrate that women in Papua often experience non-violent forms of abuse and control within intimate relationships.

Table 4.7 Percentage of women reporting different controlling behaviors within intimate relationships, among ever-partnered women aged 14-64 (N=541)

| Controlling behavior | Lifetime | |
|--|----------|------|
| | N | % |
| Act | | |
| Tried to keep her from seeing her friends | 129 | 24.1 |
| Tried to restrict contact with her family of birth | 56 | 10.5 |
| Insisted on knowing where she is at all times | 277 | 51.7 |
| Not caring about her and apathetic | 80 | 14.9 |
| Angry if she speaks with another man | 162 | 30.2 |
| Often suspicious that she is unfaithful | 116 | 21.6 |
| Expects her to ask his permission before seeking health care for herself | 272 | 50.8 |
| Obstructed her from praying | 33 | 6.2 |
| <i>At least one of the above behaviors</i> | 393 | 73.3 |
| <i>At least three of the above behaviors</i> | 178 | 33.2 |

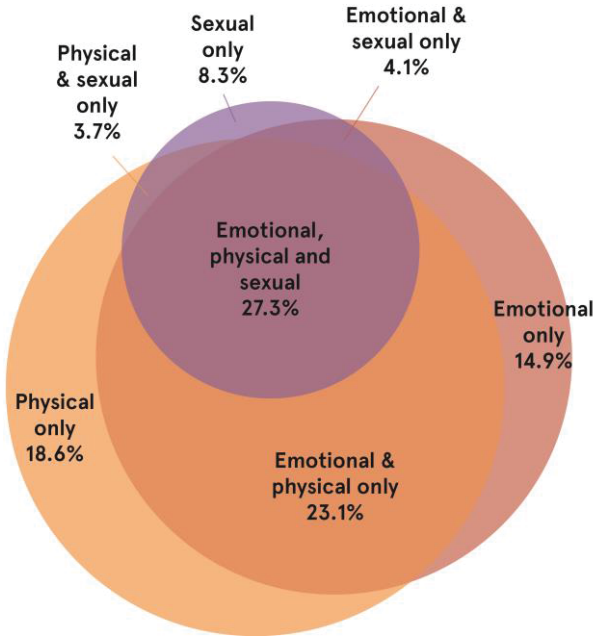
Overlap of emotional, physical and sexual intimate partner violence

Table 4.8 and Figure 4.5 show the overlap of emotional, physical and sexual violence among ever-partnered women aged 14-64. Overall, most women reported having experienced all three forms of intimate partner violence in their lifetime (12 percent of ever-partnered women). Women were less likely to experience emotional, physical or sexual violence on its own, and were more likely to have experienced emotional and physical violence (10 percent). This same pattern is observable in women’s experiences of violence in the past 12 months.

Table 4.8 Overlap of emotional, physical and sexual intimate partner violence, among ever-partnered women aged 14-64, by time period (N=541)

| Overlap of intimate partner violence | Lifetime | | Past 12 months | |
|--------------------------------------|----------|------|----------------|-----|
| | n | % | n | % |
| Emotional only | 36 | 6.7 | 28 | 5.2 |
| Physical only | 45 | 8.4 | 28 | 5.2 |
| Sexual only | 20 | 3.7 | 4 | 0.8 |
| Emotional and physical only | 56 | 10.5 | 31 | 5.8 |
| Physical and sexual only | 9 | 1.7 | 6 | 1.1 |
| Sexual and emotional only | 10 | 1.9 | 4 | 0.8 |
| Emotional, physical and sexual | 66 | 12.3 | 25 | 4.7 |

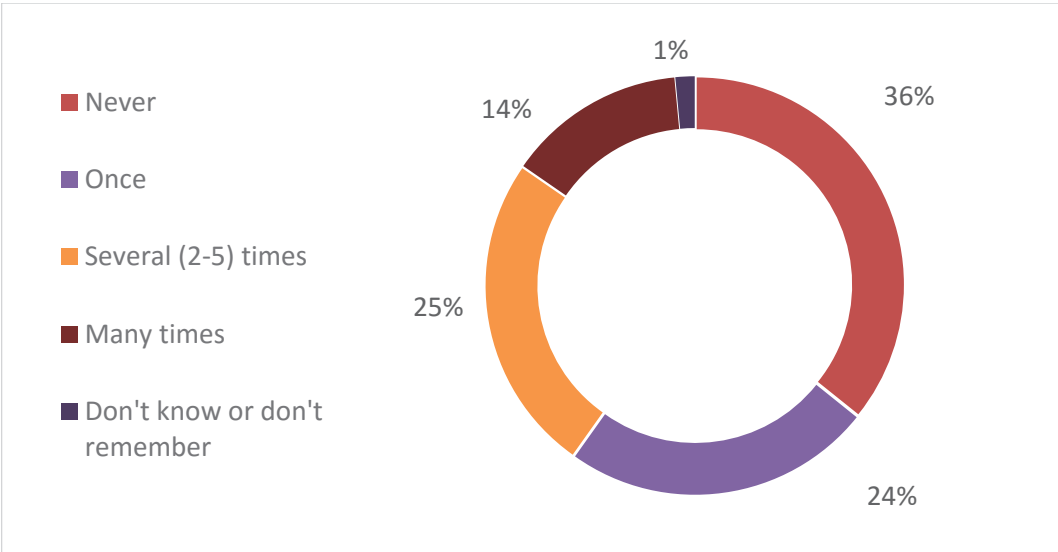
Figure 4.5 Overlap of lifetime emotional, physical and sexual intimate partner violence, among ever-partnered women



Children and intimate partner violence

Women who had experienced physical intimate partner violence were also asked if their children were ever present during a violent incident. Figure 4.6 shows the breakdown of the frequency of children’s presence during instances of physical violence. Two-thirds of ever-partnered women with children who had experienced physical intimate partner violence (63 percent) said that their children were present on at least one occasion of physical violence, while 39 percent of women said that their children had witnessed acts of violence several or many times.

Figure 4.6 How often children were present during violent incidents, among ever-partnered women with children alive now who had ever experienced intimate partner violence (N=147)



Men's perpetration of intimate partner violence

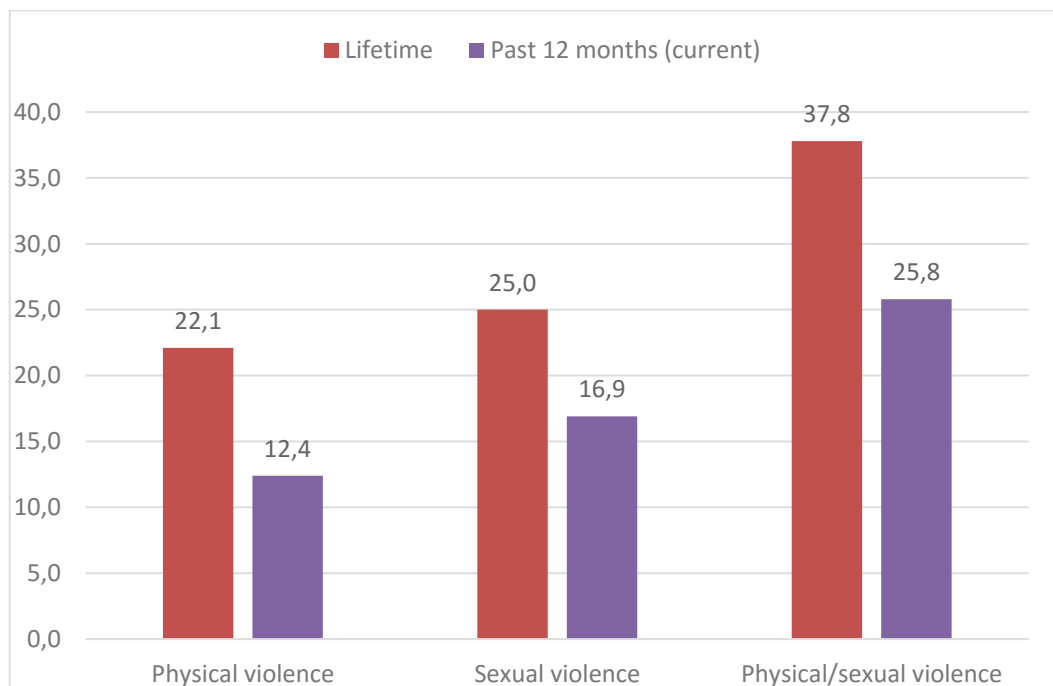
Lifetime and current perpetration rates of physical and/or sexual intimate partner violence

Table 4.9 and Figure 4.7 shows the percentage of men aged 14-64 in the study sites who reported having perpetrated physical, sexual, or both types of intimate partner violence in their lifetime and in the past 12 months. Overall, 38 percent of ever-partnered men had perpetrated at least one form of physical and/or sexual violence against a female partner in their lifetime, and 26 percent reported having done so in the 12 months before the interview (current). Physical violence was perpetrated by 22 percent of ever-partnered men, while 25 percent reported having perpetrated sexual violence.

Table 4.9 Lifetime and current perpetration of physical and sexual intimate partner violence, among ever-partnered men aged 14-64, by type of violence and by time period (N=633)³

| Physical and sexual intimate partner violence | Physical violence | | | Sexual violence | | | Physical and/or sexual violence | | |
|---|-------------------|------|-------------|-----------------|------|-------------|---------------------------------|------|-------------|
| | n | % | 95% CI | n | % | 95% CI | n | % | 95% CI |
| Lifetime | 135 | 22.1 | 19.0 – 25.6 | 153 | 25.0 | 21.7 – 28.5 | 224 | 37.8 | 33.9 – 41.8 |
| Past 12 months | 76 | 12.4 | 10.0 – 15.3 | 104 | 16.9 | 14.1 – 20.0 | 154 | 25.8 | 22.4 – 29.5 |

Figure 4.7 Lifetime and current perpetration of physical and sexual intimate partner violence, among ever-partnered men aged 14-64, by type of violence and by time period (N=633)



³ There may have been some non-response by individual respondents to particular questions. Therefore, the total number of respondents (N) for each set of questions may vary a little from the total number of ever-partnered men (N=633). The total percentage reported in the table are based on the actual number of respondents who answered the relevant questions.

Breakdown of men's perpetration of intimate partner violence by sub-district

Table 4.10 shows the breakdown of the lifetime and current perpetration of physical and/or sexual intimate partner violence by sub-district (*kecamatan*). The rates of perpetration are high across most districts. The highest rates of perpetration were found in Asologaima (83 percent), Waibu (56 percent) and Sentani (56 percent), while the lowest were recorded in Prafi (9 percent) and Mayamuk (5 percent).

Table 4.10 Lifetime and current prevalence of physical and sexual intimate partner violence, among ever-partnered men aged 14-64, by sub-district

| Physical and sexual intimate partner violence | Lifetime | | | Past 12 months | | |
|---|----------|------|-------------|----------------|------|-------------|
| | n | % | 95% CI | n | % | 95% CI |
| Sub-district | | | | | | |
| Prafi (N=92) | 8 | 9.2 | 4.6 – 17.5 | 5 | 5.8 | 2.4 – 13.3 |
| Manokwari Barat (N=101) | 38 | 40.9 | 31.2 – 51.3 | 22 | 23.7 | 16.0 – 33.5 |
| Mayamuk (N=70) | 3 | 4.6 | 1.5 – 13.7 | 1 | 1.5 | 0.2 – 10.6 |
| Aimas (N=77) | 8 | 11.3 | 5.6 – 21.3 | 4 | 5.6 | 2.1 – 14.4 |
| Wamena (N=72) | 35 | 48.6 | 37.1 – 60.3 | 29 | 39.7 | 29.0 – 51.6 |
| Asologaima (N=63) | 53 | 82.8 | 71.2 – 90.4 | 50 | 76.9 | 64.8 – 85.8 |
| Waibu (N=87) | 44 | 56.4 | 45.0 – 67.2 | 22 | 27.5 | 18.7 – 38.5 |
| Sentani (N=71) | 35 | 55.6 | 42.9 – 67.6 | 21 | 33.3 | 22.6 – 46.1 |

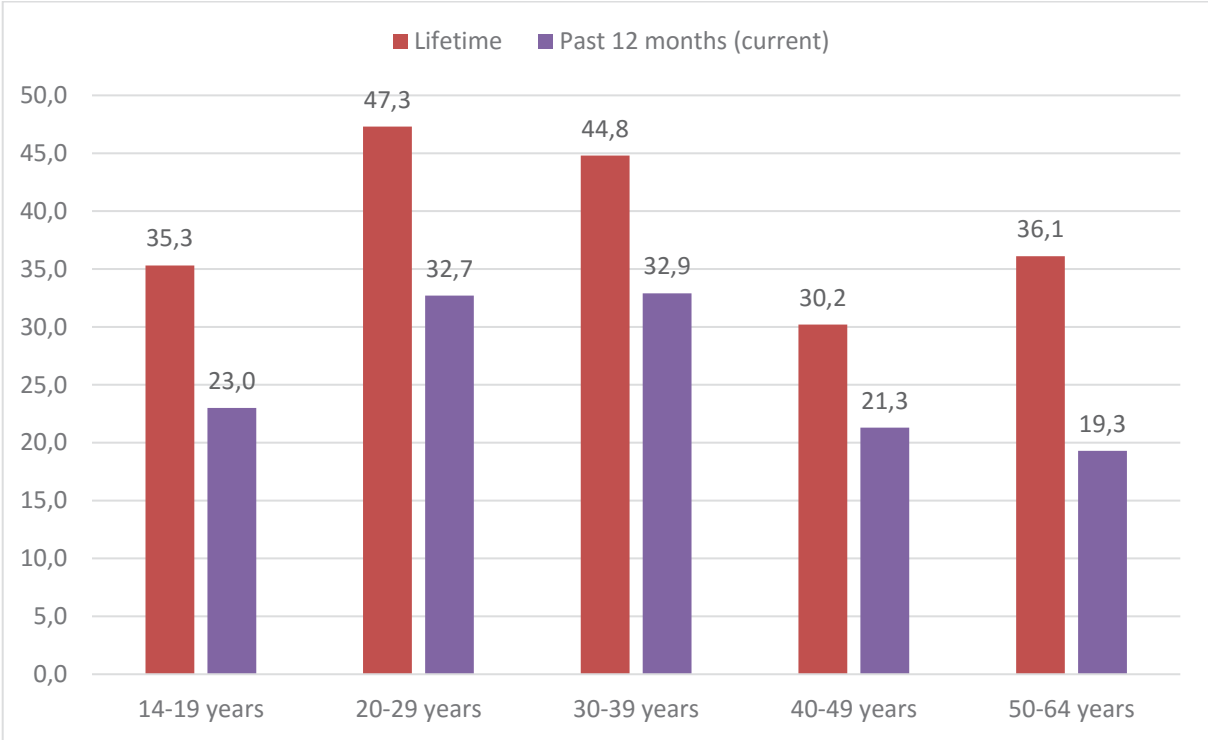
Breakdown of men's perpetration of intimate partner violence by age group

Table 4.11 and Figure 4.8 show the breakdown of men's reported perpetration rates for physical and/or sexual intimate partner violence by age group. The Study found that men's higher reported lifetime perpetration rates were among men aged 20-29 years, followed by 30-39 years. This same pattern is true for men's current perpetration rates.

Table 4.11 Lifetime and current prevalence of physical and sexual intimate partner violence, among ever-partnered men aged 14-64, by age group

| Physical and sexual intimate partner violence | Lifetime | | Past 12 months | |
|---|----------|------|----------------|------|
| | n | % | n | % |
| Age group | | | | |
| 14-19 years (N=173) | 49 | 35.3 | 32 | 23.0 |
| 20-29 years (N=59) | 26 | 47.3 | 18 | 32.7 |
| 30-39 years (N=143) | 64 | 44.8 | 47 | 32.9 |
| 40-49 years (N=139) | 41 | 30.2 | 29 | 21.3 |
| 50-64 years (N=119) | 43 | 36.1 | 23 | 19.3 |

Figure 4.8 Lifetime and current prevalence of physical and sexual intimate partner violence, among ever-partnered men aged 14-64, by age group



Lifetime and current perpetration rates of emotional and economic abuse

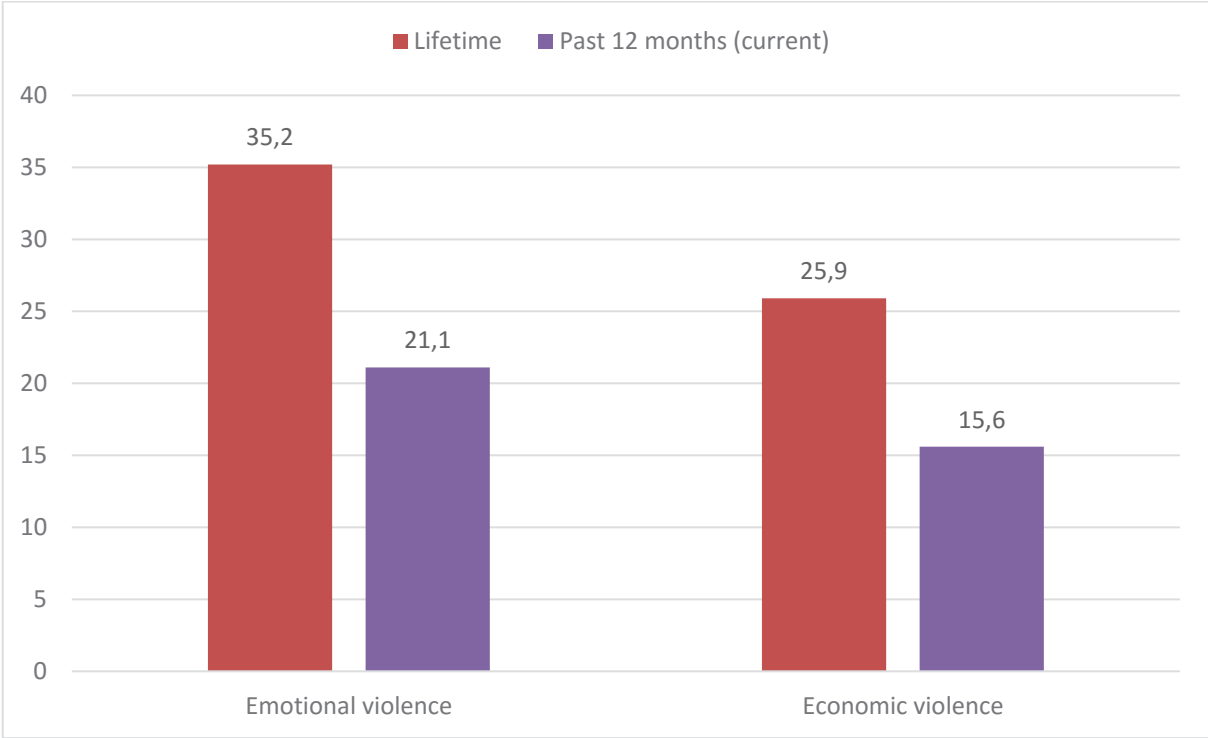
Table 4.12 and Figure 4.9 show men’s reported perpetration of emotional and economic abuse of female partners. Among ever-partnered men aged 14-64, 35 percent reported having ever perpetrated emotional abuse in their lifetime, and 21 percent in the past 12 months. Lifetime economic abuse was reported by 26 percent of ever-partnered men, with 16 percent reporting this abuse in the past 12 months.

Table 4.12 Lifetime and current perpetration of emotional and economic intimate partner violence, among ever-partnered men aged 14-64, by type of violence and by time period (N=633)⁴

| Emotional and economic intimate partner violence | Emotional violence | | | Economic violence | | |
|--|--------------------|------|-------------|-------------------|------|-------------|
| | n | % | 95% CI | n | % | 95% CI |
| Lifetime | 215 | 35.2 | 31.5 – 39.1 | 156 | 25.9 | 22.5 – 29.5 |
| Past 12 months | 129 | 21.1 | 18.0 – 24.5 | 94 | 15.6 | 12.9 – 18.7 |

⁴ There may have been some non-response by individual respondents to particular questions. Therefore, the total number of respondents (N) for each set of questions may vary a little from the total number of ever-partner men (N=633). The total percentage reported in the table are based on the actual number of respondents who answered the relevant questions.

Figure 4.9 Lifetime and current perpetration of emotional and economic intimate partner violence, among ever-partnered men aged 14-64, by type of violence and by time period (N=633)



Relationship control scale

The men’s questionnaire also included questions on men’s beliefs and behaviors around control within intimate relationships. These questions were asked of ever-partnered men who reported having ever been married or ever having lived with a woman, but not of those who had only ever had a girlfriend. Table 4.13 shows the breakdown of men’s responses to these questions among all men who had ever been married or lived with a woman, and by perpetration of physical and/or sexual intimate partner violence.

Among all men who had ever been married or lived with a woman, the vast majority (87 percent) said that they agree or strongly agree with at least one of the given statements about control within intimate relationships, and 59 percent agreed with three or more of the statements. Men most commonly agreed with the statement that “When I want sex I expect my partner to agree” (80 percent), which illustrates men’s sense of sexual entitlement within intimate relationships. Men’s attitudes towards gender relations are discussed in more detail in Chapter 6.

A similar pattern is observable when comparing men’s agreement with the statements on relationship control by perpetration of intimate partner violence. Men who reported having ever perpetrated at least one act of physical and/or sexual intimate partner violence in their lifetime were consistently more likely to agree with the statements on relationship control. Almost all men who had perpetrated intimate partner violence (97 percent) agreed with at least one of the statements, compared with 81 percent of men who had never perpetrated such violence. These findings indicate that these controlling attitudes and behaviors are part of a wider pattern of abuse within violent relationships. This point is discussed in more detail in the discussion below.

Table 4.13 Percentage of men who agree or strongly agree with statements about their relationship with their current or most recent partner, among men who have ever been married or lived with a woman and by perpetration of intimate partner violence

| Relationship control scale | All men ever married or lived with woman | | Never perpetrated intimate partner violence | | Perpetrated intimate partner violence | |
|--|--|------|---|------|---------------------------------------|------|
| | n | % | n | % | n | % |
| Statements | | | | | | |
| When I want sex I expect my partner to agree | 323 | 80.0 | 167 | 62.6 | 149 | 85.1 |
| If my partner asked me to use a condom, I would get angry | 151 | 33.2 | 71 | 26.6 | 79 | 45.1 |
| I won't let my partner wear certain things (jewelry, accessories) | 149 | 32.8 | 60 | 22.5 | 89 | 50.9 |
| I have more to say than she does about decisions that affect us | 233 | 51.2 | 111 | 41.6 | 116 | 66.3 |
| I tell my partner who she can spend time with | 137 | 30.1 | 50 | 18.8 | 83 | 47.4 |
| When my partner wears things to make her look beautiful I think she may be trying to attract other men | 145 | 31.9 | 65 | 24.3 | 79 | 45.1 |
| I want to know where my partner is all of the time | 274 | 60.2 | 152 | 56.9 | 119 | 68.0 |
| I like to let her know she isn't the only partner I could have | 65 | 14.3 | 26 | 9.7 | 37 | 21.1 |
| <i>At least one of the above beliefs or behaviors</i> | 397 | 87.3 | 217 | 81.3 | 170 | 97.1 |
| <i>At least three of the above beliefs or behaviors</i> | 266 | 58.5 | 131 | 49.1 | 132 | 75.4 |
| <i>Total number men</i> | 455 | | 267 | | 175 | |

Discussion

The Study found that intimate partner violence is a common experience in many women's lives in the study region. This is a vital step in gaining a better understanding of the problem of violence against women in the region, in order to be able to effectively respond to and prevent it. Overall, nearly two in five women aged 14-64 years, reported having ever experienced physical and/or sexual intimate partner violence in their lifetime, and nearly one in five had experienced this violence in the 12 months before the interview.

Of the women who reported experiencing violence, 81 percent had experienced severe forms of violence by an intimate partner, rather than only moderate forms. This is in line with the findings from other comparable studies that suggest women's experiences of violence are often frequent and severe, demonstrating a pattern of violence within relationships marked by violence, rather than isolated incidents (Garcia-Moreno, Jansen et al. 2005). Twelve percent of women had experienced a combination of sexual, physical and emotional violence, while 10 percent had experienced only emotional and physical violence.

Emotional abuse and controlling behavior by intimate partners was found to be one of the most common forms of abuse. One in three of women reported having experienced any emotional violence by a partner, and three in four women reported having experienced at least one form of controlling behavior. Among all ever-partnered men, the vast majority (87 percent) said that they agree or strongly agree with at least one of the given statements about control within intimate relationships. These findings are relatively consistent with other studies that suggest intimate partner violence often reflects a pattern of coercive control (Stark 2007).

The Study found a pattern of increased risk of both current intimate partner violence among younger women in their teens and twenties. This has also been documented in other WHO studies as well as in Canada and the United States (Harwell and Spence 2000, Vest, Catlin et al. 2002, Romans, Forte et al. 2007). It is also possible that older women in abusive relationships develop strategies that decrease the frequency of violence, or that they are less likely to report violence. The data on men's perpetration of violence in Papua also suggests that perpetration starts early in life and reduces with age.

The prevalence of intimate partner violence in Papua is similar to rates found across the rest of Asia and the Pacific.⁵ According to previous studies in the region, the average lifetime prevalence of intimate partner violence for women in South-East Asia is as high as 38 percent, the same rate that has been found in this Study (WHO. 2013). However, individual studies demonstrate that the prevalence of intimate partner violence varies considerably across the region. A national study in Kiribati found that 68 percent of ever-partnered women had experienced physical and/or sexual violence by an intimate partner (Secretariat of the Pacific Community 2010). A national study conducted using the WHO MCS methodology in the Maldives found that 20 percent of ever-partnered women had experienced physical and/or sexual violence by an intimate partner in their lifetime (Fulu 2007). The WHO MCS found that in Samoa 46 percent of ever-partnered women aged 15-49 had experienced physical and/or sexual violence in their lifetime (Garcia-Moreno, Jansen et al. 2005). Lastly, the UN MCS conducted in Bougainville, Papua New Guinea, found that 68 percent of women had experienced physical and/or sexual violence by a male intimate partner (Fulu, Warner et al. 2013). Therefore, while the prevalence rate of intimate partner violence in the current study has been shown to be relatively high, it is not outside the range of violence found by other studies for Asia-Pacific.

The Study also found that 38 percent of ever-partnered men had perpetrated at least one act of physical and/or sexual violence against an intimate partner in their lifetime, and 26 percent in the 12 months before the interview. The UN MCS is the only other comparable study for men's perpetration of intimate partner violence in Papua. The rates of perpetration were found to be higher in that study: 60 percent of ever-partnered men reported that they had perpetrated physical and/or sexual intimate partner violence in their lifetime (Fulu, Warner et al. 2013). However, that study was only conducted in Jayapura. The sample size was also larger which may contribute to some variation.

⁵ Caution should be taken in directly comparing results from different studies, because even when a similar methodology was used there are some differences such as age range and how partnership status was defined that will effect prevalence rates.

Chapter 5 : Prevalence and patterns of physical and sexual violence against women by non-partners

Box 5.1 Summary of main findings

- Among all women aged 14-64, 38 percent reported having experienced any physical violence from a non-partner in their lifetime, and 13 percent in the past 12 months.
- 5 percent of men had ever perpetrated rape against a woman or girl who was not their partner, and less than one percent reported having done this in the past 12 months. Perpetration of gang rape was reported by one percent of men.
- The most common motivations for rape perpetration among men who had perpetrated any rape of a partner or non-partner were sexual entitlement and for fun or boredom.

This chapter presents the Study results on women’s experiences of non-partner physical and sexual violence, and on men’s perpetration of rape against both partner and non-partner women and girls. For definitions of acts that are classified as sexual violence and rape, see Chapter 1. The findings presented here on non-partner violence refer to events that had happened to a respondent after they were 15 years old. Further information relating specifically to acts of sexual and other abuse before age 15 are discussed in detail in Chapter 6.

Prevalence of non-partner violence against women

While the main focus of the Study was on women’s experiences of violence by a male intimate partner, the women’s questionnaire also included questions about women’s experiences of physical and sexual violence from other perpetrators (either male or female). These questions were asked to all women, regardless of whether they had been partnered or not.

Lifetime and current prevalence of non-partner physical violence after age 15

Women and girls were asked whether, since the age of 15, anyone other than their intimate partner had ever beaten or physically mistreated them in any way. 849 women responded to these questions. Table 5.1 shows that, overall, 38 percent of women who responded to this question reported that they had experienced non-partner physical violence in their lifetime, and 13 percent had experienced it in the past 12 months.

Table 5.1 Prevalence and perpetrators of non-partner physical violence after age 15, among all women (N=849)⁶

| Non-partner physical violence | Women | |
|--------------------------------------|--------------|------|
| Prevalence | n | % |
| Lifetime | 320 | 37.7 |
| Past 12 months | 114 | 13.4 |

⁶ There was some non-response by individual respondents to particular questions. The total percentage reported in the table are based on the actual number of respondents who answered the relevant questions.

Lifetime and current prevalence of non-partner sexual violence after age 15

Women were also asked whether, after age 15, they had ever been forced to have sex when they did not want to, by anyone other than an intimate partner (this is classified as non-partner rape). Among all women who answered this question, 6 percent reported having ever been forced to have sex since age 15 by someone other than an intimate partner, and 1 percent in the 12 months before the interview.

Table 5.2 Prevalence and perpetrators of non-partner sexual violence after age 15, among all women (N=849)

| Non-partner sexual violence | Experienced sexual non-partner violence | |
|-----------------------------|---|-----|
| | n | % |
| Prevalence | | |
| Lifetime | 49 | 5.8 |
| Past 12 months | 11 | 1.3 |

Men's perpetration of partner and non-partner sexual violence

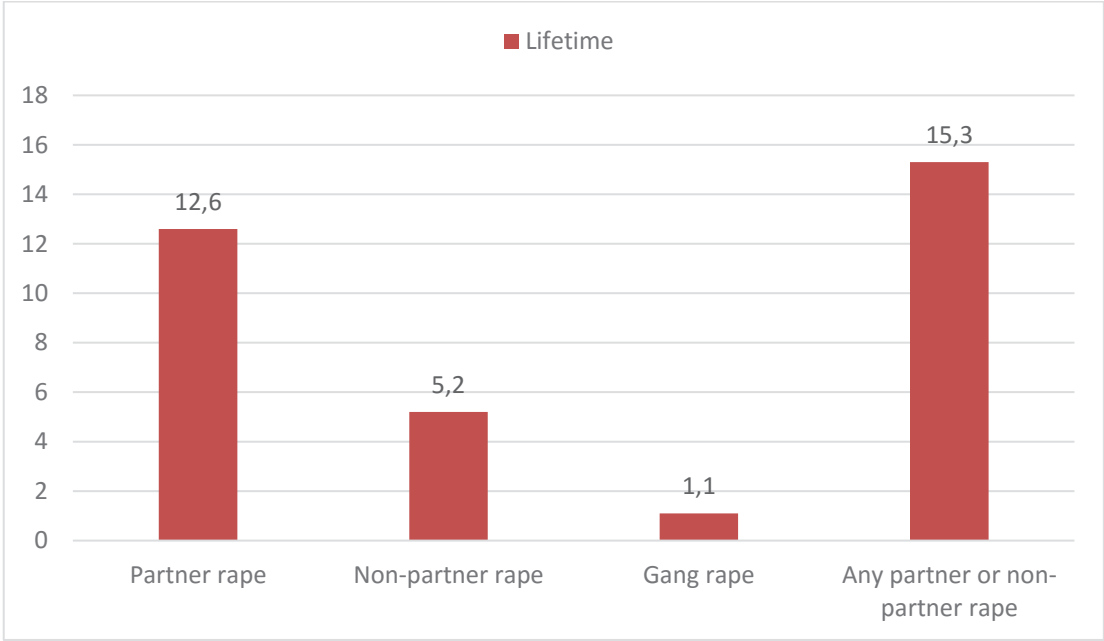
Lifetime and current perpetration of partner and non-partner rape

Male respondents were asked whether, in their whole life, they had ever forced a woman who was not an intimate partner to have sex when they did not want to, when they were too drunk or drugged to say no, or whether they had ever perpetrated gang rape. The results are presented in Table 5.3 and Figure 5.1. Lifetime perpetration of any non-partner rape was reported by five percent of men. Perpetration of any non-partner rape within the past 12 months was reported by 1 percent. Lifetime perpetration of gang rape was reported by one percent of men. Overall, 15 percent of men said they had ever perpetrated some form of partner and/or non-partner rape, at least once in their lifetime.

Table 5.3 Percentage of men reporting having ever perpetrated partner rape or non-partner rape of a woman or girl, by type of rape

| Perpetration of partner and non-partner rape | Men | |
|---|-----|------|
| | n | % |
| Partner rape | | |
| Lifetime | 79 | 12.6 |
| <i>Total number ever-partnered men</i> | 633 | |
| Non-partner rape | | |
| Ever any non-partner rape | 50 | 5.2 |
| Past 12 months any non-partner rape | 6 | 0.6 |
| <i>By act of non-partner rape</i> | | |
| Forced sex | 37 | 3.8 |
| Had sex when she was too drunk or drugged to refuse | 24 | 2.5 |
| Gang rape | 11 | 1.1 |
| Any partner or non-partner rape | | |
| Lifetime | 97 | 15.3 |
| Past 12 months | 53 | 8.4 |
| <i>Total number men</i> | 971 | |

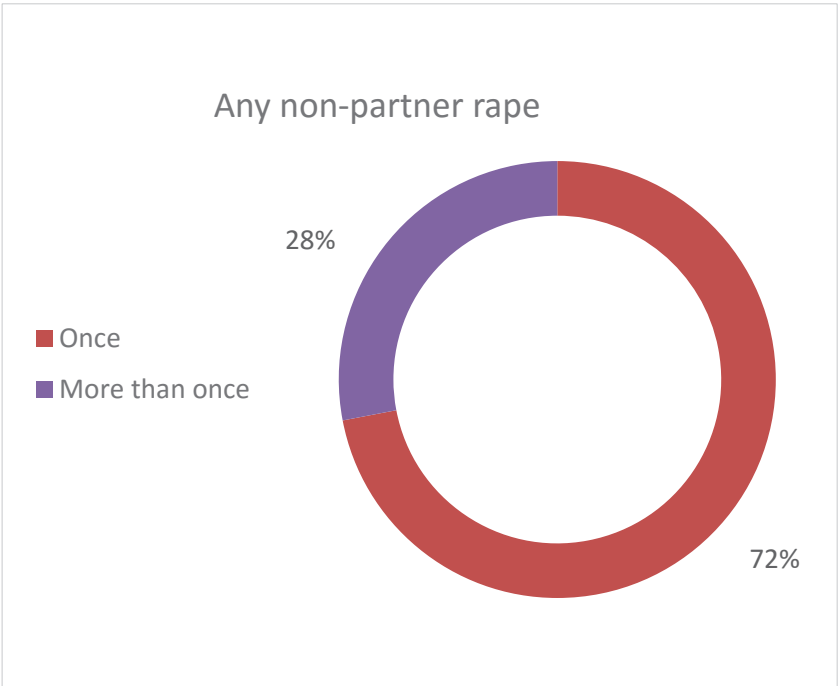
Figure 5.1 Percentage of men reporting having ever perpetrated partner rape or non-partner rape of a woman or girl, by type of rape



Frequency of men’s rape perpetration: non-partner

In terms of frequency, the majority of men said that they had perpetrated non-partner rape only once. However, a large proportion of men who had perpetrated any non-partner rape (28 percent) had forced a woman or girl who was not a partner to have sex on more than one occasion.

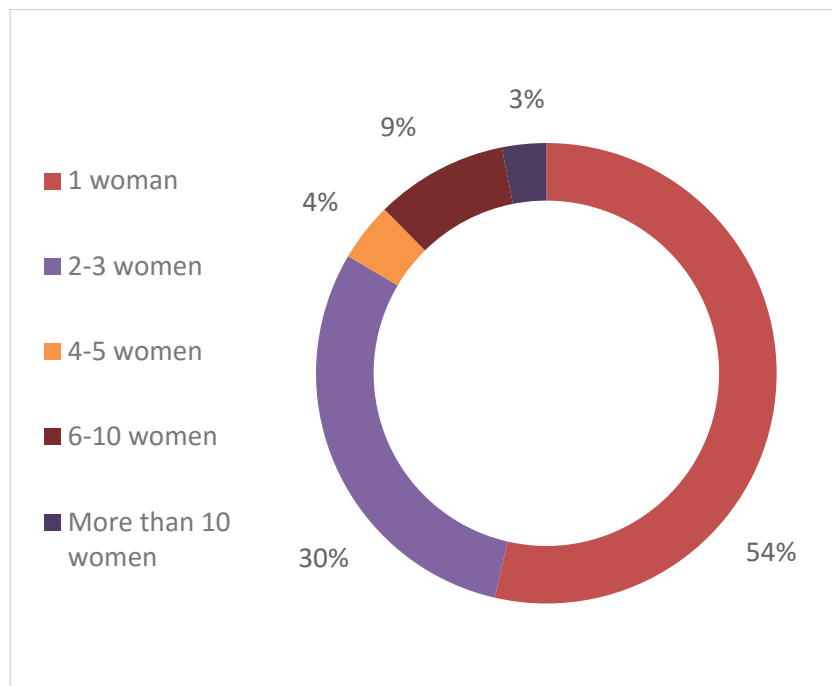
Figure 5.2 Percentage of men who reporting perpetrating rape once or more than once in their lifetime, among men who perpetrated any non-partner rape against a woman or girl (N=50)



Men's perpetration of rape against more than one woman or girl: partner and non-partner

Figure 5.3 presents findings on the number of *different* women, both partner and non-partner, that men had raped during their lifetime, among those men who had ever raped at least one woman or girl. Just over half of men who had ever perpetrated rape against a woman indicated that they had raped only one woman during their lifetime. Amongst men who had ever raped a woman, 46 percent had perpetrated rape against two or more different women in their lifetime. Three percent of men who had ever perpetrated rape said that they had raped more than ten women during their lifetime.

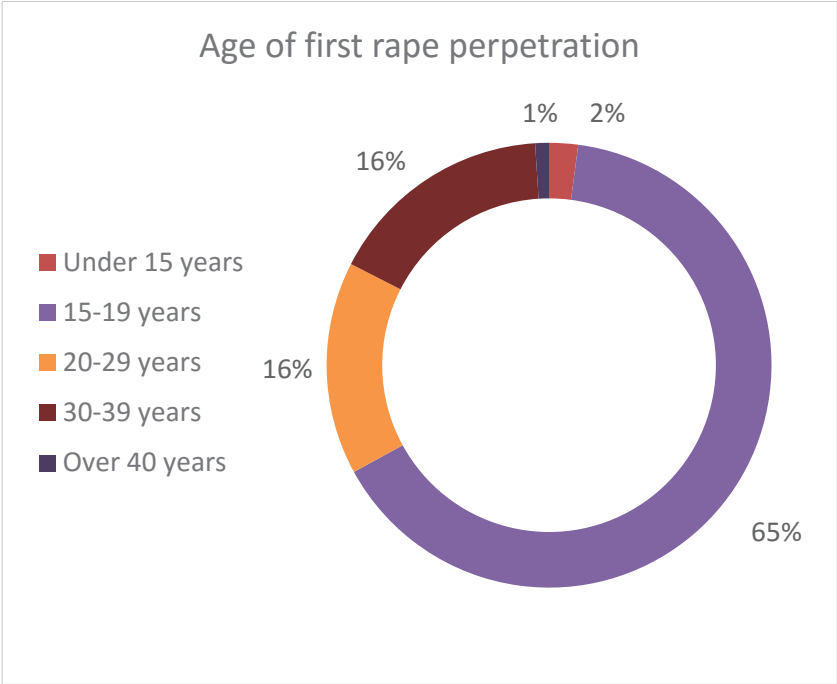
Figure 5.3 Percentage of men who have raped more than one woman or girl in their lifetime, among men who reported ever perpetrating any partner or non-partner rape (N=97)



Men's age of first rape perpetration: partner and non-partner

Men who had ever perpetrated rape were asked the age they were when they first did this. Figure 5.4 shows the age distribution of first rape perpetration. More than half (65 percent) of men who had ever perpetrated rape said that they were between 15 and 19 years old the first time they did so. This means that overall, four in five men who had ever perpetrated partner or non-partner rape were under 20 years old the first time they raped a woman or girl.

Figure 5.4 Percentage of men who have raped more than one woman or girl in their lifetime, among men who reported ever perpetrating any partner or non-partner rape (N=97)



Motivations and consequences among men who perpetrated any sexual violence

Men who reported that they had ever perpetrated rape were asked follow-up questions about their different motivations for the most recent rape that they had perpetrated against a partner or non-partner. These motivations included anger, punishment, sexual desire or entitlement, boredom, entertainment, and drinking.⁷ Table 5.5 and Figure 5.6 shows the stated motivations by for men who had ever perpetrated partner and/or non-partner rape.

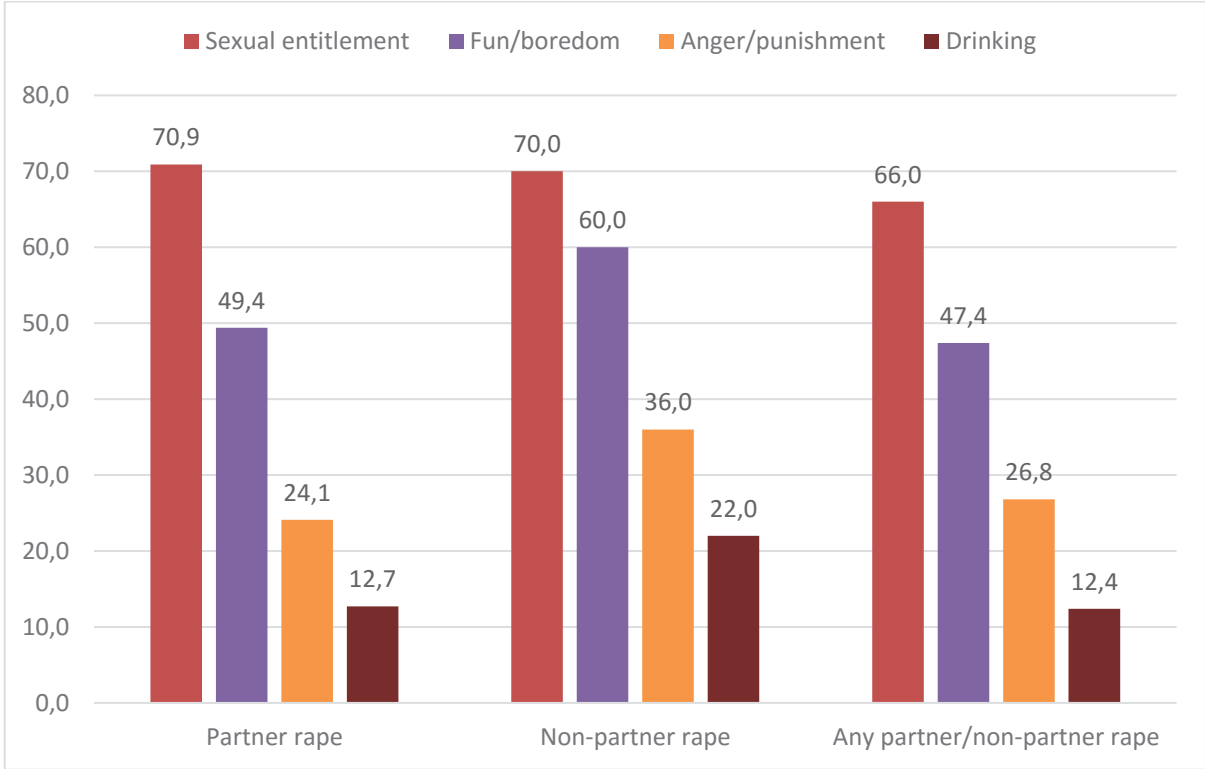
Sexual entitlement (66 percent) was the predominant motivation given for any rape of a woman or girl, followed by fun or boredom (47 percent). It is important to note that drinking was the least commonly given motivation for perpetration of all types of rape.

Figure 5.5 Percentage of men who agreed or strongly agreed with different motivations for rape, among men who ever perpetrated rape against a woman or girl (partner and non-partner), by type of rape

| Motivations for rape perpetration | Partner rape | | Non-partner rape | | Any rape | |
|--|--------------|------|------------------|------|----------|------|
| | n | % | n | % | n | % |
| Sexual entitlement | 56 | 70.9 | 35 | 70.0 | 64 | 66.0 |
| Fun/boredom | 39 | 49.4 | 30 | 60.0 | 46 | 47.4 |
| Anger/punishment | 19 | 29.1 | 18 | 36.0 | 26 | 26.8 |
| Drinking | 10 | 12.7 | 11 | 22.0 | 12 | 12.4 |
| Total number men perpetrated rape | 79 | | 50 | | 97 | |

⁷ Respondents were asked if they strongly agreed, agreed, disagreed or strongly disagreed that the list of motivations applied to the most recent time they perpetrated forced sex against a woman or girl,

Figure 5.6 Percentage of men reporting different motivations for any partner or non-partner rape, among men who had ever perpetrated any rape against a woman or girl



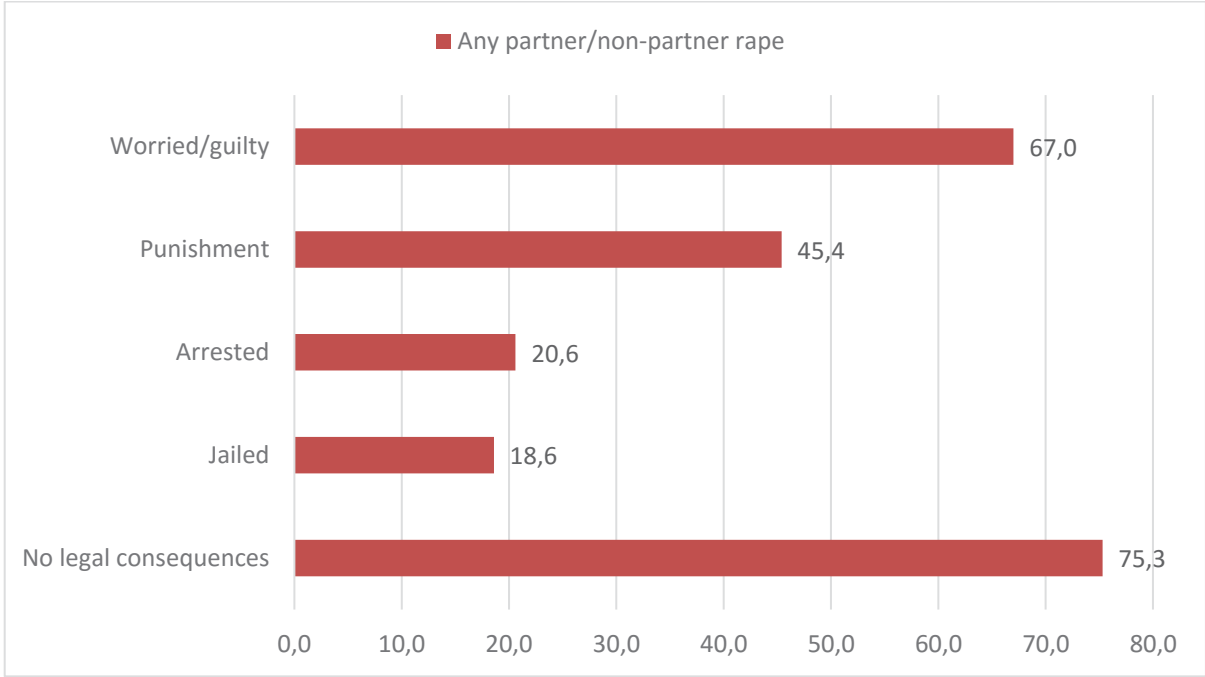
Men who reported having ever perpetrated rape against a woman or girl were also asked follow up questions about their consequences or concerns after their most recent perpetration of rape. Table 5.4 shows the breakdown of the different consequences as reported by men.

Table 5.4 Men’s reported consequences or concerns after their most recent perpetration of rape, among men who ever perpetrated rape against a woman or girl (partner and non-partner)

| Reported consequences of rape perpetration | Perpetrated any rape | |
|--|----------------------|------|
| | n | % |
| Worried | 58 | 59.8 |
| Felt guilty | 61 | 62.9 |
| Punishment from family/friends | 40 | 41.2 |
| Threats from someone supporting the victim | 34 | 35.1 |
| Violence from someone getting revenge for the victim | 26 | 26.8 |
| Arrested, charges dropped | 12 | 12.4 |
| Arrested, went to court | 13 | 13.4 |
| Went to jail | 18 | 18.6 |
| No consequences | 26 | 26.8 |
| Total number men perpetrated any rape against a woman or girl | 97 | |

These different consequences were then grouped according to the type of concern men reported following their most recent rape perpetration. Figure 5.7 shows that while the majority of men (75 percent) reported feeling worried or guilty after the most recent incident of rape, more than two thirds (67 percent) did not experience any legal consequences for their actions. Less than one in five experienced any punishment from family, friends or others supporting their victim.

Figure 5.7 Percentage of men reporting different consequences of rape, among men who ever perpetrated any rape against a woman or girl (N=97)



Discussion

The Study found that women were most at risk of experiencing violence from their intimate partners, as is the case in most settings globally (Garcia-Moreno, Palitto et al. 2013). However, the Study confirms that violence by non-partners is also relatively common. Among the women who completed the survey, 38 percent reported that they had experienced physical violence by someone other than an intimate partner, and 6 percent reported that they had experienced sexual non-partner violence after the age of 15 years.

The WHO has established that the average global prevalence for women’s experiences of non-partner sexual violence is 7 percent, while the regional average for South-East Asia is 5 percent (Garcia-Moreno, Palitto et al. 2013), comparable to these findings.

While using the WHO MCS survey, women’s lifetime experiences of non-partner sexual violence was found to be 10 percent in Kiribati (Secretariat of the Pacific Community 2010), and 18 percent in the Solomon Islands (Fulu, Sauni et al. 2009).

In this Study, 15 percent of men reported having perpetrated rape against any woman in their lifetime. Marital rape was found to be more common than non-partner rape (13 percent and 5 percent respectively), and just over one percent of men reported having perpetrated gang rape. In comparison, the UN MCS in Papua found that 49 percent reported having perpetrated rape against any woman in their lifetime; 44 percent against a partner, and 23 percent against a non-partner. Seven percent of men reported that they had participated in gang rape (Fulu, Warner et al. 2013).

The sexual violence module in the World Bank study on HIV in Papua found that 6 percent of men had perpetrated rape against any woman in their lifetime; among that group of men, 59 percent had perpetrated rape against a partner, and 42 percent a non-partner (Irmanigrum, Priyono et al. 2007).

The findings on the young age at which most men begin perpetrating rape reflect the findings on intimate partner violence that men learn to use violence during adolescence and youth. That young men are learning to use violence against women and to pursue sexual entitlement over women as part of a dominant masculine identity highlights the need to intervene to promote gender equality from a young age. They further signal a need to begin teaching about reproductive health and positive relationships, focused on consent and respect, to children below the age of 15.

The most commonly stated motivations for perpetrating partner and non-partner rape were sexual entitlement (66 percent) and boredom or entertainment (47 percent). This reflects the same pattern as stated by men in other studies (Fulu, Warner et al. 2013). Interestingly, alcohol ranked the lowest motivator for both partner and non-partner rape. This is particularly important in the Papuan context, where alcohol is often blamed as a trigger of violence against women among Papuan men and is also regarded as a key feature of masculinity and toughness (International Centre for Transitional Justice. 2012, Rifka Annisa. and UNDP. 2016). Overall, the findings on motivations for rape further highlight its foundations in gender inequality, and the normalization of violence within a broader construction of masculinity that emphasizes power and domination over women. Indeed, in the focus group discussions of the qualitative component of this Study, men openly discussed their understanding of masculinity as a leader, or warrior, with unrestrained access to and movement within the public sphere. In particular, these men pointed to the use of violence to resolve conflict, obtain goods and exercise power, to confirm that they are ‘real men’ (Rifka Annisa and UNDP. 2016). Such attitudes and beliefs demonstrate the need for coordinated programs aimed at promoting non-violent constructions of masculinity and positive male role models. Moreover, while the survey questions certainly did not capture all of the possible reasons why men perpetrated rape, they nonetheless provide some initial insights that should inform violence prevention strategies.

Men’s stated concerns or consequences of perpetrating rape suggest another point of entry to engage with men and boys to challenge existing beliefs about the use of violence against women and to encourage positive behavior change. A high percentage of men who had perpetrated any partner/non-partner rape in their lifetime said that they felt guilty after the incident. However, this requires more qualitative research in order to unpack what these feelings mean to men, that is, whether they are guilty because they know they have done something illegal, because they know they have done something morally wrong, or because what they have done may bring shame to their family or the victim’s family.

The majority of men who reported perpetrating rape expressed concern or guilt over their actions, however more than one third did not experience any legal or other consequences, confirming that impunity continues to be a major issue in Papua. Those men who reported that they had been jailed following rape perpetration constituted a minority (19 percent). This suggests that community mediation measures (*adat*) likely remains the preferred form of counsel. These findings highlight that much more work is needed to ensure that the Indonesian justice sector in Papua protects women and holds men who perpetrate rape accountable. Building the capacity of legal and justice services in Papua is therefore priority for addressing women’s experiences and men’s perpetration of sexual violence.

Part of this work should also involve community mobilization and strengthening in order to change non-legal practices involving community mediation, and to encourage recourse to the Papuan police.

The Study highlights that the perpetration of sexual violence against women in Papua is an important issue that requires intervention into the normalization of violence against women by unequal and discriminatory constructions of gender. They further highlight the need of health and justice response services to better meet the needs of women who have experienced violence, and to effectively enforce laws against violence.

Chapter 6 : Gender attitudes around violence

Box 6.1 Summary of main findings

- The majority of both men and women agreed that a good wife obeys her husband even if she disagrees
- Almost all women agreed that family matters are only to be discussed within the family
- Approximately half of women believe that it is mandatory for a woman to have sexual intercourse with her husband/partner even if she does not wish to do so
- Ever-partnered women who have experienced physical and/or sexual intimate partner violence are more likely to justify violent acts by their husband/partner
- Nearly 98 percent of men believe that to be a man, you have to be tough

This chapter explores women's and men's attitudes towards gender and violence. In order to assess women's and men's attitudes towards intimate partner violence and whether such behavior was normative, a series of questions were asked to all respondents, including those who were never partnered. The Study included three sets of questions for women to determine attitudes on marital relations; secondly the circumstances under which it is acceptable for a husband/partner to hit or physically mistreat his wife; and thirdly to determine whether and when a woman may refuse to have sex with her husband/partner. In order to assess respondents' attitudes towards gender roles and relations, a condensed version of the Gender-Equitable Men (GEM) scale was asked of all men. Men were also asked questions on gender relations and attitudes.

Women's attitudes towards gender and violence

Women were asked whether they agreed or disagreed with a set of questions designed to determine gender attitudes on marital relationships, and to determine the circumstances under which it is considered acceptable for a man to hit or mistreat his wife/partner.

Gender attitudes on marital relationships

Table 6.1 shows the percentage of women who agree or strongly agree with statements about attitudes on marital relationships. Overall, the majority of women agreed that family matters are only to be discussed within the family (90 percent), and that a good wife obeys her husband even if she disagrees (74 percent). Around half of all women believe that a woman must have sex with her husband/partner even if she does not want to (52 percent). Only one third of women agreed that a woman should be able to choose her friends freely, even if her husband disapproves'; the percentage was even higher among those women who had experienced physical and/or sexual intimate partner violence.

Table 6.1 Percentage of women aged 14-64 who agreed or strongly agreed with statements about attitudes on marital relationships, among all women by experience of intimate partner violence

| Gender attitudes by experience of intimate partner violence | All women | | Never experienced physical/sexual violence | | Experienced physical/sexual violence | |
|--|-----------|------|--|------|--------------------------------------|------|
| | n | % | n | % | n | % |
| Statements on marital relationships | | | | | | |
| A good wife obeys her husband even if she disagrees | 677 | 73.8 | 251 | 76.1 | 141 | 68.5 |
| Family matters are only to be discussed in your own family | 833 | 90.6 | 306 | 92.7 | 184 | 89.8 |
| It is important for a man to show his wife who is the boss | 335 | 37.0 | 118 | 36.1 | 86 | 42.8 |
| A wife can choose her friends freely although it is not agreed by her husband/partner | 306 | 33.6 | 113 | 34.5 | 58 | 28.3 |
| It is mandatory to have sexual intercourse with your husband/partner although you do not want to do it | 462 | 52.3 | 202 | 61.4 | 96 | 47.8 |
| People may be involved if a man does something bad to his wife/partner | 343 | 37.4 | 101 | 30.1 | 78 | 38.1 |
| <i>At least one of the above beliefs</i> | 841 | 97.8 | 319 | 98.8 | 186 | 95.9 |
| <i>At least three of the above beliefs</i> | 628 | 73.0 | 248 | 76.8 | 128 | 66.0 |
| Total number women | 960 | | 330 | | 206 | |

Justification of violence

Table 6.2 presents the percentage of women who believe that under certain circumstances a man has the right to hit or mistreat his wife/partner. Overall, more than half (54 percent) of all respondents agreed with one or more of the justifications given for a husband/partner hitting his wife. The most common justifications for violence given were for infidelity (47 percent) and for disobeying her husband (28 percent).

Among those women who reported experiencing physical and/or sexual intimate partner violence, 67 percent agreed with one or more of the justifications given for a man hitting his wife/partner, and 32 percent agreed with at least three of the reasons given. In general, the rate of concordance with these beliefs was higher among woman who had experienced physical and/or sexual intimate partner violence than those women who had not experienced intimate partner violence.

Table 6.2 Percentage of women who agreed or strongly agreed with statements about situations in which it is 'acceptable' for a man to hit his wife/partner, among all women and by experience of intimate partner violence

| Justification of violence by experience of intimate partner violence | All women | | Never experienced physical/sexual violence | | Experienced physical/sexual violence | |
|--|-----------|------|--|------|--------------------------------------|------|
| | n | % | n | % | n | % |
| Statements on justifications of violence | | | | | | |
| She does not complete her household work to his satisfaction | 170 | 18.5 | 46 | 13.9 | 55 | 26.7 |
| She disobeys her husband | 259 | 28.3 | 68 | 20.8 | 84 | 40.8 |
| She refuses to have sexual relations with him | 110 | 12.3 | 28 | 8.6 | 45 | 22.1 |
| She asks him whether he has other girlfriends | 105 | 11.5 | 27 | 8.2 | 29 | 14.2 |
| He suspects that she has been unfaithful | 120 | 13.2 | 31 | 9.5 | 34 | 16.7 |
| He finds out that she has been unfaithful | 426 | 46.6 | 133 | 40.7 | 124 | 60.2 |
| <i>At least one of the above beliefs</i> | 473 | 54.1 | 152 | 47.8 | 134 | 66.7 |
| <i>At least three of the above beliefs</i> | 176 | 20.1 | 44 | 13.8 | 65 | 32.3 |
| Total number women | 960 | | 330 | | 206 | |

Sexual autonomy: Refusal of sex

Women were asked whether they agreed or disagreed with a series of statements to determine their attitudes towards sexual autonomy. Table 6.3 examines the sexual autonomy of women in intimate relationships. The questionnaire asked women if they believed that a woman has the right to refuse sex with her husband/partner in a number of situations, such as, if she does not want to, if he is drunk, if she is sick, if he mistreats her, or when she is menstruating. Almost all women (98 percent) believed that at least one of those reasons was acceptable to refuse sex. Interesting, women were least likely to accept not wanting to have sex as a valid reason to refuse; more than one third of women who had experienced physical and/or sexual intimate partner violence believed this to be an unacceptable reason for the refusal of sex.

Table 6.3 Percentage of women who agreed or strongly agreed with statements about situations in which it is 'acceptable' for a woman to refuse to have sex with her husband/partner, among all women and by experience of intimate partner violence

| Refusal of sex by experience of intimate partner violence | All women | | Never experienced physical/sexual violence | | Experienced physical/sexual violence | |
|--|-----------|------|--|------|--------------------------------------|------|
| | N | % | n | % | n | % |
| Statements on when a woman can refuse to have sex with her husband/partner: | | | | | | |
| She doesn't want to | 690 | 78.0 | 248 | 76.1 | 139 | 67.5 |
| He is drunk | 853 | 93.8 | 309 | 93.6 | 193 | 94.2 |
| She is sick | 851 | 93.4 | 314 | 95.2 | 187 | 90.8 |
| He mistreats her | 816 | 89.8 | 298 | 90.9 | 182 | 88.8 |
| When she is menstruating | 864 | 95.8 | 321 | 97.3 | 198 | 96.1 |
| <i>At least one of the above beliefs</i> | 861 | 98.4 | 320 | 98.8 | 201 | 98.5 |
| <i>At least three of the above beliefs</i> | 833 | 95.2 | 314 | 96.6 | 191 | 93.6 |
| Total number women | 960 | | 330 | | 206 | |

Men's attitudes towards gender and violence

Respondents' attitudes towards gender were measured using the GEM Scale.⁸ Table 6.4 presents the percentage of men who agreed or strongly agreed with the gender statements in the GEM scale.

Gender Equitable Men (GEM) Scale

Overall, men's responses reflect a general pattern of agreement with inequitable gender norms, for example that a woman's most important role is to keep the home in order and cook for her family, or that it is a woman's responsibility to avoid getting pregnant. While most men did not believe that there are times when a woman deserves to be beaten, more than a third of men believe that a woman should tolerate violence in order to keep her family together. This indicates that, while violence was not necessarily condoned by respondents, maintaining the family was more important regardless of the consequences for women's health and safety.

Almost all men agreed with expressions of a dominant masculinity predicated on harmful notions of male power. The majority of men (98 percent) agreed that to be a man, you need to be tough. More than half of all men believe that men need more sex than women do, and felt that men need to defend their reputations when insulted, with force if necessary (57 percent and 52 percent respectively).

Table 6.4 Percentage of men who agreed or strongly agreed with gender statements, among all men and by perpetration of intimate partner violence

| GEM Scale Statements | All men | | Never perpetrated physical/sexual violence | | Perpetrated physical/sexual violence | |
|---|---------|------|--|------|--|-------|
| | N | % | n | % | n | % |
| A woman's most important role is to take care of her home and cook for her family | 835 | 86.0 | 306 | 82.9 | 209 | 93.3 |
| Men need sex more than women do | 556 | 57.3 | 180 | 48.8 | 176 | 78.6 |
| There are times when a woman deserves to be beaten | 222 | 22.9 | 51 | 13.8 | 82 | 36.6 |
| It is a woman's responsibility to avoid getting pregnant | 415 | 42.8 | 146 | 39.6 | 108 | 48.2 |
| A woman should tolerate violence in order to keep her family together | 365 | 37.6 | 108 | 29.3 | 113 | 50.5 |
| If someone insults me, I will defend my reputation, with force if I have to | 503 | 51.8 | 163 | 44.2 | 139 | 62.1 |
| To be a man, you need to be tough | 953 | 98.2 | 362 | 98.1 | 221 | 98.7 |
| <i>At least one of the above beliefs</i> | 969 | 99.8 | 368 | 99.7 | 224 | 100.0 |
| <i>At least three of the above beliefs</i> | 744 | 76.6 | 273 | 74.0 | 195 | 87.1 |
| <i>Total number men</i> | 971 | | 369 | | 224 | |

⁸ The GEM Scale was developed by the Population Council and Instituto Promundo and has been used in many different countries, both as part of UN and WHO multi-country surveys and in other studies. These attitudinal questions have been used in diverse settings and have consistently shown high rates of internal reliability (Pulerwitz and Barker 2008).

Gender attitudes

Male respondents were asked whether they agreed or disagreed with a series of statements designed to determine gender attitudes and relations. Table 6.5 shows the percentage of men who agreed or strongly agreed with statements about gender attitudes and relations. Overall, almost all men (97 percent) agreed that a woman should obey her husband, and three quarters of male respondents believe that men should have the final say in all family matters. These results sit in contrast with the 89 percent of men who believe that people should be treated the same whether they are male or female, and the 80 percent who agree that men should share household chores with women.

Interestingly, nearly three quarters of all women respondents also agree that a woman should obey her husband, and more than half were likely to justify or excuse violence.

Table 6.5 Percentage of men who agreed or strongly agreed with statements about gender attitudes and relations, among all men and by perpetration of intimate partner violence

| Gender relations and attitudes | All men | | Never perpetrated physical/sexual violence | | Perpetrated physical/sexual violence | |
|---|---------|------|--|------|--------------------------------------|-------|
| | N | % | N | % | n | % |
| Statements | | | | | | |
| I think that people should be treated the same whether they are male or female | 859 | 88.5 | 321 | 87.0 | 203 | 90.6 |
| I think that a woman should obey her husband | 938 | 96.6 | 354 | 95.9 | 217 | 96.9 |
| I think that a man should have the final say in all family matters | 736 | 75.8 | 275 | 74.5 | 170 | 75.9 |
| I think that men should share the work around the house with women such as doing dishes, cleaning and cooking | 772 | 79.5 | 322 | 87.3 | 159 | 71.0 |
| I think that if a man has paid bride price for his wife, he owns her | 477 | 49.1 | 146 | 39.5 | 116 | 51.8 |
| <i>At least one of the above beliefs</i> | 970 | 99.9 | 368 | 99.7 | 224 | 100.0 |
| <i>At least three of the above beliefs</i> | 900 | 92.7 | 335 | 90.8 | 217 | 96.9 |
| <i>Total number men</i> | 971 | | 369 | | 224 | |

Discussion

The Study's findings on attitudes reveal that inequitable gender norms are common. For example, nearly all respondents believed that a woman's most important role is to obey her husband, and to care for her family. This is reflected in the qualitative findings that describe how women are taught from a very young age the meaning of femininity in the Papuan context, and the central role of women to serve their husbands, dress nicely, and keep good manners (Rifka Annisa. and UNDP. 2016). The vast majority of men believe that 'to be a man, you need to be tough', and more than half agreed that men should protect their reputation, with force if necessary. This reflects the deeply embedded construction of masculinity based on male toughness and dominance, that in the Papuan context, is learnt from a very young age through both family and peers,

Men in this city, they will be regarded as masculine when they smoke, drink alcohol, fearless in fighting and are able to kill and so on (Boy from Wamena) (Rifka Annisa. and UNDP. 2016).

In addition, while less than a quarter of men believe that there are times when a woman deserves to be beaten, more than half of women surveyed agree with at least one of the justifications for a man to hit his wife/partner. This is again reflected in the qualitative findings, where one woman was quoted as saying,

A wife should be beaten if she disobeys her husband. She has to accept it, and she must remain in the marriage to maintain the unity of her marriage... (Adult women in Manokwari Barat) (Rifka Annisa. and UNDP. 2016)

In general, studies have found that women often hold more conservative or gender-inequitable views than men. Gender norms, including those that contribute to inequality and men's perpetration of violence, can be reinforced by women as well as men (Fulu, Warner et al. 2013). The widespread acceptability of circumstances under which wife-beating is justified indicates therefore, that it is considered by both men and women in Papua to be an acceptable form of discipline for female behavior that transgresses societal norms.

The high tolerance and justification of violence against women in Papua is concerning, however men's and women's attitudes towards partner violence gender norms are not unusual for the region. The 2012 IDHS found that 41 percent of male respondents in Papua province agree with that a man is justified in beating his wife for at least one of the given reasons; and 25 percent of women in Papua province agree that a man is justified in beating his wife for at least one of the given reasons. The most common reasons for both men and women were related to neglect of the children, and going out without telling her husband (Statistics Indonesia., National Population and Family Planning Board. et al. 2013). Other research highlights that, as violence is understood as an acceptable form of discipline, wife beating is viewed as a justifiable act in instances where a woman has failed to deliver her customary duties or questioned authority within the household (UNICEF. 2012). In fact, women in Papua are often blamed by their families and communities for the behavior that led to the violence, instead of being supported and offered a mode of recourse (International Centre for Transitional Justice. 2012).

The findings on women's sexual autonomy and men's beliefs around sexual violence show that sex is also considered to be central to the construction of masculinity, with more than half of male respondents believing that men need sex more than women do. The Study also found that while the vast majority of women agree with at least one of the reasons given for refusing sex, overall, the least agreed upon reason was simply not wanting to. This resonates with comments made by Papuan women in the focus group discussions, whereby sex is neither something to be negotiated, nor initiated by women,

wife do not have a right to refuse her husband's sexual desires...wife obliges to serve husband, even she has no desire for it...already too tired of doing many things and do not have an interest for sex. Rather than being left to find another woman or being yelled by him...better to grant what he wants (Woman in Prafi) (Rifka Annisa. and UNDP. 2016).

The results of the GEM Scale questions and the questions about gender roles and attitudes are also comparable to other countries in the Asia-Pacific region. In the UN MCS, similar to this Study, the majority of men in Papua agreed with the statement that to be a man, you need to be tough (92 percent). The same was true of most other countries in the study, with more than 90 percent of

respondents also agreeing with this statement in Bangladesh, Cambodia, Indonesia, and Papua New Guinea. The UN MCS also showed that for many countries, including Papua, women are relegated to the domestic sphere by attitudes that view the home and family as women's most important role, and by the belief that a woman should tolerate violence in order to keep her family together (Fulu, Warner et al. 2013). These various findings on gender inequitable attitudes from various parts of the Asia-Pacific region demonstrate that gender inequality in a given setting is part of the global patterns, structures, and norms that constitute gender inequality around the world.

Chapter 7 : Childhood trauma

Box 7.1 Summary of main findings

- Two in five women (39 percent) reported having ever experienced physical abuse during childhood, and 14 percent reported having experienced sexual abuse before the age of 15
- Childhood physical and/or sexual abuse was reported by 41 percent of male respondents, and almost 60 percent of men reported experiencing neglect as a child
- Among women who had ever had sex, 14 percent reported that their first sexual experience was forced or coerced. Women whose first sexual experience was before age 14 were more likely to report forced or coerced first sex
- Almost one third of all men and women had witnessed the abuse of their mother by her partner during childhood

Children are the most vulnerable members of society, and thus their rights must be safeguarded. Children have the right to live free from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. In addition, a child rights-based approach to caregiving and protection requires a paradigm shift towards respecting and promoting the human dignity and the physical and psychological integrity of children as rights-bearing individuals and as unique and valuable human beings with individual personalities, distinct needs, interests and privacy.

The acute and long-term detrimental psychological, physical, and social effects of violence experienced in childhood are well documented (Shaw and Krause 2002, Pinheiro 2006, Miles and Thomas 2007, Zolotor, Theodore et al. 2007). Children exposed to violence in their family either directly (as victims of violence) or indirectly (through witnessing or hearing a parent or relative being emotionally, physically, or sexually abused) can also develop beliefs that violence is a suitable response or way to solve problems (Kerley, Xu et al. 2010). Further, studies have shown that early exposure to violence, especially multiple forms of violence, can create a learned response to violence that predisposes an individual to experiencing violence as an adult, either as a perpetrator, victim or both (Gil-González, Vives-Cases et al. 2008, Jewkes, Sikweyiya et al. 2010, Kerley, Xu et al. 2010, Heise 2011).

Women and men were both asked different sets of questions referring to specific experiences of violence and abuse that they may have experienced during childhood. For women, these questions related to experiences before age 15, and for men before age 18. Respondents were also asked whether they had ever witnessed physical violence against their mother.

As early sexual abuse is a highly sensitive issue that is particularly difficult to explore in survey situations, two methods were used to enhance disclosure of different forms of abuse. First, respondents were asked questions on unwanted sexual contact and forced sex before the age of 18 as part of the childhood trauma scale. Second, respondents completed a self-administered question on unwanted sexual contact or forced sex before the age of 18. The results of these two approaches are discussed below.

In reviewing the findings, it is recommended to take into consideration the historical perspective of the respondents when they were children by referring to Chapter 1. Understanding the environment in which these respondents grew up in can help contextualize the range of experiences that could lead to childhood trauma.

Women’s experiences of violence during childhood

Physical and sexual violence before age 15

Women were asked a number of questions on experiences of physical and sexual violence that they had before age 15. They were asked if, as a child, anyone in their family had ever slapped or spanked them; beaten, kicked or hit them with a fist; hit them with a belt, stick, broom or other implement; or tied them with a rope. Women were also asked if, before age 15, anyone had ever touched them sexually or made them do something sexual that they did not want to, including having sex or attempting to have sex. As discussed above, women were asked this question both directly by the interviewer, and through a self-administered question at the end of the interview.

Table 7.1 shows the findings from these questions. Overall, nearly two in five women (39 percent) reported experiencing any physical violence during childhood, and 14 percent reported experiencing any sexual abuse before age 15, including through the self-administered question.

Table 7.1 Women’s experiences of physical and sexual violence before age 15, among all women

| Women’s experiences of violence during childhood | All women | |
|---|-----------|------|
| | n | % |
| Physical abuse | | |
| Any physical abuse before age 15 | 359 | 38.5 |
| Sexual abuse | | |
| Experienced sexual abuse before age 15 | 53 | 5.5 |
| Penetrative sexual abuse, among women reporting any sexual abuse before age 15 (N=53) | 4 | 7.6 |
| Self-administered question on child sexual abuse | 122 | 12.7 |
| <i>Experienced any child sexual abuse, including self-administered question</i> | 137 | 14.3 |
| <i>Total number women</i> | 960 | |

Forced first sexual experience

Women who reported that they had ever had sex were asked to describe their first experience of sexual intercourse as something that they had wanted to happen, that they had not wanted but that had happened anyway (coerced), or that they had been forced to do (classified as rape). Table 7.2 shows that the majority of women who had ever had sex reported that their first sexual experience was wanted (85 percent), while 9 percent reported that they had been coerced, and 5 percent reported that it had been forced. This means that, overall, 14 percent of women reported that their first sexual experience was forced or coerced.

Table 7.2 also shows the breakdown of forced or coerced first sex by age when the woman first had sex. The younger women were at the time they first had sex, the more likely they were to report that their first experience of sex was forced or coerced. For example, more than one in three women who

first had sex before age 14 reported that this was forced or coerced, compared with less than 5 percent of women who first had sex when they were 20-24 years of age.

Table 7.2 Percentage of women reporting forced or coerced first experience of sexual intercourse by age, among women who have ever had sex (N=486)

| Forced or coerced first sexual experience | Women who have ever had sex | |
|---|-----------------------------|-------------|
| | n | % |
| Situation of first sex | | |
| Wanted to have sex | 409 | 85.2 |
| Not wanted, but had sex (coerced) | 42 | 8.8 |
| Forced to have sex (rape) | 26 | 5.4 |
| <i>Total number of women reported forced or coerced first sex</i> | 68 | 14.2 |
| Forced or coerced first sex by age when they first had sex | | |
| 14 years and under (N=67) | 24 | 35.8 |
| 15-19 years (N=270) | 39 | 14.7 |
| 20-24 years (N=110) | 5 | 4.7 |
| 25 years and over (N=39) | 0 | 0.0 |

Men’s experiences of abuse and violence during childhood

Prevalence of abuse and trauma before age 18

Men were asked a number of questions referring to specific experiences of childhood abuse and trauma and whether they had experienced them never, sometimes, often, or very often before they reached 18 years of age. These statements are based on the short version of the Childhood Trauma Scale (Bernstein, Stein et al. 2003). The statements were then grouped as one of four dimensions of childhood abuse or trauma: hardship, neglect, physical abuse (in the home), and sexual abuse (see Box 7.2).

Box 7.2 Definitions of men’s experiences of childhood abuse and trauma used in the Study

Hardship: means that, before age 18, the respondent did not have enough food to eat.

Neglect: means that, before age 18, the respondent was told they were lazy, stupid or weak by someone in their family; was insulted or humiliated by someone in their family in front of other people; spent time outside the home when adults at home did not know where they were; or both of their parents were too drunk or drugged to take care of them.

Physical abuse: means that, before age 18, the respondent was beaten at home with a belt, stick or whip or something else hard; or was beaten so hard at home that it left a mark or bruise.

Sexual abuse: means that, before age 18, the respondent was touched by someone on the buttocks or genitals or was made to touch someone when they did not want to; or had sex with someone because they were threatened, frightened or forced.

Table 7.3 shows the findings of the questions around men’s experiences of abuse and trauma before they reached age 18. The most commonly reported form of childhood trauma was neglect (59 percent), while one quarter of male respondents (25 percent) reported that they had gone without enough food during childhood. More than two in five men (41 percent) reported that they had experienced at least one form of physical and/or sexual abuse before age 18.

Men were also asked questions on corporal punishment (physical punishment by a teacher or headmaster at school), and whether they had bullied others, or been a victim of bullying. One in two men (50 percent) reported that they had experienced corporal punishment, while experiencing or perpetrating bullying were both reported by 42 percent of men.

Table 7.3 Men's experiences of neglect, hardship, and physical and sexual abuse during childhood, among all men

| Men's experiences of abuse and trauma during childhood | All men | |
|--|---------|------|
| | n | % |
| Type of childhood trauma | | |
| Hardship | 245 | 25.3 |
| Neglect | 574 | 59.1 |
| Physical abuse | 379 | 39.0 |
| Sexual abuse | 60 | 6.2 |
| Physical and/or sexual abuse | 401 | 41.3 |
| Other childhood experiences | | |
| Corporal punishment | 488 | 50.3 |
| Was bullied during childhood | 405 | 41.7 |
| Bullied others during childhood | 412 | 42.4 |
| <i>Total number men</i> | | |

Witnessed abuse of mother

Many studies have shown serious impacts on children who witness their mother being physically beaten (McCue 2008, Miedema 2011). In this Study, women and men were also asked whether, during childhood, they had ever seen or heard their mother being beaten by her husband or partner. Nearly one in three women (29 percent) and men (30 percent) reported that they had ever witnessed the abuse of their mother during their childhood.

Table 7.4 Percentage of men and women who witnessed their mother being abused by a partner during childhood

| Witnessed abuse of mother during childhood | Women | | Men | |
|--|-------|------|-----|------|
| | n | % | n | % |
| Ever witnessed abuse of mother | 276 | 28.8 | 291 | 30.0 |
| <i>Total number women/men</i> | 960 | | 971 | |

Discussion

Childhood trauma and abuse is a major issue in Papua. The Study found that experiences of childhood abuse were widespread, suggesting that there is likely an element of normalization of such violence, including physical violence in the home and at school. The most common form of abuse experienced by women during childhood was physical abuse (38 percent) followed by sexual abuse (14 percent). Among male respondents, the most common form of abuse was neglect (59 percent) followed by physical and/or sexual abuse (41 percent). These findings are consistent with the MICS study, that found that in the six study sites in Papua, 80 percent of children aged 2-14 years experienced at least one form of psychological or physical punishment by their mother/caretaker or other household member. Among those children who experienced physical punishment, they were more likely to experience severe forms of physical punishment (UNICEF. 2012). Similarly, the UN MCS study in Papua

found that 74 percent of men had experienced emotional abuse or neglect as a child, and at least half of all respondents had experienced physical abuse during childhood (Fulu, Warner et al. 2013). Harsh parenting styles are commonly practiced in Papua, particularly by men against their sons. This is seen to be a necessary and important practice in raising 'a real man'. It is often overlooked however that such physical parenting methods may in fact have negative consequences on a child's development by training them to be violent from a young age (Rifka Annisa. and UNDP. 2016).

Overall, we can see that women and men experienced similar rates of childhood violence, however women experienced higher levels of sexual violence than men (14 percent versus 6 percent). The rate of childhood sexual abuse experienced by women is consistent with global estimates (Garcia-Moreno, Jansen et al. 2005, Jansen, Calamita et al. 2010). This study used both a dual method of direct reporting and an anonymous self-administered face-card to determine prevalence of childhood sexual abuse among women because of its highly stigmatized nature, which has consistently yielded higher rates of disclosure. While 6 percent of women reported experiencing childhood sexual abuse, the anonymous report revealed a higher rate of 13 percent. In the WHO MCS, anonymous reports of childhood sexual violence were consistently higher than direct reports (Garcia-Moreno, Jansen et al. 2005).

Overall findings suggest that the rate of child sexual abuse is generally higher among girls than boys, which is consistent with the global literature. Stigma may be one explanation, as it can operate to prevent or deter children from revealing and/or reporting experiences of abuse. Girls may be hesitant to reveal experiences of sexual abuse because of fear or shame, particularly related to notions of women's purity (Luo, Parish et al. 2008). Indeed, in Papua there is a high value placed on female chaste and virginity (Rifka Annisa. and UNDP. 2016). Alternately, in places where negative beliefs regarding homosexuality dominate, young boys may be discouraged from revealing their experiences of sexual abuse (Welchmann and Hossain 2005).

Given the global prevalence of partner violence, it is not surprising that one of the most common forms of childhood exposure to violence is children witnessing marital violence in the home. In this Study, almost one third of women and men reported that they had witnessed their mother being beaten by a partner during their childhood. These figures support the findings of the UN MCS study in Papua, which found that 25 percent of men witnessed their mother being beaten by a partner. These findings are also consistent with the UN MCS in other countries in the region, which found that witnessing physical violence against their mother during childhood was reported by 31 percent of men in Sri Lanka, 32 percent of men in Bangladesh, and 56 percent of men in Bougainville, Papua New Guinea (Fulu, Warner et al. 2013).

Close to half of all male respondents reported either experiencing (42 percent) or perpetrating (42 percent) some form of bullying as a child. Research from high-income country studies suggests that bullying is linked to early exposure to violence (Pears and Capaldi 2001, Ireland and Smith 2009), while other studies have associated experiences and perpetration of bullying during childhood with developmental issues, which in adult life can lead to dysfunctional relationships with women and an increased tendency towards acts of violence, including rape (Jewkes, Sikweyiya et al. 2010).

Although the consequences of exposure to violence during childhood were not analyzed in this study, existing research indicates that the consequences are lasting and severe. All forms of child abuse are significantly associated with mental health problems including symptoms of depression and suicidality

(UNICEF. 2014). Studies have consistently shown the strong links between exposure to violence in childhood and subsequent risk of perpetrating partner violence in adulthood (Capaldi, Chamberlain et al. 1997, Capaldi and Clark 1998, Magdol 1998, Swinford and DeMaris 2000, Ehrensaft 2003). Other studies have found an increased risk of spousal violence for women who witnessed their mothers being abused, or women who were harshly abused during childhood themselves (Jeyaseelan, Kumar et al. 2007, Solotaroff and Pande 2014). Studies from both the industrial and developing world further indicate that children who witness partner violence share many of the same psychological and social consequences as children who have experienced direct physical or sexual abuse (Kitzmann, Gaylord et al. 2003, Herrenkohl, Sousa et al. 2008). Such consequences can include the immediate impact on a child's behavior and personality, as well as damage that carries forward into later adult life. A recent national study in Cambodia found that children of women who experienced partner violence were more likely to have emotional and behavioral problems such as nightmare, wetting the bed, being overly timid or aggressive (WHO. and UN Women. 2015). Children who are raised in violent homes are also more likely to internalize the notion that violence is an effective tool to exert dominance, power, and control, and more readily incorporate aggression into their behavior (Bandura 1978).

Chapter 8 : Impact of intimate partner violence on women’s physical and reproductive health, and on children’s well-being

Box 8.1 Summary of main findings

- The Study findings showed that intimate partner violence has a serious impact on women’s physical and mental health and well-being.
- More than half of all women who had ever experienced intimate partner violence reported that they had sustained an injury.
- One third of women who needed health care as a result of their injuries did not receive the health care that they needed.
- Women who have ever experienced physical and/or sexual partner violence are more likely to have poor general health, difficulty doing routine activities, and asthma than women who have never experienced partner violence.
- Women who had experienced intimate partner violence were less likely to report having ever used contraception.
- Intimate partner violence also has negative consequences for children’s well-being. Women who had experienced physical and/or sexual violence by an intimate partner were significantly more likely to report that their children had experienced emotional and behavioral problems.

International evidence shows that physical or sexual violence is a public health problem that affects more than one third of women globally. The impact of violence on the physical, mental and reproductive health of women and girls can range from broken bones to pregnancy-related complications, mental problems and impaired social functioning, and even death. The WHO study on global and regional prevalence estimates found that globally, 38 percent of all women who were murdered were murdered by their intimate partners, and 42 percent of women who have experienced physical or sexual violence at the hands of a partner had experienced injuries as a result (Garcia-Moreno, Palitto et al. 2013).

The Papua Study explored the impact of physical and/or sexual partner violence in terms of injuries, as well as other general physical, mental and reproductive health outcomes. However, data on homicide is outside the scope of this Study.

This chapter also presents the findings of questions relating to the impact of intimate partner violence on women’s reproductive health and on children’s well-being. As discussed in Chapter 4, nearly two in three women (63 percent) who had experienced any physical intimate partner violence reported that their children were present on at least one occasion of violence. The possible consequences of this exposure to violence are discussed further below and in Chapter 7 on childhood trauma.

Self-reported impact of intimate partner violence

In the questionnaire, women who had reported physical or sexual partner violence were asked whether their partners behavior had affected their physical or mental health and whether it had affected their work or income-generating activities. The data, as presented in Table 8.1, shows that

many women who had experienced physical or sexual partner violence considered that the violence affected their health and ability to function normally. 17 percent of women who had experienced physical or sexual violence by a partner reported that the violence had affected their ability to concentrate at work or other activities. Several women also reported that as a result of the violence they had experienced they lost confidence in their own ability.

Table 8.1 Self-reported impact of intimate partner violence on women’s work or other activities, among women who experienced any physical and/or sexual intimate partner violence (N=206)

| Impact of intimate partner violence on work or other activities | Lifetime | |
|---|----------|------|
| | n | % |
| Interrupted work | 15 | 8.0 |
| Unable to concentrate | 32 | 17.0 |
| Unable to work/Took sick leave | 11 | 5.9 |
| Lost confidence in own ability | 19 | 10.1 |

Injuries as a result of intimate partner violence

Women who reported having experienced physical or sexual partner violence were asked whether their partners’ acts had resulted in injuries. Frequency of injuries, type of injuries and use of health services were also explored. Of women who had ever experienced physical and/or sexual partner violence, 57 percent reported being injured at least once in their lifetime (Table 8.2). Of those who reported injuries, 22 percent had been injured in the past 12 months, more than half (52 percent) had been injured multiple times, and 18 percent reported fainting as a result of their injuries. Women also reported a variety of injuries. The vast majority of women reported injuries such as scratches, abrasions, cuts, punctures and bruises. However, many women also reported more serious injuries including 16 percent who reported sprains or dislocations and 16 percent who reported internal injuries.

Table 8.2 Percentage of women reporting injuries as a result of experiencing intimate partner violence, among women who experienced any physical and/or sexual intimate partner violence

| Injuries from intimate partner violence | Lifetime | | Past 12 months | |
|--|----------|------|----------------|------|
| | n | % | n | % |
| Ever injured | | | | |
| Ever injured, among women who ever experienced intimate partner violence | 106 | 56.7 | 41 | 21.9 |
| Injured several times or often (3+), among ever-injured women (N=106) | 55 | 51.9 | n/a | n/a |
| Ever fainted, among women who ever experienced intimate partner violence | 33 | 17.7 | 5 | 2.7 |
| Type of injury, among women who were ever-injured | | | | |
| Cuts, punctures, bruises | 22 | 20.8 | 8 | 7.6 |
| Scratches, abrasions, bruises | 99 | 93.4 | 38 | 35.9 |
| Sprains, dislocations | 17 | 16.0 | 7 | 6.6 |
| Burns | 2 | 1.9 | 0 | 0.0 |
| Penetrating injury, deep cuts, gashes | 7 | 6.6 | 0 | 0.0 |
| Broken eardrum, eye injuries | 9 | 8.5 | 4 | 3.8 |
| Fractures, broken bones | 4 | 3.8 | 1 | 0.9 |
| Broken teeth | 3 | 2.8 | 1 | 0.9 |
| Internal injuries | 17 | 16.0 | 7 | 6.6 |
| Other | 11 | 10.4 | 7 | 6.6 |

Among women who reported that they had been injured by their partner, one quarter (25 percent) reported that they had been injured badly enough to need health care (Table 8.3). Of those women who ever needed health care, two thirds (64 percent) had received health care. Positively, this means that the majority of women who need health care are receiving the treatment they require.

Of those women who had received health care for injuries, 22 percent reported that they had been required to spend at least one night in hospital due to their injuries. Importantly, the Study revealed that of the women who received health care for violence-related injuries, more than half (56 percent) told the health worker the real cause of their injuries.

Table 8.3 Percentage of women who reported receiving health care for injuries as a result of experiencing intimate partner violence

| Health care | Lifetime | |
|--|----------|------|
| | n | % |
| Ever needed health care, among women who were ever injured (N=106) | 26 | 24.5 |
| Ever received health care, among women who ever needed health care (N=26) | 18 | 64.3 |
| Ever spent at least one night in hospital, among women who ever received health care (N=18) | 4 | 22.2 |
| Ever told health care worker the cause of injury, among women who ever received health care (N=18) | 10 | 55.6 |

Intimate partner violence and women’s physical health

All women, regardless of their partnership status, were asked whether they considered their general health to be bad or very bad, the level of difficulty they experienced doing routine activities, and whether they had experienced extreme sickness, depression or agitation. All women were asked a number of questions, about whether they had any difficulty seeing, hearing, walking, remembering or concentrating, or communicating with their usual or customary language, due to a health problem. Response options were, ‘no problems’ ‘very few problems’ ‘some problems’ ‘many problems’ or ‘cannot do at all’ to at least one of the questions on functioning were categorized as being ‘at risk of disability’. This does not mean that these women have a disability, rather their impaired functioning puts them at risk of having a disability.

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 associations between intimate partner violence and these health problems.

Table 8.4 shows that there is a statistically significant association between women’s experiences of intimate partner violence and problems with general health, difficulty doing routine activities, and asthma.

Table 8.4 Women's physical health, among all women and by experience of intimate partner violence

| Impact of intimate partner violence on physical health | All women | | Never experienced physical/sexual violence | | Experienced physical/sexual violence | | P-value |
|--|-----------|------|--|------|--------------------------------------|------|---------|
| | n | % | n | % | n | % | |
| Impact | | | | | | | |
| Self-reported general health bad/very bad | 189 | 19.7 | 59 | 17.9 | 78 | 37.9 | 0.000 |
| Difficulty doing routine activities (medium-severe) | 35 | 3.7 | 8 | 2.4 | 16 | 7.8 | 0.004 |
| Feel sick, depressed, agitated (medium-severe) | 68 | 7.1 | 2 | 6.4 | 22 | 10.7 | 0.074 |
| Disability | | | | | | | |
| Risk of disability (medium-severe) | 55 | 5.7 | 18 | 5.5 | 18 | 8.7 | 0.140 |
| Health issues | | | | | | | |
| Diabetes | 14 | 1.5 | 6 | 1.8 | 7 | 3.4 | 0.247 |
| Asthma | 70 | 7.3 | 12 | 3.6 | 34 | 16.5 | 0.000 |
| Blood pressure | 112 | 11.7 | 59 | 17.9 | 41 | 19.9 | 0.558 |
| <i>Any diabetes, asthma, blood pressure</i> | 167 | 17.4 | 68 | 20.6 | 65 | 31.6 | 0.004 |
| Total number women | 960 | | 330 | | 206 | | |

Intimate partner violence, women's reproductive health and children's well-being

Information was collected about the number of pregnancies and live births women had had, and whether they had ever had a miscarriage, a stillbirth, or an induced abortion. Women were also asked about their use of contraception. Women who had ever been pregnant were asked whether they had experienced physical violence during pregnancy. In addition, women with children aged 6-12 still living at home were asked questions to determine any emotional or behavioral issues their children may have faced, whether the mother had experienced intimate partner violence or not.

Physical violence during pregnancy

Among ever-partnered women, 487 (90 percent) reported that they had ever been pregnant. Those women who had ever been pregnant were asked if they had experienced any physical violence during pregnancy. Table 8.5 shows the prevalence of physical violence during pregnancy, and details of women's experiences of such violence. Overall, 7 percent of ever-partnered women who had ever been pregnant reported experiencing physical violence during at least one pregnancy. Among those, more than two-fifths (44 percent) were punched or kicked in the abdomen whilst pregnant, and nearly all (93 percent) were beaten by the same person before pregnancy. Nearly half (48 percent) of those women who experienced physical violence during pregnancy had experienced violence during more than one pregnancy.

Table 8.5 Percentage of women reported physical violence during pregnancy, among ever-partnered women who have ever been pregnant

| Physical violence during pregnancy | Women | |
|---|-------|------|
| | n | % |
| Ever any physical violence during pregnancy (N=377) | | |
| Lifetime | 27 | 7.2 |
| Details of physical violence during pregnancy (N=27) | | |
| Punched or kicked in abdomen | 12 | 44.4 |
| Most recent physical violence by father of child | 24 | 88.9 |
| Same person violent before pregnancy | 25 | 92.6 |
| Frequency (N=27) | | |
| Violence during more than one pregnancy | 13 | 48.2 |
| Violence in most recent pregnancy | 18 | 62.1 |

Intimate partner violence and pregnancy outcomes

Women were asked questions around the number of times they had been pregnant, had given birth, and the number of children alive now (parity). They were also asked about any miscarriages, stillbirths, or abortions they may have had. Table 8.6 shows the findings of these questions according to women's experience of physical and/or sexual intimate partner violence. Overall, women who reported having ever experienced intimate partner violence were more likely to have larger families, with three or more children alive at the time of the interview. Due to low reporting rates, the findings on women's negative pregnancy outcomes do not show any statistically significant difference in terms of miscarriages, stillbirths or abortions when comparing women who have and who have not experienced intimate partner violence.

Table 8.6 Parity among women who have ever given birth, and percentage of women reporting different negative pregnancy outcomes among women who have ever been pregnant, and p by experience of intimate partner violence

| Parity and negative pregnancy outcomes | Never experienced physical/sexual violence | | Experienced physical/sexual violence | |
|--|--|------|--------------------------------------|------|
| | n | % | n | % |
| Parity | | | | |
| No children alive now | 2 | 0.7 | 5 | 2.8 |
| 1-2 children alive now | 174 | 58.2 | 88 | 49.7 |
| 3-4 children alive now | 90 | 30.1 | 57 | 32.3 |
| 5 or more children alive now | 33 | 11.0 | 27 | 15.3 |
| <i>Total number ever-partnered women who have ever given birth (N=476)</i> | 299 | | 177 | |
| Negative pregnancy outcomes | | | | |
| Miscarriage | 10 | 3.3 | 6 | 3.3 |
| Stillbirth | 2 | 0.7 | 2 | 1.1 |
| Abortion | 1 | 0.3 | 0 | 0 |
| <i>Total number ever-partnered women who have ever been pregnant</i> | 305 | | 180 | |

Intimate partner violence and contraceptive use

Women were asked if they had ever used a method of contraception to avoid getting pregnant, if they were currently using any method, and if their partner had ever tried to stop them from using contraception. Table 8.7 shows the findings from these questions among women who had ever had sex, and according to women's experience of physical and/or sexual intimate partner violence. Among

all women who had ever had sex, only 54 percent said that they had ever used a method of contraception. This means that nearly half of women who have ever had sex in the Study have never used a method of contraception. Of those women who had ever used contraception, 60 reported current contraceptive use.

Women who had experienced physical and/or sexual intimate partner violence were significantly less likely to report having ever used a form of contraception (45 percent compared with 62 percent of women who have never experienced intimate partner violence).

Table 8.7 Contraceptive use among women who have ever had sex, by experience of physical and/or sexual intimate partner violence

| Women’s contraceptive use by experience of intimate partner violence | All women | | Never experienced physical/sexual violence | | Experienced physical/sexual violence | | p-value |
|---|-----------|------|--|------|--------------------------------------|------|---------|
| | n | % | n | % | n | % | |
| Contraceptive use | | | | | | | |
| Ever used contraception, among women who have ever had sex | 263 | 54.1 | 179 | 61.9 | 84 | 44.7 | <0.001 |
| Currently using contraception, among women who have ever used contraception | 158 | 60.1 | 111 | 62.0 | 47 | 56.0 | 0.350 |
| <i>Total number women who have ever had sex</i> | 486 | | 289 | | 188 | | |
| Partner has ever stopped her using contraception | 51 | 9.4 | 25 | 7.6 | 26 | 12.6 | 0.064 |
| <i>Total number ever-partnered women</i> | 540 | | 330 | | 206 | | |

Circumstances of most recent pregnancy

Women who had had a live birth in the past five years were asked a number of questions about the circumstances of the pregnancy and their maternal health care, including their antenatal and postnatal care, and whether their most recent pregnancy was intended. Table 8.8 shows the results of these questions according to the respondent’s experience of physical and/or sexual intimate partner violence. Among all women who had given birth in the past five years, 15 percent reported that their most recent pregnancy was unintended, 13 percent did not receive any antenatal care, and more than half (59 percent) did not receive any post-natal check-up. There was no significant difference between women who had experienced or never experienced intimate partner violence.

Table 8.8 Circumstances of most recent pregnancy, among ever-partnered women who have ever been pregnant, and who gave birth in the past 5 years, by experience of physical and/or sexual intimate partner violence

| Circumstances of most recent pregnancy by experience of intimate partner violence | All women | | Never experienced physical/sexual violence | | Experienced physical/sexual violence | |
|---|-----------|------|--|------|--------------------------------------|------|
| | n | % | n | % | n | % |
| Circumstances of last pregnancy | | | | | | |
| Last pregnancy unintended | 33 | 15.4 | 19 | 14.8 | 13 | 15.5 |
| Saw no one for antenatal check up | 27 | 12.5 | 12 | 9.4 | 15 | 17.4 |
| No post-natal check up | 127 | 58.8 | 76 | 59.4 | 51 | 59.3 |
| <i>Total number women who gave birth in the past 5 years</i> | 216 | | 128 | | 86 | |

Effects of intimate partner violence and children’s well-being

For women with one or more child aged 6-12 years living at home with them at the time of the survey, a number of questions were asked that explored potential emotional or behavioral issues that their child or children may have faced. These behavioral issues included having nightmares, sucking their thumb or finger, bedwetting, shyness, and aggressiveness towards others. These questions were asked regardless of whether the woman had experienced violence or not. While it is not possible through the cross-sectional survey design to draw a direct correlation between a woman’s experience of intimate partner violence and the impact on her children, some associations can be inferred.

Table 8.9 shows that children of women who had experienced any physical and/or sexual intimate partner violence were more significantly likely to report emotional or behavioral problems, compared with women who did not report experiencing such violence (31 percent compared with 13 percent).

Table 8.9 Effects of intimate partner violence on children among ever-partnered women with one or more child aged 6-12 years living at home, by experience of physical and/or sexual intimate partner violence

| Effects of intimate partner violence on children’s well-being | All women | | Never experienced physical/sexual violence | | Experienced physical/sexual violence | | p-value |
|---|-----------|------|--|------|--------------------------------------|------|---------|
| | n | % | n | % | n | % | |
| Children having emotional or behavioral problems | | | | | | | |
| No or one (0-1) reported problems | 166 | 80.6 | 113 | 86.9 | 52 | 69.3 | 0.002 |
| Few or many (2+) reported problems | 40 | 19.4 | 17 | 13.1 | 23 | 30.7 | |
| <i>Total number ever-partnered women with children aged 6-12 years living at home</i> | 206 | | 130 | | 75 | | |

Discussion

The Papua Study shows that experiences of intimate partner violence were associated with a wide range of physical and reproductive health problems among women. More than half of the women who reported experiencing intimate partner violence sustained an injury; among those women the injuries were frequent and severe. One quarter of those women who had been injured needed medical attention. Of those women who reported receiving medical attention for their injuries, only half revealed the reason for their injury to health care workers. Intimate partner violence is largely considered a private matter, and so it is likely that many women chose not to reveal the cause of their injuries for this reason. Stigma is also a likely cause, as well as fear women may have in reporting. Moreover, many clinics in Papua lack appropriate gender-responsive practices for cases of violence against women, meaning that not only do they not have a private area for victims of partner violence to be assessed, but they also lack adequate referral services and counselling support (Iskander 2016).

The findings of this Study demonstrates that violence is not only a significant health problem because it causes direct injuries, but also because it indirectly impacts on a number of health outcomes including gender health and asthma. Because of the cross-sectional design of the Study, it was 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 and colleagues (2008) show, previous studies on women’s health suggest that reported

health problems are mainly outcomes of abuse rather than precursors (Campbell 2002, Krug 2002). The fact that an association was found between self-reported experiences of ill-health in the previous four weeks and lifetime experiences of intimate partner violence suggests that the impact of violence may last long after the actual violence has ended.

Women who had experienced intimate partner violence were significantly more likely to have health problems and emotional distress than women who had not experienced intimate partner violence. This is consistent with the experiences of other countries where the WHO MCS was undertaken, as well as studies from around the world showing that women who are physically abused often have many less-defined somatic complaints, including chronic headaches, abdominal and pelvic pain, and muscle aches (Watts, Heise et al. 1998, Campbell 2002, Kishor and Johnson 2004a, Eberhard-Gran, Schei et al. 2007, McCaw, Golding et al. 2007, Ellsberg, Jansen et al. 2008, García-Moreno, Hegarty et al. 2015, García-Moreno, Zimmerman et al. 2015). 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, Heise et al. 1998). Links have been found in other countries between physical abuse and higher rates of psychiatric treatment, attempted suicide, and alcohol dependence (Plitcha 1992).

The Study also found that intimate partner violence impacts women's reproductive health and the well-being of their children. Physical violence during pregnancy was reported by 7 percent of ever-partnered women who had ever been pregnant, and among those women who experienced any physical violence during pregnancy, more than two in five (44 percent) reported that they had been punched or kicked in the abdomen. These findings are within the range found by other studies using the WHO methodology in the Asia-Pacific region, with 4 percent of women in Cambodia having experienced violence during pregnancy (WHO. and UN Women. 2015), and 23 percent in Kiribati (Secretariat of the Pacific Community 2010). Studies have also shown that women who experience intimate partner violence during pregnancy are at greater risk of having attempts made on their lives by their partner (McFarlane 2002). Pregnancy therefore reflects a point in women's lives when they are particularly vulnerable to severe forms of intimate partner violence.

Violence during pregnancy also reflects ongoing patterns of violence and control within abusive relationships. In the Study, nearly all women who experienced any physical violence during pregnancy had been beaten by the same person before they were pregnant (93 percent), and most were beaten by the father of the child (89 percent). Similar patterns of intimate partner violence were also found in other studies in the Asia-Pacific region, including Cambodia, Kiribati, and the Solomon Islands (Fulu, Sauni et al. 2009, Secretariat of the Pacific Community 2010, WHO. and UN Women. 2015)

In terms of contraceptive use, the Study found that women who had experienced intimate partner violence also reported lower use of contraception.

These findings are supported by other studies in the Asia-Pacific region which have shown a relationship between women's experiences of intimate partner violence and their control over their own reproductive and sexual health. For example, studies using the WHO methodology in Kiribati, the Solomon Islands, and Cambodia found that women who had experienced physical and/or sexual violence were more likely to have had a partner stop them using contraception and to have had an unplanned pregnancy (Fulu, Sauni et al. 2009, Secretariat of the Pacific Community 2010, WHO. and

UN Women. 2015). Such a pattern reflects the controlling nature of abusive relationships within which women's health and reproductive choices are limited, and they are subject to violence (Kishor and Johnson 2004a, Gao, Paterson et al. 2008, Fulu, Sauni et al. 2009).

As discussed in Chapter 4, nearly two-thirds of women (63 percent) who had experienced physical intimate partner violence said that their children had witnessed violent incidents on at least one occasion. This Study further showed that partner violence also impacts upon children. Children aged 6-12 living with women who had experienced intimate partner violence were more likely to have emotional and behavioral problems such as nightmares, sucking thumb, wetting the bed, and being overly timid or aggressive, compared with children of women who had not experienced intimate partner violence. This highlights the need to prevent violence not only because of its serious consequences on women, but also on their children's health and wellbeing. It also points to the need to ensure that children who witness violence have access to appropriate support services as part of a holistic approach to preventing the cycle of violence.

The Study findings around the serious health impact of intimate partner violence are particularly important considering the findings of the Institutional Capacity Assessment on gender-based violence support services in Papua and West Papua. The assessment found that in West Papua, hospitals and other medical services are not equipped to respond to women who have experienced sexual violence, and women who present with injuries from violence are generally treated in the same way as other patients – there is no special medical record or clinical approach for addressing these women's needs. There is also no referral process in place for referring women to counselling or other similar services, which can have serious implications for women's mental health and well-being. In Jayapura, the assessment found that the district *Pusat Pelayanan Terpadu Perempuan Dan Anak (P2TP2A)* (Center of Integrated Services for Women Empowerment & Children), despite receiving some capacity building from UNFPA to strengthen the support network, did not have separate or specialized facilities for women who had experienced violence. In the Bhayangkara hospital however, there is a One-Stop-Crisis Center, which is set up with limited specialized services including rape kits. The assessment found overall that existing medical services in Papua are not sufficient to deal with women's needs or to address the significant health impacts of intimate partner violence, including broader counselling and support services.

Overall the study confirms that violence against women is a serious public health issue, as has been recognized globally (Garcia-Moreno, Jansen et al. 2005). The role of the health care system is central therefore to a multi-sectoral response to violence against women, and must ensure the enabling conditions for providers to address violence against women, including well-developed coordination and referral networks and pathways, integrated service delivery, protocols and capacity building. At present, the health care system in Papua does not have sufficient protocols in place to specifically address and respond to violence against women. As discussed in the recommendations of this report, it is suggested that health sector responses be based upon the WHO clinical and policy guidelines on responding to IPV and sexual violence against women. These guidelines offer health care providers evidence-based guidance on appropriate care, including emotional support and clinical interventions, for women experiencing intimate partner violence and non-partner sexual violence (Garcia-Moreno, Palitto et al. 2013).

Chapter 9 : Women’s coping strategies and responses to intimate partner violence

Box 9.1 Summary of main findings

- The Study findings showed that nearly half of women who had experienced any physical and/or sexual intimate partner violence had not told anyone about their partner’s violent behavior (49 percent), and had not received help from anyone (49 percent).
- Women who did disclose their experiences of intimate partner violence most often did so with their own parents or siblings, or other family members.
- The majority of women (85 percent) who had experienced intimate partner violence never approached any formal agencies or persons of authority for support or assistance.
- The most common reasons women gave for not seeking help were that they were worried it would bring a bad name to the family, that they were worried about threats or consequences, or that they were embarrassed, ashamed, or believed they would not be believed.
- When women did seek help, the most common reasons they gave were that they could not endure more, they were encouraged by friends or family, or that they were badly injured.

Contextualized analysis of women’s experiences of violence reveals that women exercise agency and varying degrees of control over their lives, even within the constraints of multiple forms of subordination (United Nations General Assembly 2006). It is therefore crucial to acknowledge that women who experience violence are not merely victims but rather, survivors. Despite there being limited formal support services such as shelters available on a limited basis to women in Papua, they have developed their own coping strategies and mechanisms which draw on informal networks such as friends and family as well as more formal government and nongovernmental agencies. Many other women however just endure the violence. This chapter explores women’s responses to intimate partner violence and their coping strategies.

To explore women’s coping strategies, respondents who reported having experienced physical or sexual intimate partner violence were asked a series of questions about whom they talked to about their partner’s behavior, where they had sought help, who had helped them, how satisfied they were with the help, 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, questions were asked only about the most recent partner who had been violent towards her.

Women’s support seeking after experiences of intimate partner violence

Who women have told about their partner’s violent behavior

Women who reported having experienced any physical and/or sexual intimate partner violence in their lifetime were asked whether they had ever told anyone about their partner’s behavior. Table 9.1 shows the range of possible answers from women who had ever experienced physical and/or sexual intimate partner violence regarding the people they had told, and the assistance they received.

Nearly half of all women who had experienced intimate partner violence reported that they had never told anyone about their partner’s behavior (49 percent). This suggests that, for many women, the

interviewer was the first person they had ever talked to about their experiences of violence.

Among women who had told someone, they most commonly told their own parents or siblings, their partner’s family, or their own friends or neighbors. Very few women had told someone in a position of authority such as police, religious leaders or local leaders. Crucially, very few women reported that they had told a doctor or health worker, a counsellor, or a non-governmental or women’s organization about their partner’s violent behavior, or that these services had ever helped them.

Table 9.1 Who women have told about their partner’s use of violence, and who helped, among women who ever experienced physical and/or sexual intimate partner violence (N=206)

| Who women told | Who women have told | | Who helped | |
|---|---------------------|------|------------|------|
| | n | % | n | % |
| Parents | 42 | 20.4 | 36 | 17.5 |
| Sibling | 33 | 16.0 | 23 | 11.2 |
| Uncle or aunt | 5 | 2.4 | 3 | 1.5 |
| Partner’s family | 19 | 9.2 | 20 | 9.7 |
| Children | 6 | 2.9 | 7 | 3.4 |
| Neighbors | 12 | 5.8 | 12 | 5.8 |
| Friends | 13 | 6.3 | 8 | 3.9 |
| Police | 6 | 2.9 | 5 | 2.4 |
| Priest/religious leader | 4 | 1.9 | 3 | 1.5 |
| Local leader | 6 | 2.9 | 5 | 2.4 |
| Other | 1 | 0.5 | 2 | 0.1 |
| No one | 100 | 48.5 | 101 | 49.0 |
| <i>Total number women ever told someone</i> | 106 | 51.5 | 105 | 51.0 |

Agencies that women approached for support

Women were asked whether they had ever sought assistance from formal agencies or people in positions of authority for support, including police, health services, legal advice, non-governmental organizations, community leaders, and religious leaders. Table 9.2 shows that the vast majority (85 percent) of women who had experienced intimate partner violence had never sought assistance from formal agencies or authorities. While women most commonly sought help from the police, this was only 7 percent of all women who had experienced such violence. It is important to note that no women reported ever seeking assistance from any social services or shelters.

Table 9.2 Agencies that women approached for support, among women who experienced any physical and/or sexual intimate partner violence (N=206)

| Who women told | Women who sought help | |
|--|-----------------------|------|
| | n | % |
| Police | 14 | 6.8 |
| Hospital or health center | 6 | 2.9 |
| Legal advice center | 1 | 0.5 |
| Court | 1 | 0.5 |
| Local leader | 7 | 3.4 |
| Women’s organization | 2 | 1.0 |
| Priest/religious leader | 8 | 3.4 |
| Other | 2 | 1.0 |
| <i>Total number women ever sought assistance</i> | 30 | 14.6 |

Reasons for seeking help and for not seeking help from agencies

Women who went to at least one service for assistance were asked what made them go for help. Those women who had not sought help were also asked why this was the case. Figure 9.1 illustrates the reasons women gave for seeking or not seeking assistance after their most recent experience of intimate partner violence, in order from most commonly to least commonly stated reasons. The most frequently given reasons for seeking help were that they could not endure the violence, that they were encouraged to seek help by friends or family, and that they were badly injured.

The most common response given for why women did not seek help was that they were worried it would bring a bad name to the family, that they were scared of threats or consequences, and that they were embarrassed, ashamed or afraid that they would not be believed or would be blamed. Other reasons women gave were that they believed the violence was normal or not serious, and that she would lose her children.

Figure 9.1 Different reasons women gave for seeking help (among women who sought help), and for not seeking help (among women who did not seek help) in order from most commonly to least commonly stated reasons

| Reasons that women sought help | Reasons that women did not seek help |
|------------------------------------|---|
| Could not endure more | Worried would bring bad name to family |
| Encouraged by friends/family | Fear of threats or consequences |
| Badly injured | Embarrassed, ashamed or afraid would not be believed or would be blamed |
| He threatened or tried to kill her | Violence normal or not serious |
| He threatened or hit children | Afraid she would lose her children |
| Saw that children were suffering | Afraid he would end the relationship |
| Afraid that he would kill her | |

Women who leave

Women who experienced physical or sexual intimate partner violence were asked if they had ever left home because of the violence, even if only overnight. Table 9.3 shows that of women who experienced intimate partner violence, 70 percent had never left home because of the violence. Women who had left for at least one night were asked where they went when they left. Among those women who had left at least once, the majority said that they went to their own relatives (78 percent), or other family members. Importantly, none of the women who had left said that they went to a shelter or to a church, temple or mosque.

Table 9.3 Percentage of women who left (for at least one night) because of their partner's violent behavior, among women who had ever experienced physical and/or sexual intimate partner violence

| Women who leave | Experienced physical/sexual violence | |
|---|--------------------------------------|------|
| | n | % |
| Ever left, among women who experienced intimate partner violence (N=206) | | |
| Left for at least one night | 64 | 31.1 |
| Where women left on the last time, among women who ever left (N=64) | | |
| Her relatives | 50 | 78.1 |
| His relatives | 5 | 6.8 |
| Her friends/neighbours | 5 | 7.8 |
| Hotel/lodgings | 1 | 1.6 |
| Other | 3 | 4.7 |

Fighting back

Women who had experienced physical intimate partner violence were asked whether they had ever fought back physically against their partner in retaliation or self-defense. Two in five women (39 percent) who had experienced physical intimate partner violence said that they had fought back against the violence. In terms of frequency of fighting back, 19 percent of women responded that they had fought back once, 18 percent fought back several times (2-5 times), and 1 percent fought back many times or most of the time. Among women who did fight back, more than half (56 percent) said that the violence got worse, indicating that this is not a positive coping strategy for women to adopt when faced with their partner's violent behavior.

Discussion

The Study found that most women did not tell anyone about their experiences of physical and/or sexual intimate partner violence, nor did they seek support from any formal agencies or other community authorities. This highlights the serious barriers that women suffering violence face in seeking and accessing support in the study sites in Papua, including in particular the stigmatization of disclosing violence and seeking assistance.

The findings of the Study highlight that women who have experienced intimate partner violence do not feel comfortable approaching the police, health services or other support organizations because they are worried about how they will be viewed and treated by their families and their communities. The results of the Study showed that many women felt shame or embarrassment for their experiences, or were worried about how it would impact on their family's reputation. Women also reported feeling afraid of any negative consequences that may result in their seeking help. These perceptions prevent them from seeking help and are based on victim-blaming attitudes around violence against women. This is particularly concerning considering women who did seek help most commonly did so because they could not endure any more, indicating that for most women, seeking help is often a last resort.

One of the most important findings on women's coping strategies and help seeking behaviors for intimate partner violence was that no women reported seeking assistance from response services such as women's shelters or organizations, and very few women had told a health worker or women's organization about their partner's behavior. This finding in particular highlights the strong stigma that women face against help-seeking, and is again concerning considering more than half of women who had experienced violence reported that they had ever been injured.

The findings of the Institutional Capacity Assessment (2016) of gender-based violence service providers in four different districts in Papua and West Papua also give an indication of the shortcomings of existing response services to meet the needs of women who have experienced violence. The assessment found that in Manokwari, the two crisis centers are only contactable by the private phone numbers of individual staff, and there is no security in place for the very limited shelter space. This is problematic where many women in the Study who had experienced violence reported being afraid of potential threats if they sought help. Ensuring the safety and security of women who have left abusive relationships is paramount if effective response and support services are to be provided. In Sorong district, the assessment found that there was little knowledge about existing services, that

there was no identifiable shelter, and that there was no known referral service for health workers to refer women on to counselling or other support services.

The Institutional Capacity Assessment (2016) also found that legal and justice services are currently lacking the capacity to effectively deal with cases of violence against women. In Manokwari, there are no specialized legal aid services and no measures in place for women, or children, who present with cases of intimate partner or non-partner violence. While restraining orders do exist under the domestic violence law, they are rarely enforced, and women must first overcome significant social barriers and stigmatization to be able to get a restraining order. Similarly, in Sorong district, the assessment did not find record of cases being brought before the courts, and instead most cases of violence against women are solved through the tribal justice system and in collaboration with tribal leaders. Thus women in these districts are not being properly protected by the legal system, which can have serious consequences for their children as well where women are unable to leave abusive relationships. Substantive reform and capacity building of response and legal services across Papua are vital steps if these services are to be able to effectively provide the necessary support for women who are experiencing violence. The importance of these measures are discussed further in the recommendations in Chapter 10.

Chapter 10 : Conclusions and recommendations

The *Study on women's and men's health and life experiences in Papua, Indonesia* is a baseline survey that measures the prevalence of both women's experiences and men's perpetration of violence against women and their health consequences in Papua. Previous studies have indicated the widespread nature of violence against women in Papua, and this study expands upon that earlier research (Fulu, Warner et al. 2013). The results of this Study will provide an important evidence base from which the Government of Indonesia, local non-governmental organizations, and other agencies working on violence against women in their country, will be able to develop and implement more appropriate and effective policies and programs to prevent violence.

The findings of this comprehensive study illustrate important patterns of violence against women and girls in Papua, and men's perpetration of violence. The Study results show that women in Papua are at greatest risk of violence from their intimate partners, and that this violence is often frequent and severe. Intimate partner violence includes physical, sexual, emotional and economic violence, and effective prevention and response to violence against women and girls requires more inclusive strategies, long-term commitment and coordination among key stakeholders. The Study also shows that women of Papua also experience physical and sexual violence by non-partners, but it is most often by people known to them.

Men's perpetration of sexual violence against both partners and non-partners is an important issue that must be addressed through tackling gender inequality at the individual, community, institutional, and societal levels that drives violence against women in Papua. This will require widespread and multi-sectoral intervention into the structures, attitudes, and behaviors that perpetuate harmful constructions of masculinity based on male sexual entitlement over women's bodies. Men must be held accountable by their communities, by organizations and by legal and justice services, in a way that also challenges existing ideas about the normalization of violence and its use in response to household and community tensions.

The Study conclusively demonstrates that violence against women in Papua is a major public health issue with long-term physical, mental and reproductive health consequences. Further, women's experiences of violence have serious negative impacts on their children's well-being and on their productivity and ability to participate fully in society.

The extent of gender unequal attitudes and norms towards marital relations, and wife beating shared by men and women demonstrate the urgency to change the behaviors, beliefs and structures that reinforce gender inequalities. The Study findings show that such behaviors and beliefs operate within relationships to place women at greater risk of violence. For example, this is illustrated by the finding that women who have experienced intimate partner violence are more likely to agree with the justifications for a man to hit his wife, compared with women who have not experienced such violence. Similarly, men who have perpetrated violence were more likely to believe in these justifications and moreover that women should tolerate violence in order to maintain the family unit.

The key recommendations of the Study are outlined in Box 10.1. They reflect the specific key findings of the Study whilst also aiming to build on the achievements of civil society and government. These

recommendations draw strongly from existing global knowledge and practice on violence prevention and are intended to complement and support the existing national frameworks and approaches for prevention and response. These recommendations further draw from the findings of the Institutional Capacity Assessment of gender based violence service providers in Papua. Overall, violence prevention and response plans should be multi-sectoral, interlinked, and coordinated in a strategic and targeted manner. They should also be incorporated into the larger social development, gender equality and human rights frameworks and plans within the region.

These recommendations are informed by international mechanisms and normative frameworks, such as the Convention on the Elimination of Violence against Women (CEDAW), the International Conference on Population and Development Platform for Action and the Convention on the Rights of the Child and the new Sustainable Development Goals. They are also informed by the latest evidence globally including the Plan of Action recently published in the *Lancet* (García-Moreno, Zimmerman et al. 2015).

The following recommendations first present the key findings from the analysis and what needs to change, based on those findings. Examples of programs and approaches are then presented for each recommendation. The suggested programs and responses are just some of the many possible interventions required, and are based on existing evidence of which interventions are promising or effective for the prevention of, and response to, violence against women (Ellsberg, Arango et al. 2015, Fulu and Kerr-Wilson 2015).

Box 10.1 Key recommendations from the Study on women's and men's health and life experiences in Papua, Indonesia

| RECOMMENDATION | KEY FINDINGS | EXAMPLES OF PROGRAMMES AND APPROACHES |
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| <p>Recommendation 1: Promote gender equality and women's empowerment</p> | <p>Violence against women is driven by gender inequality.</p> <p>Direct access to economic resources is an important contributor to women's empowerment and the breakdown of social norms that facilitate inequality. The qualitative findings and the ICA Report suggest that women who are forced or choose to leave polygamous relationships are left economically vulnerable.</p> | <ul style="list-style-type: none"> • Ensure national laws, policies, and institutions in all sectors promote equality for women and men and eliminate all forms of discrimination against women. • Strengthen the Customary Marital Law to protect women in polygamous marriages/unions who experience intimate partner violence • Develop skills and income generation programmes that enhance women's economic empowerment and women's access to and control over financial resources, including increasing financial decision-making power and economic independence. Evidence suggests that economic empowerment programmes when combined with gender transformative training can be effective in reducing rates of violence. • Integrate women's empowerment programming into different sectors, including microfinance, agriculture, water and sanitation, and other development programming for women. |
| <p>Recommendation 2: Challenge social norms related to the acceptability of violence against women</p> | <p>More than half of all women believed that a man is justified in beating his wife under some circumstances, and the majority of women agreed that a woman must obey her husband.</p> <p>The results of the questions on respondents' attitudes about gender relations demonstrate that the majority of men and women believe that a woman's primary role is to care for her family, even if it means tolerating violence.</p> | <ul style="list-style-type: none"> • Implement long-term and comprehensive community mobilization interventions that work with women and men, girls and boys, to change the social norms that perpetuate gender inequality, violence against women and girls, with priority given to interventions that foster collaboration between programmes. • Implement facilitated community conversation approaches that make violence against women prevention a community-owned and led issue. • Work intensively with cultural influencers, including local leaders (with whom most women seek help), religious |

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| | | <p>leaders and those revered in the media or popular culture to educate them on violence against women and how to effectively respond to cases.</p> |
| <p>Recommendation 3: Promote healthy and consensual relationships and address male sexual entitlement</p> | <p>Men, and especially male partners, are the primary perpetrators of violence against women. The prevalence of male violence against women reflects narratives of masculinity that rationalize and celebrate male strength, the use of violence, and men’s power over women. The majority of men who perpetrated sexual violence for the first time were aged 15-19 years. This indicates that adolescence is a crucial point of intervention into men’s learned patterns of violence and sexual entitlement. The most common motivations for perpetrating rape were sexual entitlement, for entertainment or out of boredom.</p> | <ul style="list-style-type: none"> • Address male sexual entitlement, including working specifically with young boys, below age 15, to address the early age of perpetration of sexual violence. These sexual education initiatives should focus on respectful relationships, grounded in consent • Participatory, community-driven projects that engage multiple stakeholders and support a process of critical thinking about violence and models of manhood and its consequences. • These initiatives must be conducted in conjunction with a strengthening of the justice sector response to sexual violence |
| <p>Recommendation 4: Promote non-violent ways of being a man that are oriented towards equality and respect</p> | <p>The vast majority of male respondents agree that, ‘to be a man, you need to be tough’. More than half of male respondents also believe that a man should defend his reputation with force if he has to.</p> <p>More than a third of women believe that it is important for a man to show his wife who’s boss, and around half of all female respondents agreed that women must have sex with their husband/partner even if she does not want to.</p> | <ul style="list-style-type: none"> • Programs that include support for men’s mental health, including skills building for non-violent conflict resolution. • Implement sustained school-based and out-of-school interventions with boys and girls to promote respectful relationships, and social norms that value, respect and empower all women and girls. • Use peer group approaches to work with teenage boys to promote a more positive understanding of consent and condemn rape beliefs and practices. • Work with male role models and local leaders in a long-term and comprehensive ways to promote positive ways ‘to be a man’. |

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| <p>Recommendation 5: Strengthen the role of the health sector in responding to and preventing violence against women</p> | <p>Health-care providers are likely to be one of the first professional points of contact for survivors of intimate partner violence or sexual assault. More than a quarter of women who reported experiencing intimate partner violence sustained injuries from the violence.</p> <p>Women who experienced intimate partner violence were significantly more likely to experience poor physical, mental and reproductive health.</p> | <ul style="list-style-type: none"> • Increase gender sensitization among health-care providers, policy makers and other stakeholders and raise awareness of the significant health burden of violence against women and the important role of the health sector in addressing violence against women (the results of this report can be a key advocacy tool in this regard). • Mainstream gender responsive services in the health sector. Specifically, integrate violence against women response and prevention into the mandate of the health sector including initiatives related to reproductive health, maternal health, child health, mental health, and substance abuse prevention. • Integrate continuing supervision, training and mentoring on violence against women into health sector curricula. • Develop and implement clinical guidelines and protocols for responding to intimate partner violence and sexual violence against women in health settings, including free access to services and referral. Protocols should be based on the WHO clinical and policy guidelines: http://bit.ly/1PMxihB • Increase training to provide qualified counsellors in crisis centers or medical clinics. |
| <p>Recommendation 6: Enforce the domestic violence law and strengthen the capacity of the justice sector</p> | <p>Most women who had experienced intimate partner violence do not report the abuse to the relevant authorities. Other research suggests this is because of a culture of impunity, a lack of transparency, and a failure by police and officials to recognize the sensitivity and severity of violence against women.</p> <p>Cases of violence against women are regularly dealt with by community and tribal leaders, and result in a compensation of goods or moneys to the family of the</p> | <ul style="list-style-type: none"> • Integrate gender sensitization and comprehensive training on violence against women, including marital rape, into police, law enforcement and other legal authorities training curricula. • Invest in community programming which focuses on educating men and women about laws and legislation regarding violence against women, violence prevention, and individual risk factors. • Establish a comprehensive monitoring system to ensure the effective administration of justice. |

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| | <p>victim. Often cases that have been reported to police are mediated by local leaders instead.</p> | <ul style="list-style-type: none"> • Involve customary tribal leaders to review gender-sensitive laws as well as train them to deal with gender based violence cases utilizing a human rights perspective |
| <p>Recommendation 7: Address child abuse and promote healthy families and violence free environments for children</p> | <p>Violence against women can have long-term effects on victim’s children. The Study found that children of women who had experienced IPV suffered from greater emotional and behavioral problems. Violence against women can also impact children’s education and development.</p> <p>Women who had witnessed or experienced IPV, or who had partners who had witnessed violence as children, were more likely to experience violence later in life. This suggests that violence is partly socially learnt in childhood.</p> | <ul style="list-style-type: none"> • Implement positive parenting programmes that provide skills, tools, resources and support to foster healthy, non-violent and safe homes and non-violent discipline. • Implement comprehensive communications campaigns to address the social tolerance of violence against children. • Implement programmes to improve conflict resolution, problem solving skills, relationship building, and promote healthy communication skills within relationships. • Promote child participation in family decision making and raise children’s awareness and knowledge on child rights, and child protection services. |
| <p>Recommendation 8: Coordinate</p> | <p>Violence against women is widespread, cuts across all groups of society and has major health and social consequences. It is also driven by a number of interconnected factors that operate at the individual, family, community and societal levels. Therefore, a comprehensive and coordinated approach is needed to respond to and prevent violence against women.</p> | <ul style="list-style-type: none"> • Promote a coordinated gendered response mechanism at the national and sub-national levels between ministries, institutions, service providers, private sector and other key stakeholders for a prevention and response strategy, and for the development of knowledge and skills. • Ensure adequate resources are available to support the implementation of national action plans in all relevant sectors, and for the engagement of community based support networks and women’s movement and women’s organizations. • Support mechanisms to promote collaboration and coordination between all sectors to nurture coherence and efficient use of resources, so as to improve services for survivors of violence. For example, establish a multi-sectoral Coordinated Response Mechanism (CRM) at the sub-national level in cooperation with provincial and district institutions. |

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| <p>Recommendation 9: Conduct further research, monitoring and evaluation</p> | <p>Research and evidence have been important in highlighting the prevalence and severity of violence against women.</p> <p>However the field of violence prevention is relatively new and there is a strong need to monitor and evaluate programmes to determine what is working, what is not, and continually improve efforts.</p> | <ul style="list-style-type: none"> • Continue to monitor the prevalence of violence against women through the DHS and other population-based surveys. • Use a comprehensive system of data collection and monitoring to regularly collect data from relevant stakeholders to monitor and evaluate programs aimed at prevention. • Document the cost and cost-effectiveness of violence programming to inform resource planning and priority setting. • Carefully monitor women’s use of services to promote greater access and improve response systems. |
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Chapter 11 : References

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