NATIONAL STUDY ON VIOLENCE AGAINST WOMEN IN GEORGIA 2017

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ACRONYMS AND ABBREVIATIONS

CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DHS	Demographic health survey
DVL	Law of Georgia on Elimination of Violence against Women and Domestic Violence, Protection and Support of Victims of Violence
EU	European Union
FGDs	Focus group discussions
FRA	European Union Agency for Fundamental Rights
GEOSTAT	National Statistics Office of Georgia
HH	Household
IPV	Intimate partner violence
Istanbul Convention	Council of Europe Convention on preventing and combating violence against women and domestic violence
KIIs	Key informant interviews
LBT	Lesbian, bisexual and transgender
NGO	Non-governmental organization
PSU	Primary sampling unit
SDGs	Sustainably Development Goals
SSU	Secondary sampling unit
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNFPA	United Nations Population Fund
VAW	Violence against women
VAWG	Violence against women and girls
VET	Vocational education and training
WHO	World Health Organization

FOREWORD

UN Women has been supporting national partners in Georgia to end violence against women and girls and domestic violence (VAWG/DV) since 2010. Throughout the past eight years, we have provided technical assistance to the Government of Georgia to align national legislation and policies with the relevant international legal frameworks and standards. To enhance implementation of the laws and policies, UN Women Georgia has supported the establishment of specialized services for survivors of domestic violence, such as the first state-run shelters, crisis centres and hotlines and rehabilitation programmes for perpetrators. We have helped to develop key capacities within the relevant service providers and promoted these services – assisting the survivors to reach out for professional assistance.

The collection and analysis of data on violence against women and girls is another key area of UN Women's work in Georgia. The availability of quality data on VAWG/DV is critical to understand the extent and nature of the problem, to design evidence-based policies to tackle it and to assess progress.

The National Study on Violence against Women, carried out in 2017 in partnership with the National Statistics Office of Georgia (GEOSTAT) and with the generous support of the European Union, fills the gap of nationally representative data on VAWG in Georgia, including but not limited to intimate partner violence, violence during pregnancy, sexual harassment, stalking, childhood experiences of violence and gender attitudes. The data generated by the Study also provides a baseline for the indicators of the nationalized Sustainable Development Goals and offers evidence to policymakers and practitioners to inform effective response to VAWG in Georgia.

By implementing the Study in partnership with GEOSTAT, UN Women has further supported the Government of Georgia in strengthening national capacity for data collection on VAWG, thus contributing to the realization of Georgia's state obligation under the Council of Europe Convention on preventing and combating violence against women and domestic violence (also known as the Istanbul Convention) to systematically collect and disseminate VAW data under the framework of official statistics. We are hopeful that the technical support provided to the national partners in this process will enable GEOSTAT to strengthen the collection of data on VAW prevalence on a periodic basis as enshrined under Article 11 of the Istanbul Convention.

We would like to extend our gratitude to all international and national partners involved in the implementation of the Study – most importantly, to GEOSTAT for their excellent partnership in implementing the Study and to the European Union for generously funding the initiative. Without their strong partnership and financial support, the implementation of the Study would not have been possible.

Erika Kvapilova
UN Women Country Representative

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The National Study on Violence against Women in Georgia was conducted by UN Women in partnership with the National Statistics Office of Georgia (GEOSTAT) within the framework of the "Unite to Fight Violence against Women" project funded by the European Union.

First and foremost, we wish to extend our gratitude to the European Union. Without their generous financial assistance, the implementation of the National Study on Violence against Women would not have been possible.

We would also like to extend our gratitude to the Study implementation team – National Statistics Office of Georgia (GEOSTAT), Ms. Emma Fulu, International Consultant who led the design and implementation of the Study and Ms. Nana Chabukiani and Ms. Gvantsa Jibladze who conducted the qualitative component of the Study.

Most of all, we would like to thank thousands of women and men who generously spared their time and agreed to be interviewed for the survey and the in-depth interviews. Their courage in sharing such intimate and personal experiences, which underpin the findings of this study, is much appreciated.

CHAPTER 1. INTRODUCTION

1.1 Background and summary of the Study

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 impacts women across the world, regardless of age, class, race and ethnicity. Intimate partner violence (IPV) remains one of the leading forms of violence experienced by women worldwide.[1] According to recent estimates, 30 per cent of women aged 15 years or older globally have experienced physical and/or sexual intimate partner violence during their lifetime, and 35 per cent have experienced physical and/or sexual IPV and/or sexual violence by a non-partner at some point in their lives.[2] It is the leading cause of homicide death in women globally[3] and has many other major health consequences.[4] The economic and social costs associated with violence against women are significant, and global evidence shows that violence consistently undermines development efforts at various levels, driving the depreciation of physical, human and social capital.[5]

Due to sustained efforts by the women's movement, governments and other stakeholders, the issue of violence against women and girls is now positioned as a priority on global human rights, health and development agendas. The international community has acknowledged the importance of addressing violence against women and girls through a number of conventions, policies and frameworks, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action, and the Istanbul Convention. The elimination of all forms of violence against women and girls and of all harmful practices is now part of the 2030 Agenda for Sustainable Development and is included as specific targets in the Sustainable Development Goals (i.e. targets 5.2 and 5.3), providing a strong mandate for moving forward.

In Georgia, current research points to widespread experiences of violence against women across the country.[6] Intimate partner violence, as well as early and forced marriage, are among the most prevalent forms of violence against women in Georgia. These types of violence cut across all divisions of income, culture and class. Despite its scale and socioeconomic impact, violence against women remains largely underreported and under-researched in key areas. With the last prevalence study conducted in 2009 by UNFPA,[7] there is an absence of comprehensive and reliable data on the extent and nature of violence against women in Georgia. Moreover, existing administrative data such as police and criminal justice statistics paint only a partial picture of the problem.

1 García-Moreno, C., Jansen, H., Ellsberg, M., Heise, L. and Watts, C., "Prevalence of intimate partner violence: Findings from the WHO multi-country study on women's health and domestic violence", *The Lancet (2006),* 368: 1260—1269. doi: 10.1016/S0140-6736(06)69523-8.

2 Devries, K., Mak, J., García-Moreno, C., Petzold, M., Child, J., Falder, G., Lim, S., Bacchus, L., Engell, R., Rosenfeld, L., Pallitto, C., Vos, T., Abrahams, N. and Watts, C., "The global prevalence of intimate partner violence against women", Science (2013), 340: 1527—1528. doi: 10.1126/science.1240937.

3 Stöckl, H., Devries, K., Rotstein, A., Abrahams, N., Campbell, J., Watts, C. and Moreno, C.G., "The global prevalence of intimate partner homicide: a systematic review", *The Lancet (2013)*, 382(9895): 859—865.

4 World Health Organization, *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence* (World Health Organization, 2013).

5 García-Moreno, C. and World Health Organization, *WHO Multi-country Study on Women's Health and Domestic Violence against Women: Initial results on prevalence, health outcomes and women's responses* (2005).

6 Chitashvili, M., Javakhishvili, N., Arutiunov, L., Tsuladze, L. and Chachanidze, *S., National research on domestic violence against women in Georgia* (Tbilisi, UNFPA Georgia, 2010); UNFPA, *Men and Gender Relations in Georgia (Tbilisi, UNFPA, 2015); Sumbadze, N., Perceptions of Violence against Women and Domestic Violence in Tbilisi, Kakheti and Samegrelo-Zemo Svaneti* (Tbilisi, UN Women, 2014).

7 Chitashvili, M., Javakhishvili, N., Arutiunov, L., Tsuladze, L. and Chachanidze, *S., National research on domestic violence against women in Georgia* (Tbilisi, UNFPA Georgia, 2010).

In order to fill the vacuum of nationally representative data on violence against women and to inform the development of evidence-based policy and action on the ground, UN Women in partnership with the National Statistics Office of Georgia (GEOSTAT), and with the generous support of the European Union, conducted the National Study on Violence against Women in Georgia (also referred to as "National VAW Study" or "Study").

The nationwide Study was conducted using a mixed methodology of quantitative and qualitative components. The Study drew on internationally established research methodologies that complemented one another to provide a holistic picture of violence against women – the WHO Multi-country Study on Women's Health and Domestic Violence against Women formed the basis of the women's quantitative questionnaire;[8] sexual harassment and stalking questions were drawn from the European Union Agency for Fundamental Rights (FRA) survey;[9] and questions on gender attitudes and childhood trauma were adapted from the United Nations Study on Men and Violence.[10] It is also important to note that relevant SDG indicators[11] and frameworks put forward by the Commission on the Status of Women 57th session; the Declaration on the Elimination of Violence against Women; and the CEDAW and its General Recommendation No. 35 have been incorporated in the Study.

The quantitative study was implemented by GEOSTAT, including designing the sample, translating all tools, hiring and training the research team, implementing the study and conducting the data cleaning and analysis. The qualitative study was led by a team of two national consultants. An international expert on conducting prevalence studies on violence against women was employed to provide technical support across the life of the Study. She led the overall design of the Study, design of the questionnaires both for quantitative and qualitative research components, training of the GEOSTAT research team and preparation of the full and summary reports.

1.2 National context of Georgia

1.2.1 Violence against women in Georgia

Domestic violence against women along with the discriminatory practice of child, early and forced marriage remain among the most prevalent forms of violence against women (VAW) in Georgia. According to the 2009 UNFPA-supported National Research on Domestic Violence against Women in Georgia, 6.9 per cent of women reported having experienced physical violence from their husband or a partner, and 3.9 per cent experienced sexual violence during their lifetime. The 2014 UN Women study on perceptions and attitudes towards domestic violence concluded that 77.8 per cent of the respondents believe that domestic violence occurs very often or quite often; 66.8 per cent admitted that they know victims/survivors of domestic violence; and 56.3 per cent admitted that they know perpetrators personally.

The findings of these two studies have greatly informed policymaking and programming of the Government and development partners aimed at ending violence against women and domestic violence. As a result, state-supported shelters (four in total), crisis centres (three in total) and nationwide hotlines have been established, and several awareness-raising interventions have been carried out by both state and civil society actors to promote zero tolerance for VAW and to highlight existing services and protection mechanisms.

8 García-Moreno et al., *WHO Multi-country Study* (2005).

9 FRA, *Violence against women: an EU-wide survey – Survey methodology, sample and fieldwork. Technical report* (Luxemburg, European Union Agency for Fundamental Rights, 2014).

10 Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. and Lang, J., *Why Do Some Men Use Violence Against Women and How Can We Prevent It?: Quantitative Findings from the United Nations Multi-country Study on Men and Violence in Asia and the Pacific* (Bangkok, UNDP, UNFPA, UN Women, UNV, 2013).

11 Please find the final list of SDG indicators with suggested list of disaggregation variables at http://unstats.un.org/sdgs/indicators/Official%20List%20of%20Proposed%20SDG%20Indicators.pdf.

However, estimates on the prevalence of violence against women in Georgia is currently outdated. The above-mentioned UNFPA study from 2009, using the WHO's methodology, is the first and only nationwide survey on VAW conducted in Georgia. The UN Women study from 2014 looked at the attitudes and perceptions towards VAW in 3 regions of Georgia but did not look at prevalence. Thus, it has been more than seven years since the prevalence rate of IPV was estimated in Georgia.

Within the framework of the project "Unite to Fight Violence against Women", generously funded by the European Union, UN Women together with GEOSTAT implemented a nationwide survey on VAW. The Study looked not only at the prevalence of physical and sexual violence but also at the consequences of such violence. The prevalence and consequences of other types of violence – psychological violence, stalking, sexual harassment, experiences of violence in childhood, fear of victimization and its impact – were also studied, in addition to people's attitudes and awareness about violence.

1.2.2 Sociocultural context

Situated in the Eastern Europe and Central Asia region, Georgia is a former republic of the Soviet Union with a population of almost 4 million as of 2017.[12] The country's population comprises largely of ethnic Georgians (87 per cent) alongside Armenians, Azeris, Russians and other groups. The majority of people in Georgia belong to the Orthodox Church (84 per cent of women and 83 per cent of men in 2014), with Muslims as the next largest religious group (10 per cent of women and 11 per cent of men in 2014).[13] Georgia, alongside the other former Soviet countries, initiated a transition to democracy after the break-up of the Soviet Union. This transition was hindered by armed conflicts over Georgia's breakaway regions, Abkhazia and South Ossetia, economic collapse and inflation and high rates of unemployment.[14]

Key indicators of gender equality show a mixed picture of women's rights in Georgia since the break-up of the Soviet Union. In 2017, Georgia ranked 94 out of 144 in the World Economic Forum's Global Gender Gap Index.[15] Adult literacy for women and men is 100 per cent, and women and men attain education at similar rates. However, labour participation for women is lower (61 per cent of the female population aged 15-64) than for men (79 per cent). Data from the political domain in 2017 found that women hold 16 per cent of seats in national parliaments; 21 per cent of women hold ministerial-level positions; and 32 per cent of firms have female top managers. Yet, in the health domain, Georgia's maternal mortality rate in 2013 was 41 female deaths per 100,000 live births, compared to an average of 18 across the regions of Europe and Central Asia.[16]

Social organization in Georgia centers largely around the family, and family honor is prioritized above individual agency and independence. National Research on Violence against Women in Georgia conducted by UNFPA in 2009 found that 78.3 per cent of women believe that domestic violence is a family issue only and that no one shall intervene from the outside, and these beliefs were more prevalent in rural contexts than in urban. Across Georgia, women's roles are tightly intertwined with expectations around motherhood and domestic responsibilities. Women are largely expected to obey their husbands, and 51 per cent of women believe that a good wife obeys her husband even if she personally disagrees.[17] Women and men are socialized into gendered work and behaviors during adolescence, with women taking primary responsibility for feminine-coded household tasks, and men taking responsibility for masculine-coded tasks and public roles. One study finds high satisfaction with the existing gendered distribution

12 GEOSTAT, *Women and Men in Georgia* (Tbilisi, National Statistics Office of Georgia, 2017).
13 Ibid.
14 Chitashvili et al., *National Research on Domestic Violence against Women in Georgia: Final Report* (Tbilisi, UNFPA, ACT Research, Norwegian Ministry of Foreign Affairs, Center for Social Sciences, 2010).
15 http://www3.weforum.org/docs/WEF_GGGR_2017.pdf
16 World Bank, *Gender Brief – Georgia* (2013).
17 Chitashvili et al., *National Research* (2010).

of household labour, indicating that this gendered division of labour is normative in Georgia society.[18] At the same time, the post-Soviet democratic transition period saw a series of shifts in women's place in society. As unemployment rates among men rose, women shifted into wage work to support their families, often migrating to seek work. At the same time, the growing influence of the Orthodox Church in the post-Soviet era espoused conservative family traditions and values, which sat at odds with women's new roles in the economic realm and their contribution to the free market economy.[19]

1.2.3 Existing knowledge on VAW from other studies

In 2009, the first prevalence study on violence against women was conducted in Georgia. It found that 9.1 per cent of ever-married or ever-partnered women reported experiencing physical and/or sexual violence. Comparatively, 14.3 per cent of women reported experiencing emotional violence by an intimate partner, and 35.9 per cent of women reported that their partners attempted to control their behaviour using a range of abusive tactics.[20] As the report notes, due to stigma around partner violence, true population prevalence is likely to be higher than what was reported by women. Comparatively, a study with women and men in 2014 found that 66 per cent of men reported that they have shouted at their wife or female partner at least once, and 12 to 15 per cent reported perpetration of physical violence against their wives at least once.[21] There is a need for current prevalence estimates for women's experiences and men's perpetration of IPV in Georgia.

Women who experience IPV in Georgia suffer a range of consequences. Among women who experience physical or sexual violence, 34.7 per cent report injuries due to violence.[22] Women who experience sexual violence are often blamed for their experience and are believed to have brought it upon themselves.[23] Women who experience violence face low self-esteem, feelings of worthlessness and loss of motivation.[24] Studies demonstrate that violence against women can also lead to harmful consequences for children and family members with the loss of women's ability to conduct housework and wage work, and mental and physical health problems among children.[25]

IPV is caused by a range of interconnected factors. In Georgia, women report that men's alcohol abuse and economic problems are the leading factors that drive domestic violence.[26] However, the study by UN Women in 2014 also found that gender inequality was a primary concern among respondents, with 51 per cent agreeing that women are more oppressed in Georgian society than men; respondents cited gender inequality as a key driver of domestic violence. Participants who aspired to greater equality between women and men tended to be less tolerant of violence.[27] However, attitudes towards violence against women varied by age cohort. Older women and men reported higher tolerance for domestic violence and were more likely to consider violence as a family concern rather than a criminal offence.[28]

1.2.4 Legal framework for VAW in Georgia

During the past two decades and in the aftermath of the dissolution of the Soviet Union, Georgia has seen considerable progress in advancing the policy and legislative framework around gender equality and violence against women. In 1994, Georgia acceded to the CEDAW, an international instrument for the protection of women's rights, with no reservations;[29] and at the 1995 Beijing Conference, Georgia joined the countries that agreed to develop action plans for improving the conditions of women. In 2017, Georgia ratified the Council of Europe Convention on preventing and combating violence against women and domestic violence (known as the Istanbul

18 UNFPA, *Men and Gender Relations in Georgia* (Tbilisi, Institute of Social Studies and Analysis, UNFPA, 2014).
19 Chitashvili et al., *National Research* (2010).
20 Ibid.
21 UNFPA, *Men and Gender Relations* (2014).
22 Chitashvili et al., *National Research* (2010).
23 UNFPA, *Men and Gender Relations* (2014).
24 UN Women, *Perceptions of Violence against Women* (2014).
25 Ibid.
26 Chitashvili et al., *National Research* (2010).
27 UN Women, *Perceptions of Violence against Women* (2014).
28 Ibid.
29 Available at http://www.police.ge/files/IRD/Donorta%20koordinacia%20(shesrulebuli%20proeqtebi)/cedaw.pdf

Convention) and adopted a milestone legal framework aimed at harmonizing the domestic legislation with the Istanbul Convention. In addition, Georgia endorsed the Sustainable Development Goals (SDGs) by nationalizing all the 17 goals, including Goal 5 – to achieve gender equality and empower all women and girls, including via the elimination of all forms of violence against all women and girls in public and private spheres.

Important legislative proposals have been introduced with the aim of aligning Georgia's legislative framework with the principles of gender equality and ending violence against women. The aim of these amendments was to bring domestic legislation in compliance with international requirements set by pertinent conventions to which Georgia is a party. These include the adoption of the 2006 Law of Georgia on Elimination of Violence against Women and Domestic Violence, Protection and Support of Victims of Violence;[30] the 2006 Law of Georgia on Combating Human Trafficking;[31] the 2010 Law of Georgia on Gender Equality;[32] and the 2014 Law of Georgia on the Elimination of All Forms of Discrimination.[33] The latter includes the prohibition of discrimination based on sex, sexual orientation and gender identity as well as the amendments made to the Criminal Code in 2012, criminalizing domestic violence.

The 2006 domestic violence law (DVL) introduced legal mechanisms for the disclosure, elimination and prevention of domestic violence as well as grounds for the protection, assistance and rehabilitation of the victims/survivors, and it ensured inter-agency coordination for the elimination and prevention of domestic violence. The DVL has defined the notion of domestic violence and its forms, thus establishing the legal grounds for the issuance of restraining and protective orders. In 2014, the DVL has been amended to include other forms of gender-based violence, beyond domestic violence, following the logic of the Istanbul Convention. Additional legislation has been further adopted since then in order to ensure coherence and efficient enforcement of the DVL.[34] Since 2008, the Government of Georgia has also regularly adopted the National Action Plan on the Measures to be Implemented for Combating Violence against Women and Domestic Violence and Protection of Victims/Survivors. The services for the victims/survivors of domestic violence – such as shelters,[35] crisis centres, psychological and medical assistance, legal aid and a nationwide hotline[36] – have only been established since 2010 with the technical and financial support of UN Women and the Government of Sweden, respectively. These services are now operational; the hotline 116 006, three crisis centres and four shelters are fully funded by the state budget.

Important changes have been introduced to strengthen institutional mechanisms on gender

30 Available at https://matsne.gov.ge/en/document/view/26422.
31 Available at https://matsne.gov.ge/en/document/view/26152.
32 Available at https://matsne.gov.ge/en/document/view/91624.
33 Available at http://www.ombudsman.ge/uploads/other/1/1662.pdf.

34 These policy documents are as follows: Ministerial Decree No.183/n of the Minister of Labour, Health and Social Protection of 28 July 2008 on the "Minimum Standards for the Equipment of Temporary Residencies (Shelters) for the Victims of Domestic Violence and Rehabilitation Centers for Perpetrators of Domestic Violence"; Presidential Decree No.625 of 26 December 2008 on the "Composition of the Inter-Agency Council Implementing Measures to Eliminate Domestic Violence and Approval of its Bylaws"; Presidential Decree No.665 of 5 October 2009 on the "Rules for the Identification of the Victims of Domestic Violence"; Ministerial Decree No.1094 of the Ministry of Internal Affairs of Georgia of 10 December 2010 on the "Rules and Conditions for the Seizure of Firearms Including Service Arms or Restriction of the Use of Service Arms to the perpetrators of Domestic Violence," etc.
35 The State Fund for Protection and Assistance of (Statutory) Victims of Human Trafficking operated the four state-run shelters (in Tbilisi, Kutaisi, Gori, and Telavi); in 2015, 155 women and children used shelter services, compared to 114 in 2014 and 100 in 2013.
36 The hotline is also operated by the State Fund for Protection and Assistance of (Statutory) Victims of Human Trafficking. Its number 2 309 903 was changed in 2016 to 116 006, and as of January 2016, all calls, including international calls, are free for the callers of any phone service operator. The service is anonymous and operates around the clock. There were 1,143 calls made to the domestic violence hotline in 2015. Most of them (235 cases) were about physical violence and 182 were about psychological violence. Likewise, it was physical violence that was most often reported via the hotline in 2013 and 2014.

equality. At the institutional level, in 2010 as a result of the adoption of the Law of Georgia on Gender Equality and introduction of respective changes to the Rules of Procedure of the Parliament, the Gender Equality Council was converted into a standing body of the Parliament. The primary objective of the Council is to ensure systematic and coordinated activity on gender issues. The Council is guided by the Law of Georgia on Gender Equality.[37] In 2013, the Department of Gender Equality was established in the Public Defender's Office, and the position of Assistant to the Prime Minister of Georgia on Human Rights and Gender Equality Issues was created. The mission of the Department is to monitor the protection of human rights and freedoms in terms of gender equality. The Public Defender of Georgia prepares and publishes an annual special report on combating and preventing discrimination in the country.[38] To strengthen gender equality mechanisms at the executive level, in July 2017, the new Inter-Agency Commission on Gender Equality, Violence against Women and Domestic Violence was created under the Human Rights Council substituting the Inter-agency Council Implementing Measures to Eliminate Domestic Violence in Georgia, established in 2009. The Inter-Agency Commission is, inter alia, in charge of developing pertinent National Action Plans related to gender equality, violence against women and domestic violence; coordinating and monitoring the relevant agencies responsible for the implementation of the National Action Plans; and promoting gender mainstreaming into Government policies. In addition, the Inter-Agency Commission accommodates the function of the coordinating body stipulated under Article 10 of the Istanbul Convention. As such, it is responsible for coordinating policy development, including the development of the legal framework and the planning of activities and programmes directed at the prevention of domestic violence. The Inter-Agency Commission's members are deputy ministers, and it is chaired by the Assistant to the Prime Minister on Human Rights and Gender Equality Issues.

37 Available at http://www.parliament.ge/en/saparlamento-saqmianoba/komisiebi-da-sabchoebi-8/genderuli-tanasworobis-sabcho.

38 Available at http://www.ombudsman.ge/en/specializirebuli-centrebi/genderuli-tanasworoba/genderuli-tanasworobis-centris-shesaxeb.

1.3 Objectives of the Study

The objectives of the 2017 National Survey on Violence against Women[39] in Georgia were as follows:

- To obtain reliable estimates of the prevalence of different forms of violence against women and girls, including stalking and sexual harassment, committed by intimate partners as well as other perpetrators in the private and public spheres, during their lifetime as well as in the last 12 months
- To assess the extent to which violence against women is associated with a range of health and other outcomes
- To identify factors that may either protect or put women at risk of violence
- To assess the extent to which women are aware of and use services for survivors of violence
- To examine men's and women's awareness of and attitudes towards issues of violence against women

Data was disaggregated according to variables such as region, local (urban/rural), age, income, ethnicity and religion in order to capture national trends and patterns of violence.

To achieve the above objectives, the 2017 National Survey on Violence against Women in Georgia included the following three main research components:

1. Quantitative survey with women aged 15-64 on prevalence, risk factors, protective factors, attitudes and perceptions and awareness of violence against women
2. Quantitative survey with men aged 15-64 on attitudes and perceptions of violence against women
3. Qualitative analysis including desk research, key informant interviews and focus group discussions

Details on each type of research methodology are described in section 2.

39 As per ethical guidelines, the Study was introduced using a safe name rather than its actual name.

1.4 Key terminology and definitions

The 2017 National Survey on Violence against Women in Georgia draws upon key terms and definitions used globally to measure violence against women. This Study used the latest version of the WHO Multi-country Study on Women's Health and Domestic Violence against Women questionnaire (version 12). Compared to the previous version of the questionnaire, this questionnaire included more detailed questions on non-partner sexual violence, more detailed questions on child abuse, and an updated definition of psychological abuse, to replace the previous emotional abuse measure. For a full list of operational definitions, see the methodology section (section 2).

Ever-partnered women: The definition of "ever-partnered women" is central to the Study because it defines the population that could potentially be at risk of IPV and thus becomes the denominator for IPV prevalence estimates. 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. The definition of ever-partnered women, therefore, includes women who were or had ever been married or in a common-law relationship. It also covers dating relationships.

Prevalence: 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 IPV, only women who have or have had an intimate partner could be considered at risk.

Lifetime prevalence: The lifetime prevalence rate reveals the proportion of women in the current population who ever experienced one or more acts of violence at any time in their life; thus, by definition they include women who are also measured in the 12-month prevalence. This prevalence rate does not indicate how long the violence lasted or how frequently it occurred; it only indicates whether or not the violence ever happened, even if it was only once.

Past 12 months (prior to interview)/Current prevalence: 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, thus close to the 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 preceding 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 indicate 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.

Intimate partner violence (IPV): This includes behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.[40] The definition covers violence by both current and former spouses and partners. The Study measured physical, sexual, emotional and economic IPV.

Non-partner sexual violence: A key objective of the Study was to gather information on the prevalence of women's experiences of violence by a man who was not their intimate partner. For the purposes of this Study, sexual violence included acts of non-partner rape, gang rape, being touched and being forced to touch, sexual harassment and stalking. Women were also asked about the identity of the perpetrator, if known.

Sexual harassment: This includes unwelcome sexual advances, requests for sexual favours and other verbal or physical conduct of a sexual nature.

40 Garcia-Moreno et al., "Prevalence of intimate partner violence" (2006).

CHAPTER 2. METHODOLOGY

2.1 Quantitative methodology

2.1.1 Study population

The 2017 National Survey on Violence against Women was designed to produce reliable indicators of violence, representative at the national, urban-rural and, to the extent possible, regional level. The survey covered the area of the country controlled by the central government. The target population of the survey included women and men aged 15-64 living in private households. Based on the definition of a household, members of a household were classified only as those individuals who, at the time of the survey, had lived or were planning to live in a given household for at least 12 months and partially or fully shared in the budget. The main objective of the survey was to identify the scale of violence against women and obtain characterizing indicators.

2.1.2 Questionnaire development and translation

The questionnaires used in the National Survey on Violence against Women were designed in line with best international practices, as well as international ethics and safety guidelines for research on violence against women. The WHO Multi-country Study on Women's Health and Domestic Violence (version 12) was used as the base questionnaire, with questions on sexual harassment and stalking added from the Violence Against Women: an EU-Wide Survey (carried out by FRA) and questions on attitudes added from the UN Multi-country Study on Men and Violence.[41] In addition, the Women's Questionnaire was designed to meet the requirements of the SDG indicators under target 5.2 (regarding intimate partner violence and non-partner sexual violence).

This Study used the latest version of the WHO Multi-country Study on Women's Health and Domestic Violence against Women questionnaire (version 12). Compared to the previous version of the questionnaire, this questionnaire included more detailed questions on non-partner sexual violence, more detailed questions on child abuse, and an updated definition of psychological abuse, to replace the previous emotional abuse measure. For a full list of operational definitions, see the methodology section (section 2).

Major areas covered by the survey include: prevalence of intimate partner violence; prevalence of non-partner sexual violence; prevalence of sexual harassment; stalking; child abuse; health consequences of violence; risk factors for violence against women; awareness of and use of services; and gender attitudes and awareness (men and women).

The internationally comparable questionnaires were adapted to the Georgian context. Country adaptation was made to the demographic questions, socioeconomic status questions and the response categories to make them relevant. The Women's Questionnaire was also divided into two questionnaires: the Women's Household Selection Form and the Women's Questionnaire.

The working language for the development of the questionnaires was English. After development, the questionnaires were translated into Georgian. The questionnaires were pre-tested in three different settlements – a big city, a small town and a village – with 15 interviews in each locale. In total, 30 women and 15 men were interviewed. Respondents were selected from different age groups to test the questionnaire in different settings. Pre-testing did not identify any major issues in the questionnaires. Thus, after minor updates the questionnaires were finalized.

The survey consisted of three questionnaires: the Women's Household Selection Form; the Women's Questionnaire; and the Men's Questionnaire.

41 Garcia-Moreno, C. et al., WHO *Multi-country Study* (2005); FRA, *Violence against women: an EU-wide survey – Main results* (Luxemburg, European Union Agency for Fundamental Rights, 2014); Fulu, E. et al., *Why do some men use violence against women and how can we prevent it?* (2013).

The **Women's Household Selection Form** was used to gather information about the general characteristics of the target population and households. The questionnaire comprises the following sections:

- **Section 1: Administrative Form** – This was used as a summary page to monitor the progress of the questionnaire from data collection to entry; to identify the people performing the tasks at different stages; and to gather data about the location of the household.
- **Section 2: Household Selection Form** – This section included questions used to ascertain household composition and randomly select one woman for interview from the list of all eligible women (by using the nearest-birthday method).
- **Section 3: Household Questionnaire** – This section consisted of questions about the household as a whole and was completed for every household in which the identified eligible women were interviewed.

The **Women's Questionnaire** consisted of an **individual consent form** (to give the potential respondent information about the Study and provide her with the opportunity to ask questions so she can decide whether or not she wants to be interviewed) and 12 sections as follows:

- **Section 1: Respondent and her community** – This section obtained general background information about the respondent and her community.
- **Section 2: Childhood experience** – This section referred to adverse childhood experiences, which have a tremendous impact on future violence victimization and perpetration as well as lifelong health and opportunities.
- **Section 3: General health** – The objective of the section was to obtain information related to the general health and mental health of the respondent, as well as her knowledge about available services.
- **Section 4: Reproductive health** – The questions in this section were asked of all women and were divided into two subsections: questions about the total number of pregnancies and live births; and questions about the use of contraception.
- **Section 5: Children** – This section included questions about the birth of the respondent's youngest child and information about her children under the age of 15.
- S**ection 6: Current or most recent husband/ partner** – This section included background questions concerning the current husband/ partner.
- **Section 7: Attitudes** – This section was about a woman's attitudes towards appropriate roles for men and women and subsequent opinions in relation to different statements about family relationships.
- **Section 8: Respondent and her husband/ partner** – This section explored a woman's experience with different forms of violence (economic, physical, sexual and psychological) perpetrated by partners.
- **Section 9: Injuries** – This section was to determine any injuries that a respondent sustained from physical and/or sexual violence by a current/former husband/partner(s).
- **Section 10: Impact and coping** – This section was for women who reported physical and/ or sexual violence by husband/partner and contained questions to find out what effects their husband's/partner's acts have had on them.
- **Section 11: Other experiences** – This module referred to women's unwanted experiences and their experience with different forms (rape, violence, sexual harassment and stalking) by persons other than an intimate partner.
- **Section 12: Completion of interview** – This section explored, using a card with faces, whether the respondent was ever sexually abused as a child and did not say it face-to-face to the interviewer. This section was also for comments from the respondent and the interviewer.

The **Men's Questionnaire** consisted of **three sections** that were more or less similar to the relevant sections of the questionnaires given to the women:

- Administrative Form
- Household Selection Form

- Household Questionnaire
- Two sections of the individual questionnaire: on the respondent and his community and on attitudes

2.1.3 How violence was measured

2.1.3.1 Intimate partner violence

Physical

Has your current husband/partner or any other husband/partner ever:

a) Slapped you or thrown something at you that could hurt you?
b) Pushed you or shoved you or pulled your hair?
c) Hit you with his fist or with something else that could hurt you?
d) Kicked you, dragged you or beaten you?
e) Choked or burned you on purpose?
f) Threatened with or actually used a gun, knife or other weapon against you?

Sexual

a) Did your current husband/partner or any other husband/partner ever force 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 current husband/partner or any other husband/partner might do if you refused?
c) Did your current husband/partner or any other husband/partner ever force you to do anything else sexual that you did not want or that you found degrading or humiliating?

Psychological[42]

Has your current husband/partner or any other husband/partner ever:

a) Insulted you or made you feel bad about yourself?
b) Said or did something that made you feel humiliated in front of other people?
c) Did things that made you feel scared or intimidated?
d) Destroyed things that are important to you?
e) Threatened to hurt or harm you or someone you care about?

Controlling behavior

Has your current husband/partner or any other husband/partner ever:

a) Stopped you from seeing female friends?
b) Restricted your contact with your family?
c) Insisted on knowing where you are in a way that made you feel controlled/afraid?
d) Stopped you from getting health care?

Economic

Does your current or most recent husband/partner generally do any of the following:

a) Prohibits you from getting a job, going to work, trading, earning money or participating in income generation projects?
b) Takes your earnings from you against your will?
c) Refuses to give you money that you need for household expenses even when he has money for other things (such as alcohol and cigarettes)?

Violence during pregnancy

a) Was there ever a time when you were pushed, slapped, hit, kicked or beaten by your husband/partner while you were pregnant?
b) Were you ever punched or kicked in the abdomen while you were pregnant?

2.1.3.2 Non-partner violence

Non-partner sexual violence

In your whole life, including when you were a child, has any male person, except any husband/male partner, done the following to you:

a) Ever 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? Remember to include people you have known as well as strangers. Please at this point exclude attempts to force you.
b) Ever had sex with you when you were too drunk or drugged to refuse?

42 The new definition of psychological abuse as set by the latest version of the WHO questionnaire includes two key domains: emotional abuse and controlling behaviour.

c) Forced or persuaded you to have sex against your will with more than one man at the same time?
d) Attempted but NOT succeeded to force you into sexual intercourse when you did not want to, for example by holding you down or putting you in a situation where you could not say no?
e) Touched you sexually when you did not want them to? This includes, for example, the touching of breasts or private parts.
f) Made you touch his private parts against your will?

Sexual harassment

I want you to think about any male or female person, except your husband/male partner (for women who have a husband/partner). Apart from anything you may have mentioned, can you tell me if, in your whole life, any person has done the following to you:

a) Unwelcome touching, hugging or kissing?
b) Inappropriate staring or leering that made you feel humiliated?
c) Sexually suggestive comments or jokes that made you feel offended?
d) Somebody sending or showing you sexually explicit pictures, photos or gifts that made you feel offended?
e) Inappropriate invitations to go out on a date?
f) Intrusive questions about your private life that made you feel offended?
g) Intrusive comments about your physical appearance that made you feel offended?
h) Unwanted sexually explicit emails or SMS messages and/or inappropriate advances on social networking websites, such as Facebook or in Internet chat rooms, that offended you?
i) Somebody showing the private parts of their body or "flashing" their genitals to you against your will?
j) Somebody making you watch or look at pornographic material against your wishes?

Stalking

Now, I want you to think about any male or female person, except your current husband/male partner. Apart from anything you may have mentioned, can you tell me if, in your whole life, any person has repeatedly done the following to you:

a) Sent you emails, text messages or instant messages that were offensive or threatening?
b) Sent you letters or cards that were offensive or threatening?
c) Made offensive, threatening or silent phone calls to you?
d) Posted offensive comments about you on the Internet?
e) Shared intimate photos or videos of you?
f) Loitered or waited for you outside your home, workplace or school without a legitimate reason and/or deliberately followed you around?
g) Deliberately interfered with or damaged your property?

Forced or coerced first sexual experience

a) How would you describe the first time that you had sexual intercourse? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or you were forced to have sex?

2.1.3.3 Child abuse

Childhood emotional abuse and neglect

Before you reached the age of 18:

a) You did not have enough to eat
b) You lived in different households at different times
c) You were told you were stupid or weak by someone in your family
d) You were insulted or humiliated by someone in your family in front of other people
e) One or both of your parents were too drunk or drugged to take care of you
f) You spent time outside the home and none of the adults at home knew where you were

Witnessing mother being abused

Before you reached the age of 18:

a) You saw or heard your mother being beaten by her husband or partner

Childhood physical abuse

Before you reached the age of 18:

a) You were beaten at home with a belt, stick, whip or something else that was hard
b) You were beaten so hard at home that it left a mark or bruise

c) You were beaten or physically punished at school by a teacher or headmaster

Childhood sexual abuse

Before you reached the age of 18:

a) Without any specific need, like medical treatment, someone touched your buttocks or genitals or made you touch them when you did not want to
b) You had sex with a man who was more than 5 years older than you
c) You had sex with someone because you were threatened or frightened or forced

2.1.3.4 Severity scale used for the level of physical IPV as experienced by women in the Study

"Moderate" violence: respondent answers "yes" to one or more of the following questions regarding her intimate partner (and does not answer "yes" to questions "c" to "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, dragged or beaten you?
e) (Has he) choked or burned you on purpose?
f) (Has he) threatened to use or actually used a gun, knife or other weapon against you?

2.1.4 Interviewer selection and training

The requirements for interviewers on this survey were different from most surveys. Considering that the survey covered a wide range of topics that would be sensitive for female respondents, all selected interviewers had to be female and have experience working with sample surveys. The interviewers for the men's survey were male. According to these principles, 159 interviewers were selected from 10 regions across Georgia. The total number of field personnel selected across Georgia amounted to 181 persons, including 22 regional supervisors and 159 interviewers.

Field staff training was carried out in two stages between 10 and 18 August 2017 in seven cities; training duration was three days. Field personnel of relatively small regions (Guria, Mtskheta-Mtianeti and Samtskhe-Javakheti) were trained alongside the field personnel of neighbouring regions.

Table 2.1:
Field staff training plan, by training location

Field staff	Training location	Number of regional supervisors	Number of interviewers
Shida Kartli, Samtskhe-Javakheti	Gori	4	32
Kvemo Kartli, Mtskheta-Mtianeti	Tbilisi	4	29
Adjara A.R., Guria	Batumi	4	25
Samegrelo-Zemo Svaneti	Senaki	2	16
Imereti, Racha-Lechkhumi and Kvemo Svaneti	Kutaisi	3	23
Kakheti	Telavi	2	15
Tbilisi	Tbilisi	3	19

Field staff training was conducted by the working group engaged in developing the survey questionnaires and methodology. Training was administered according to the following predesigned plan:

- **Day 1:** The first half of the day was dedicated to discussing the subject of the survey, including how to build rapport with a respondent and how to conduct a successful interview. The second half of the day was spent reviewing the Women's Household Selection Form and the first four sections of the Women's Questionnaire.
- **Day 2:** The second day was entirely devoted to a detailed discussion of the remaining sections of the Women's Questionnaire and the Men's Questionnaire. At the end of the day, the field personnel were instructed to fill in the Women's Household Selection Form and the Women's Questionnaire for various households and submit completed questionnaires for review on the third day of training.
- **Day 3:** The first half of the day was dedicated to the analysis of questionnaires completed by the interviewers for training purposes and to detailed discussions on the issues raised during the practice interviews. The second half of the day was dedicated to practical activities, including improvised interviews between field personnel. Data analysis was performed by experienced statisticians from GEOSTAT, while technical support on the analysis – including the provision of table shells – was provided by the Study's international consultant.

2.1.5 Sample design and study population

2.1.5.1 Sample design

The 2014 general population census database was used as the sampling frame for the survey. Two-stage cluster sampling was applied, where the primary sampling unit (PSU) is the enumeration area, and the secondary sampling unit (SSU) is the address of a household. In order to reduce sampling errors, stratification was introduced.

Stratification variables included:

- **Regions:**
  Kakheti
  Tbilisi
  Shida Kartli
  Kvemo Kartli
  Samtskhe-Javakheti
  Adjara A. R.
  Guria
  Samegrelo-Zemo Svaneti
  Imereti, Racha-Lechkhumi and Kvemo Svaneti
  Mtskheta-Mtianeti
- **Settlement types:**
  Urban area
  (large cities, medium and small towns)
  Rural area (villages)

Overall, 20 strata have been identified. In every stratum, different PSUs were selected for female and male respondents. One respondent was interviewed per household. In order to ensure that the margin of error at the national level does not exceed 1.6 percentage points for the women's sample and 3.0 percentage points for the men's sample, 670 PSUs were selected for female respondents (6,700 personal interviews, at 10 interviews per PSU) and 228 PSUs for male respondents (1,824 personal interviews, at 8 interviews per PSU).

In order to facilitate the analysis of primary data by regions, an allocation proportional to the square root of the number of households in the region was applied for the allocation of selected households across the regions, while proportional allocation by urban-rural areas was used for the number of households selected within a region. Allocation proportionate to the square root increases the share of small regions (number of selected households), compared to the proportional allocation of the number of households in the regions.

First stage: PSUs within each stratum were selected using the method of probability proportional to size, while the number of PSUs was determined by dividing the number of selected households by 12. If the number of households in the region is denoted by H_i, the total number of households to be interviewed by n, and the number of households to be interviewed in the region by n_i, then the number of households to be interviewed in the region can be calculated by the following formula:

$$n_i = \frac{\sqrt{H_i}}{\sum \sqrt{H_i}} n$$

Second stage: The number of households to be interviewed in the region (n_i) was allocated proportionally to the size of settlement type:

$$n_{ik} = \frac{H_{ik}}{H_i} n_i$$

where H_{ik} is the number of selected households in an urban or rural area - k of region i. Thus:

$$\sum_{1}^{k} H_{ik} = H_i$$

2.1.5.2 Determination of the number of additional households

Since the survey data for female respondents had to be analysed across four different age groups (15-17, 18-29, 30-49, 50-64), there was a need to ensure enough responses for each age group. The group of females aged 15-17 represents a relatively small cluster of the population (5 per cent of households with females aged 15-17) and was expected to account for approximately 25 per cent of non-responses for all age groups. Thus, using random sampling there was no possibility to obtain a sufficient number of filled questionnaires for female respondents in this age group. For this reason, in each PSU, 30 households were sampled. This included 14 households in which respondents were interviewed using a random selection method (by nearest birthday). Between the remaining 16 households, an interviewer conducted only one interview with a female respondent aged 15-17 (if available for interview). Thus, the maximum number of responses per PSU was 15.

Similarly, considering the expected 25 per cent non-response rate, the final sample size for male respondents was 11 per PSU.

To ensure a 90 per cent response rate, 50 and 102 PSUs were added to the women's and men's sample, respectively. Final sample distributions are provided in tables 2.2 and 2.3.

Table 2.2:
Distribution of sampled PSUs and households for Women's Questionnaire, by strata

Region	PSU			SSU		
	Urban	Rural	Total	Urban	Rural	Total
Kakheti	16	54	70	240	810	1,050
Tbilisi	111	-	111	1,665	-	1,665
Shida Kartli	26	38	64	390	570	960
Kvemo Kartli	33	41	74	495	615	1,110
Samtskhe-Javakheti	22	38	60	330	570	900
Adjara A.R.	41	28	69	615	420	1,035
Guria	15	41	56	225	615	840
Samegrelo-Zemo Svaneti	33	45	78	495	675	1,170
Imereti, Racha-Lechkhumi and Kvemo Svaneti	39	45	84	585	675	1,260
Mtskheta-Mtianeti	12	42	54	180	630	810
Georgia	**348**	**372**	**720**	**5,220**	**5,580**	**10,800**

Table 2.3:
Distribution of sampled PSUs and households for Men's Questionnaire, by strata

Region	PSU			SSU		
	Urban	Rural	Total	Urban	Rural	Total
Kakheti	8	23	31	88	253	341
Tbilisi	85		85	935		935
Shida Kartli	11	15	26	121	165	286
Kvemo Kartli	15	15	30	165	165	330
Samtskhe-Javakheti	8	12	20	88	132	220
Adjara A.R.	18	12	30	198	132	330
Guria	5	13	18	55	143	198
Samegrelo-Zemo Svaneti	10	19	29	110	209	319
Imereti, Racha-Lechkhumi and Kvemo Svaneti	19	26	45	209	286	495
Mtskheta-Mtianeti	4	12	16	44	132	176
Georgia	**183**	**147**	**330**	**2,013**	**1,617**	**3,630**

2.1.6 Organization of the survey and fieldwork procedures

The survey was conducted through face-to-face interviews. Regional supervisors were responsible for conducting fieldwork across the regions. The responsibility of the field supervisors was to make the necessary preparations, organize and direct the fieldwork and conduct initial logic checks of the completed questionnaires. The number of field personnel selected across Georgia amounted to 181 persons, including 22 regional supervisors and 159 interviewers.

Table 2.4:
Distribution of field personnel, by region

Region	Number of regional supervisors	Number of interviewers	Total field personnel
Kakheti	2	15	17
Tbilisi	3	19	22
Shida Kartli	2	18	20
Kvemo Kartli	2	16	18
Samtskhe-Javakheti	2	14	16
Adjara A.R.	2	15	17
Guria	2	10	12
Samegrelo-Zemo Svaneti	2	16	18
Imereti, Racha-Lechkhumi and Kvemo Svaneti	3	23	26
Mtskheta-Mtianeti	2	13	15
Georgia	**22**	**159**	**181**

In order to minimize the number of errors during fieldwork, the field supervisors were asked to audit the questionnaires completed by each interviewer a few days into the fieldwork and to give additional instructions on errors made.

Fieldwork began on 14 August 2017 and concluded on 29 September 2017.

2.1.7 Mechanisms for quality control

The accuracy of the final output of the survey depends on the quality of the data collection from the households surveyed. Despite proper training and data processing, data may still be of poor quality unless sufficient quality controls are implemented during the data collection.

In order to enhance the quality of interviewers' work, within two weeks after fieldwork began, the filled questionnaires were delivered to the central office of GEOSTAT and checked by the trainers' group to provide corresponding guidance to the field staff. Detected errors were discussed with the supervisors, who then provided the interviewers with further instructions to follow.

Accordingly, field staff were provided with a separate comprehensive guideline highlighting different activities and quality control procedures in order to monitor the progress of listing and enumerating the survey properly and to detect any data collection problems at an early stage. This included supervisors monitoring interviewer performance, as well as conducting random checks using a supervisors' questionnaire.

2.1.8 Data processing and analysis

Data was collected on paper questionnaires. Computer data entry was performed using Microsoft Access-based data entry software designed specifically for the survey. To check compliance and logical relations of the data recorded in the database, a list of logical controls was prepared, which included a detailed record of possible inconsistencies and violations in the questionnaire structure. Incomplete and inconsistent data was verified with questionnaires and, if necessary, field staff and/or respondents were contacted to correct inconsistencies.
After completion of the logical controls, a working group carried out database cleaning. The primary objective of data cleaning was to detect relatively complex inconsistencies and errors and to correct them accordingly.

SPSS and Microsoft Access were used for all stages of data processing and analysis.

2.1.9 Ethical and safety considerations

2.1.9.1 Sensitivity of research topic

It is often felt that violence against women is too sensitive a topic to be explored in a household survey and that, due to feelings of shame, self blame or fear of further violence, women and men will not disclose their experiences and perpetration of violence. However, community-based research on violence against women has already been conducted all over the world, and the experience from these studies shows that research on violence against women in families can be conducted with full respect of ethical and safety considerations. It also shows that when interviewed in a sensitive and non-judgmental manner in an appropriate setting, many women and men will discuss their experiences of violence and find the experience beneficial.

There are a number of ethical considerations that need to be made when conducting research on violence against women. Based on their collective experience, the International Research Network on Violence Against Women stipulates the prime importance of confidentiality and safety; the need to ensure that the research does not cause the respondent to undergo further harm (including not causing the respondent further traumatization); the importance of ensuring that the respondent is informed of available sources of help; and the need for the interviewers to respect the respondent's decisions and choices.

This Study adhered to the WHO ethical standards on conducting research on violence against women.[43]

2.1.9.2 Individual consent

At the start of all interviews, respondents were informed orally of the purpose and nature of the Study, as well as its expected risks and benefits. Because of the potential risks to women for possessing a document that details the nature of the survey, the information was only shared with them orally.

The interviewer requested the verbal consent of the respondent to conduct the interview. The interviewer recorded on the questionnaire that the consent procedure was administered, then noted whether or not permission to conduct the interview was granted. Oral consent is standard international best practice for research on violence against women, and it is sufficient for the purposes of the Georgian normative framework for conducting surveys. Moreover, this is a common practice in GEOSTAT surveys.

In terms of conducting the survey with minors (aged 15-17), according to the Georgian legislation, it is not mandatory for GEOSTAT to report child abuse while conducting surveys. Therefore, it is possible and recommended to follow the same consent procedures as for adults. This is necessary in order to protect confidentiality rules.

While it may be common practice in some surveys for interviewed minors to have two consent procedures (one form signed by the parents and another form signed by the minor), this is not advised for research on violence against women. This is because if parents are asked to sign a consent form, they could demand to look through the questionnaire beforehand, which would jeopardize confidentiality and increase refusal rates.

As part of the consent procedure, the participants were informed that the data collected will be held in strict confidence. To ensure that the participants were aware that the survey includes questions on highly personal and sensitive topics, the interviewer forewarned the participants that some of the topics are difficult to talk about.

The respondents were free to terminate the interview at any point and to skip any questions that he/she did not wish to answer.

2.1.9.3 Voluntary participation

Participation in the Study was on a voluntary basis. No inducements were made.

2.1.9.4 Confidentiality

Much of the information provided by the respondents was extremely personal. The dynamic of a violent relationship is such that the act of revealing the painful details of abuse to someone outside the family nucleus could provoke another violent episode. For this reason, confidentiality of the information collected during the survey and from in depth interviews with survivors of violence is of fundamental importance.

A number of mechanisms were used to protect the confidentiality of the information collected:

- All interviewers received strict instructions about the importance of maintaining confidentiality. No interviewer conducted an interview in their own community.
- No names were written on the questionnaires. Instead, households were identified using a unique code. The identifiers linking the questionnaire with the household location were kept separately from the questionnaires. Upon completion of the survey, these identifiers were destroyed. In all further analysis, codes were used to distinguish questionnaires.
- Particular care was taken during the presentation of the research findings to include only sufficiently aggregated information to ensure that no specific community or individual could be identified.

43 WHO, Ethical and safety recommendations for intervention research on violence against women. Building on lessons from the WHO publication, 'Putting women first: ethical and safety recommendations for research on domestic violence against women' (Geneva, World Health Organization, 2016).

2.1.9.5 Physical safety of informants and researchers

The physical safety of respondents and interviewers from potential retaliatory violence by an abuser is of prime importance. If the focus of the survey becomes widely known – either within the household or among the wider community – the topic of the interview may become known to a perpetrator of family violence. For women experiencing family violence, the mere act of participating in a study may provoke the abuser to rationalize an assault on her. This may place the respondent or the interview team at risk of violence, either before, during or after the interview. For this reason, the following measures were adopted to ensure that the research topic did not become widely known:

- To enable the respondent to explain the Study to others safely, the surveys were framed as a survey on women's/men's health and life experiences and were introduced at the local and household level in this manner.
- Interviews were only conducted in a private setting. Only very young children (under the age of 2) were permitted to be present. When necessary, locations outside the household were identified where the interview could be conducted in private (such as in nearby fields or at a local clinic, church or temple).
- The respondent was free to reschedule (or relocate) the interview to a time (or place) that was safer or more convenient for him/her.
- Interviewers were trained to terminate or change the subject of discussion if an interview was interrupted by anyone. Before the interview, the interviewer would forewarn the respondent that he/she would terminate or change the topic of conversation if the interview was interrupted and would be able to switch to a dummy set of questions at any point if needed. To ensure that interviewers gained experience about how to handle interrupted interviews, their training included a number of role-play exercises simulating different situations that they may encounter.
- A printed dummy questionnaire about health was given to each supervisor and interviewer. This was only to be used if a police person or community leader insisted on seeing a copy of the questionnaire.

2.1.9.6 Do no harm and respect women's decisions and choices

Violence against women in families is a sensitive and stigmatized issue, and women may fear being blamed for the violence. For this reason, particular care was taken to ensure that all questions about violence and its consequences were asked sensitively and in a non-judgmental manner.

As noted above, there is some evidence that many women find it beneficial to have the opportunity to talk about their experiences of violence. Nevertheless, the participant may recall frightening, humiliating or extremely painful experiences, which may cause a strong negative reaction. Interviewers were trained to be aware of the effects that the questions may have on the respondent and, if necessary, to terminate the interview if the effect seemed too negative.

Care was taken when designing the Women's Questionnaire to try to carefully and sensitively introduce and enquire about women's experiences of violence. For example, at the start of the section exploring women's experiences of violence, the introduction highlighted the sensitivity of the topic of discussion. Then, before direct questions concerning women's experiences of violence were asked, an additional phrase was used to introduce the issue of domestic violence in a way that acknowledges its widespread occurrence, with the aim of enabling respondents to disclose incidents of violence without feeling that they will be blamed or judged.

Each interview aimed to end in a positive manner in order to provide the participant with a positive outlook and reinforce her coping strategies. The questionnaire included two scripted conclusions for the interview – one for women who disclosed experiencing violence, and another for women who did not disclose violence. The former stressed the importance of the information that she provided, comments on the respondent's strengths, the unacceptability of her experiences, and information about available services.

In depth training was provided to the researchers and field workers. The training not only discussed survey techniques but also described how to respond and, if necessary, provide support to women reporting experiencing violence. Interviewers were trained to assist if asked but not to try to force any woman into an intervention for which she was not ready.

2.1.9.7 Mechanisms to attend to researchers' and field workers' needs

The high prevalence of violence against women worldwide means that, almost without exception, one or more research staff will have been a direct target or have familial experiences of violence. While this may improve the interviewers' skills and empathy, the process of being involved in the Study (either as an interviewer, supervisor or statistician) may awaken images, emotions, internal confusion and/or conflict. These reactions may affect their ability to work, have a negative impact on their health and create tension at home. Even where researchers or field worker had not experienced violence directly, listening to stories of violence and abuse – not unlike research in fields related to death and dying – may be draining and even overwhelming.

A number of mechanisms were adopted to attend to the needs of researchers and field staff. These issues were openly presented during the training process, and the trainees were given the option of withdrawing from the project without prejudice. While conducting the research, regular debriefing meetings were scheduled to enable the team to discuss what they heard, their feelings about the situation, and how it has affected them. These meetings aimed to reduce the stress of the fieldwork and avert any negative consequences.

Despite these measures, some interviewers may have needed to be given less emotionally taxing tasks, be given a break from the Study or withdraw from the Study altogether. To account for these possibilities, a sufficient number of interviewers were recruited to allow for a 10 per cent attrition rate of interviewers over the course of the Study. If interviewers withdrew from the research, they were still paid in full to ensure that they were not disadvantaged financially because of their difficulties.

2.1.9.8 Harmful publicity

The survey findings were disseminated in a scientifically rigorous manner. Care was taken to highlight the extent to which violence against women is cross cutting, existing in all communities and socioeconomic groups. Particular attention was paid to ensuring that the findings could not be used as a means to describe one setting or population/group as being "worse" than another.

2.1.9.9 Provision of crisis intervention

Prior to conducting the research, UN Women and GEOSTAT liaised with potential providers of support, including existing government health, legal and social services and educational resources in the community, as well as less formal providers of support.

UN Women and GEOSTAT produced a resource list of agencies and individuals who could provide support both during and after the survey. This was offered to all respondents, irrespective of whether they disclosed experiencing violence.

2.1.9.10 Interviews with men

Interviews with men only included questions about their attitudes and knowledge of laws. Due to ethical considerations, questions about perpetration or experiences of violence were not asked. Interviews with men were not conducted in the same households or villages as interviews with women.

2.2 Qualitative research

2.2.1 Qualitative study design and data collection

Qualitative fieldwork was carried out during August and September 2017. Data was collected in two urban and three rural locations: the urban cities of Kutaisi and Tbilisi; and the rural villages of Guria, Kakheti and Kvemo Kartli. The regions were selected based on their accessibility and convenience for the study purposes. Furthermore, the diversity of locations was ensured by involving places from both eastern and western Georgia.

Service providers, community members (women, men and youth), survivors of violence and members of vulnerable groups were covered through key informant interviews (KII), in-depth interviews and focus group discussions (FGD).

Table 2.5:
Distribution of sampled PSUs and households for Women's Questionnaire, by strata

Group	Method	Number of FGDs/ interviews	Number of participants	Location
Service providers	KII	15	-	Urban: Tbilisi
	FGD	4	31	Urban: Kutaisi, Tbilisi Rural: Guria, Kakheti, Kvemo Kartli
Survivors of violence	In-depth interviews	12	-	Urban: Tbilisi Rural/other: AVNG shelter, Gori, Sighnaghi
Vulnerable groups	FGD	4	29	Urban: Marneuli, Tbilisi
Community members	FGD	10	88	Urban: Imereti/Kutaisi, Tbilisi Rural: Guria, Kakheti, Kvemo Kartli
NGO representatives and women with experience of sexual harassment	FGD	2	12	Urban: Tbilisi

2.2.2 Sample and target population

Below is a detailed description of the target groups covered through the qualitative research and the number of interviews/FGDs conducted per rural and urban location.

Fifteen KIIs were conducted with service providers. The heads of the respective departments of the service provider organizations were interviewed in order to capture the broader picture on the provision of services targeted at victims of violence, including those from vulnerable groups. State and non-state agency representatives participated in the Study.

While the KIIs helped to obtain higher level perspectives, **four FGDs were conducted with service providers** working daily with members of the community in order to capture grass-roots level perspectives as well. These included two FGDs in rural areas (Guria and Kvemo Kartli) and two FGDs in urban areas (Kutaisi and Tbilisi). The FGDs involved a mix of service providers such as police, health-care workers, social workers and NGO representatives. The mixed group approach ensured that different perspectives on issues related to VAW were represented in the data.

In order to understand the severity of VAW through the unique experiences of the victims of violence, **12 in-depth interviews were conducted with survivors of violence** who received services from a variety of both state and non-state service providers, including:

- Two survivors from the Tbilisi shelter (state)
- Two survivors from the Sighnaghi shelter (state)
- Five survivors from the Gori shelter (state)
- Three survivors from the AVNG shelter (non-state)

Four FGDs were conducted with vulnerable groups including ethnic minority women, immigrant women, LBT women and women with disabilities. The FGDs aimed to provide more information on the unique needs of these groups and how services can better respond to their needs.

Ten FGDs were conducted with community representatives in rural and urban locations. The FGDs focused on exploring and understanding the attitudes and social norms that underpin VAW in the Georgian context. The discussions were held with adult men, women and youth, including:

- Two FGDs with adult men aged 26 and above in Guria and Kvemo Kartli (rural)
- Two FGDs with adult women aged 26 and above in Guria and Kakheti (rural)
- Two FGDs with adult men aged 26 and above in Imereti/Kutaisi and Tbilisi (urban)
- Two FGDs with adult women aged 26 and above in Imereti/Kutaisi and Tbilisi (urban)
- One FGD with youth (boys and girls) aged 20-25 in Imereti/Kutaisi (urban)
- One FGD with youth (boys and girls) aged 14-19 in Kakheti (rural)

2.2.3 Data collection procedures

The key informants were approached through official letters explaining the goals of the research and extending an invitation to the interview.

Local community mobilizers assigned to each research site invited the service providers to participate in FGDs. Seventeen service providers participated in FGDs in urban areas and 14 in rural areas. In total, 31 service providers participated in FGDs.

Four separate FGDs were held with the vulnerable women of the above-mentioned groups. The participants were reached through the support of local NGOs working with these groups. In total, 29 women from vulnerable groups were involved in the research, including:

- Ten Azeri women
- Four immigrant women (refugees from Egypt and Iraq)
- Six LBT women
- Nine women with disabilities, including women with physical and psychosocial disabilities

All FGDs were held in Tbilisi, except the FGD with Azeri women, which was held in Marneuli. The participants had different sociodemographic backgrounds in terms of age, education and income level. Women with a variety of disabilities were invited to the FGD for women with disabilities, which was supported by translation for the deaf. The FGD with the LBT group was facilitated by a researcher who is affiliated with this group. This approach ensured a higher level of sincerity and frankness. The FGD with ethnic minorities was conducted in Russian, and the FGD with immigrants was supported by a translator who provided Arabic-Georgian translation during the discussion. Each discussion was audio recorded with the consent of the participants and transcribed at a later stage.

Considering the high vulnerability and sensitiveness of women survivors of violence, access to the shelters is limited for external persons. Thus, for the in-depth interviews, UN Women supported the consultants in the process of approaching the respondents. They were purposively selected to reflect the experiences of people from diverse sociodemographic profiles in terms of age, education, income and other relevant characteristics. This approach helped to understand their unique experiences of violence and their access to services. In addition to the above criteria, only individuals who were no longer in an abusive relationship were interviewed.

For the FGDs, local community mobilizers who had experience working with community members were assigned to each research site. The responsibility of the mobilizer was to invite the community members to participate in FGDs. Men and women were invited to separate discussions, while youth groups were mixed with boys and girls together. The participants in each group had different sociodemographic backgrounds in terms of age, education and income level. Another important criterion for selection of the participants for the discussions was that participants should not know one another. The community mobilizers took this criterion into account while recruiting the FGD participants. Considering the sensitivity of the topic, the facilitators were sex-matched with participants; a male researcher facilitated the FGDs with adult men, while a female researcher facilitated the FGDs with women.

The initial design of the qualitative research did not include the subject of **sexual harassment;** however, the preliminary analysis of the quantitative data showed a high percentage of women reporting they had experienced sexual harassment. As a result, **two**

focus group discussions on the topic were added to the initial design. One FGD was conducted with NGO representatives (six participants) and the other with women who had experienced sexual harassment at least once in their lifetime (six participants).

Each FGD and interview described above was conducted by two researchers. One researcher facilitated the discussion and the other took notes. The FGD and KII guides were translated into Georgian, adapted to the specificities of each target group and approved by UN Women prior to the fieldwork. Each discussion was audio recorded with the consent of the participants and transcribed at a later stage.

2.2.4 Analysis strategy

After completion of the qualitative data collection, analysis was conducted in multiple stages. First, the recordings of the interviews and FGDs were transcribed, and the researchers read each transcript thoroughly to familiarize themselves with the data. Primary notes for each target group were written down, and the first impressions of each FGD and KII were discussed among the researchers to identify possible narratives.

For the second stage of the analysis, after re-reading the transcripts, the researchers conducted thematic coding of the data. In order to avoid subjectivity, the coding was done by four individual researchers. Next, the identified thematic codes were discussed among the researchers, and a unified framework for the thematic codes was developed. Afterwards, the statements in the transcripts were grouped according to the codes, based on which data analysis was conducted.

2.2.5 Ethical considerations

2.2.5.1 Informed consent of respondents

Each participant was informed about all aspects of the Study that could influence his/her willingness to participate. Individual informed consent procedures ensure that respondents understand the purpose of the research and that their participation is voluntary. The interviews and FGDs were conducted only after obtaining verbal consent from the respondents. Participation in the Study was on a voluntary basis, and no inducements were made.

2.2.5.2 Confidentiality

The consultants recognized that in the VAW Study, the safety and even the lives of the respondents may be at risk. Therefore, protecting confidentiality was essential to ensure both participants' safety and data quality. For this purpose, the consultants ensured that confidential records were stored in a secure area with limited access. The respondents were told clearly that the consultants/data collectors will maintain their confidentiality. The participants were identified through local NGOs working with the target groups. The recordings of data collected were destroyed as soon as the analysis was completed. No record of the name and/or identification information of the respondents was kept on the transcripts to ensure confidentiality. No incidents occurred during data collection that might affect the ethical standards of the research.

2.3 Strengths and limitations of the overall Study

This Study draws upon international guidelines for conducting research on violence against women. However, with all social science research, limitations exist. First, the Study used a cross-sectional design. As such, it is unable to determine causality of factors related to women's experiences of intimate partner violence. Second, stigma around violence and concerns around safety may lead to disclosure bias. Self-reports of events may lead to recall bias. The study team took all necessary steps to minimize the likelihood of disclosure and recall bias including the standardization of survey tools, pre-testing of the questionnaire and intensive interviewer training. International studies show that robust training of interviewers and in-depth interviews on the topic of intimate partner violence are more likely to lead to reliable population estimates of IPV prevalence. At the same time, these population-level estimates are likely still an underestimation of the rates of IPV in Georgia.

The FGD with women with disabilities was attended by women with a variety of types of disabilities, all of whom had their own unique needs. However, due to the lack of time, it was impossible to delve deeper into the challenges faced by each group. In order to

capture more detailed information, it is important to conduct separate FGDs with each group. In addition, the FGD was mediated by a translator for the deaf. This could have influenced the sincerity of the participants and the accuracy of the information provided by the participants.

Immigrant women from Egypt and Iraq participated in the FGD with immigrants. It is important to underline that the perspectives of immigrants from other countries are not reflected in the report. Furthermore, the FGD with female immigrants was conducted with the support of a male translator. This could have influenced the sincerity of the participants and the accuracy of the information they provided.

The FGD with the ethnic minorities was conducted in Marneuli, a municipality densely populated by Azeris. Consequently, the FGD participants were Azeri women. As such, it was not possible to include the perspectives of other ethnic minority groups in the research.

The interviews with the survivors of violence were conducted in the shelters. Thus, the research does not cover the perspectives and experiences of the survivors outside the shelters.

The Study benefits from a number of strengths. The sample design was created to generate a nationally representative sample of women and men. This allows the results of the Study to be generalized to the entire country. This means that the experiences of the study sample of women and men are representative of the entire country, even though not all women and men in the country were included in the Study. Further, the Study benefits from a mixed-methods approach to research on violence against women. The survey data from women and men provides population-level estimates of violence and factors associated with violence victimization and perpetration. The qualitative component allows for in-depth exploration of themes, perceptions, attitudes and social norms around violence against women. The qualitative data provides the context in which to interpret and understand the quantitative data. Together, they present a holistic picture of violence against women in the Georgian context.

2.4. National ownership and participation

National ownership and participation in the Study was ensured through the establishment of the National Study Reference Group – a stakeholders' platform that included all relevant partners working on violence against women and domestic violence in the country. This included the Government of Georgia, the United Nations and other international organizations, civil society organizations and academia.

The main goal of the National Study Reference Group was to ensure a coordinated approach between UN Women and national stakeholders on the implementation of the National Study on Violence against Women in Georgia. The group served as a consultative forum of ideas for the survey implementation team drawing upon the rich and diverse expertise, experience, perspectives and knowledge that the national stakeholders offered. The group was involved and consulted in the definition of the objectives and scope of the survey as well as throughout other phases. This has contributed to the survey being owned by all those stakeholders working on ending VAWG in the country. Accordingly, the results generated national ownership and were used for policy and programming by a variety of national stakeholders.

CHAPTER 3. RESPONSE RATES AND RESPONDENTS' CHARACTERISTICS

3.1 Response rates

This section describes the response rates for households and individuals separately.

3.1.1 Household response rate (Women's Questionnaire)

Despite some initial concerns from interviewers about possible low rates of response owing to the sensitive nature of the surveys, as well as the challenges of accessing households in some locations, a high response rate was achieved across the Study. Of the total 10,800 households sampled for the Women's Questionnaire, 7,380 households were interviewed, resulting in a response rate of 68.3 per cent. As presented in table 3.1, outright refusal to participate was relatively low (6 per cent), while 13.5 per cent of households were not at home, and 5.6 per cent of households no longer lived at the sampled address.

Table 3.1:
Household response rates

Household results	n	%
HHs responded (interview completed)	**7,380**	**68.3**
HHs not chosen	**3,420**	**31.7**
HH refused to be interviewed	650	6.0
Nobody was at home	1,454	13.5
Dwelling was inhabited but interview was not conducted due to other reasons	94	0.9
Nobody is living at the sampled address	607	5.6
Flat/house is not being used for living (transformed to other facilities)	133	1.2
Non-response for additional households	482	4.5
Total sampled HHs	**10,800**	**100.0**

3.1.2 Individual response rate (women)

Table 3.2 shows the individual response rates. Individual interviews were completed in 81.4 per cent of responded households; 16.4 per cent did not have an eligible member; and 1.3 per cent did have an eligible member, but the respondent with the first coming birthday was not at home. In some cases, the respondent was at home but refused to be interviewed (0.7 per cent).

Table 3.2:
Individual response rates

	n	%
Individuals responded (interview completed)	**6,006**	**81.4**
Individuals not chosen (only Household Questionnaire is completed)	**1,374**	**18.6**
HH does not have eligible member(s)	1,212	16.4
HH has eligible member(s) but the respondent with the first coming birthday was not at home	94	1.3
HH has eligible member(s) but the respondent with the first coming birthday refused to be interviewed	52	0.7
Other reasons	16	0.2
	7,380	**100.0**

Note: HH = Household; Responded HH = households who completed Household Questionnaire

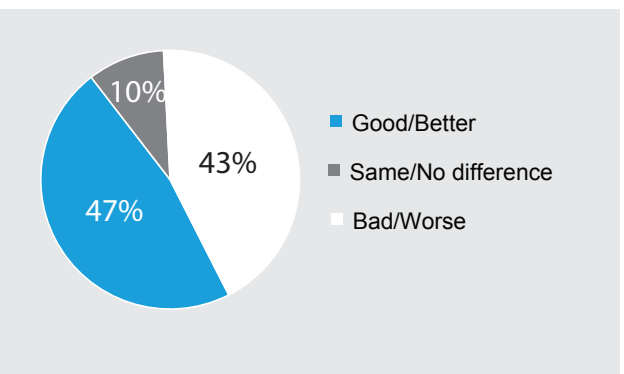
Garcia-Moreno et al. argue that, "as women are commonly stigmatized and blamed for the abuse they experience, there is unlikely to be over reporting of violence."[44] The main potential form of bias is likely to reflect respondents' willingness to disclose their experiences of violence. However, the standardization of the Study's tools, 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 against women in Georgia.[45]

3.2 Respondents' satisfaction with interview

Overall, most respondents found participating in the survey to be a positive experience. Moreover, they 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 the disclosed information.

When asked if they felt better, no different or worse at the end of the interview, 47 per cent reported that they felt better, 43 per cent reported feeling the same, and 10 per cent 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 share – and indeed benefit from sharing – their experiences when asked in a confidential space and in a respectful and kind manner. This is consistent with what the WHO and UN studies have found in most other countries where the survey methodologies have been conducted.

Figure 3.1:
Respondent satisfaction after completing the interview



44 Garcia-Moreno, C., Jansen, H. A. F. M., Ellsberg, M., Heise, L. and Watts, C., *WHO Multi-country Study on Women's Health and Domestic Violence Against Women* (WHO, Geneva, 2005).

45 Ibid.

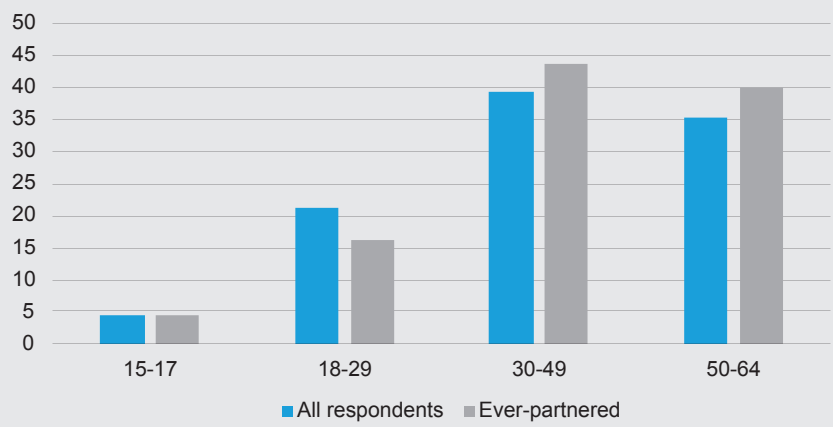
3.3 Characteristics of households and respondents

The details about households and respondents are provided in the section below. The characteristics that are described in this subsection include age demographics, partnership status, household size, education and employment.

3.3.1 Age demographics

Figure 3.2 shows the age groups of survey participants. The majority of respondents fall into the category aged 30-49 (40-45 per cent). A significant share of respondents also fall into the 50-64 age group (35-40 per cent). The group aged 18-29 was represented by 21 per cent of all respondents and 16.3 per cent of ever-partnered respondents, while only 4.4 per cent of females were aged 15-17. This reflects the demographic profile presented by the 2013 profile of Georgia presented by the UNDP Economic and Social Vulnerability Report[46] and World Bank data.

Table 3.2:
Characteristics of survey respondents – Age groups (women)



3.3.2 Partnership status

This subsection analyses how relationship status varies across the participants of the survey.

Taking into account that the definition of "ever-partnered" includes dating partners, the Study found that only 18 per cent of respondents had never been partnered, while 64.6 per cent of all respondents were currently married and living with their husbands at the time of the interview, and 2.4 per cent remain married but do not live with their husbands. Of the ever-partnered female respondents, 78.6 per cent are still married and living with their partners, while 2.9 per cent who are still in marital relationships are no longer sharing a home with their husbands. These figures correspond with 2017 national statistics, which indicate that 59 per cent of women are married, 4 per cent are divorced, and 16 per cent have never been married.[47]

46 Available at http://www.ge.undp.org/content/dam/georgia/docs/publications/GE_vnerability_eng.pdf.

47 GEOSTAT, *Women and Men in Georgia: Statistical Publication* (Tbilisi, 2017). Available at http://www.geostat.ge/cms/site_images/_files/english/health/W&M%20in%20ENG_2017.pdf

Table 3.3:
Characteristics of survey respondents – Relationship status, any

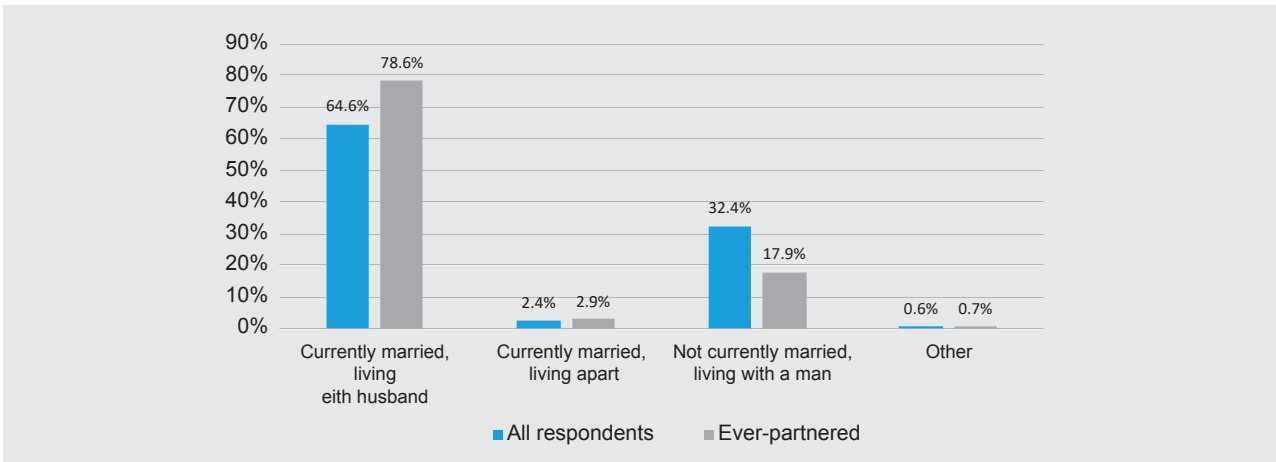
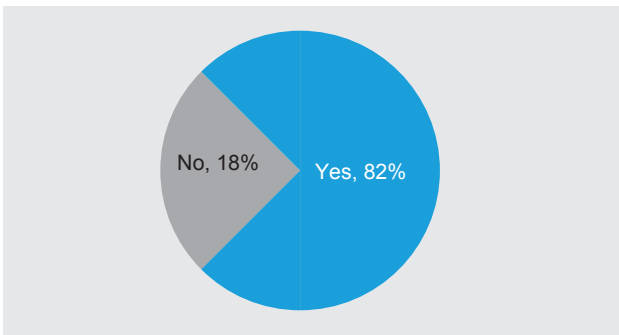


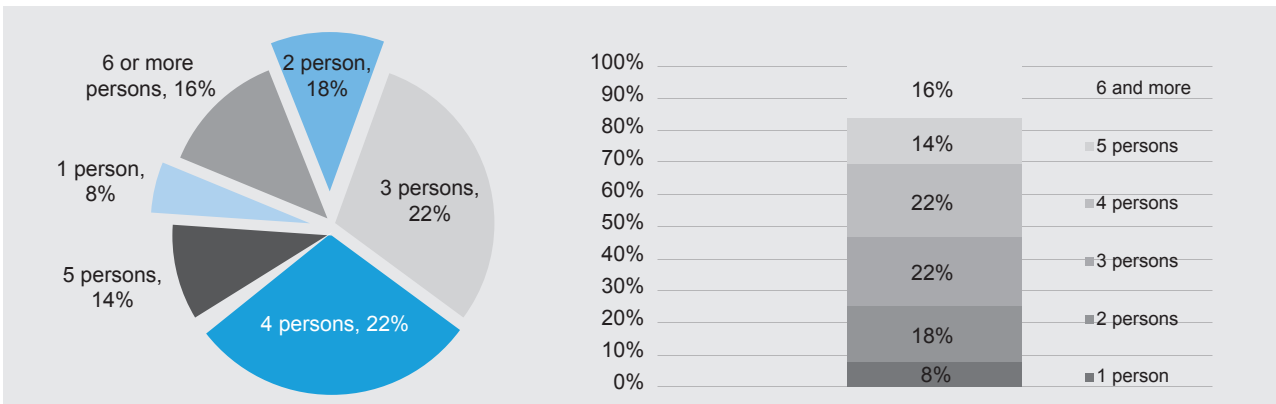
Figure 3.4:
Characteristics of survey respondents – Relationship status, ever-partner



3.3.3 Household size

Figure 3.5 demonstrates the distribution of households according to their size. The majority of households that participated in the survey had three or four members (44 per cent). Only 8 per cent of households had a single member, while 18 per cent consisted of two people, 14 per cent consisted of five people, and 16 per cent had six or more members.

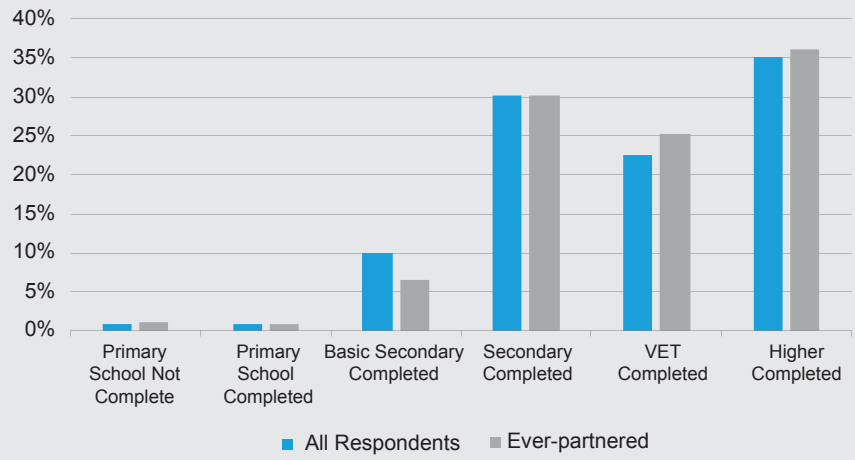
Figure 3.5:
Characteristics of survey respondents – Household size



3.3.4 Education

The education levels of respondents were quite similar to those found in the 2010 Georgia Reproductive Health Survey. The majority of survey participants had achieved higher education. A significant share of respondents had secondary education and VET training. A very small share of respondents have achieved basic secondary or no primary education. Among all women, 35 per cent had achieved higher education, 30 per cent had achieved secondary education, and nearly one quarter had achieved VET training. Ten per cent of ever-partnered women had achieved basic secondary education.

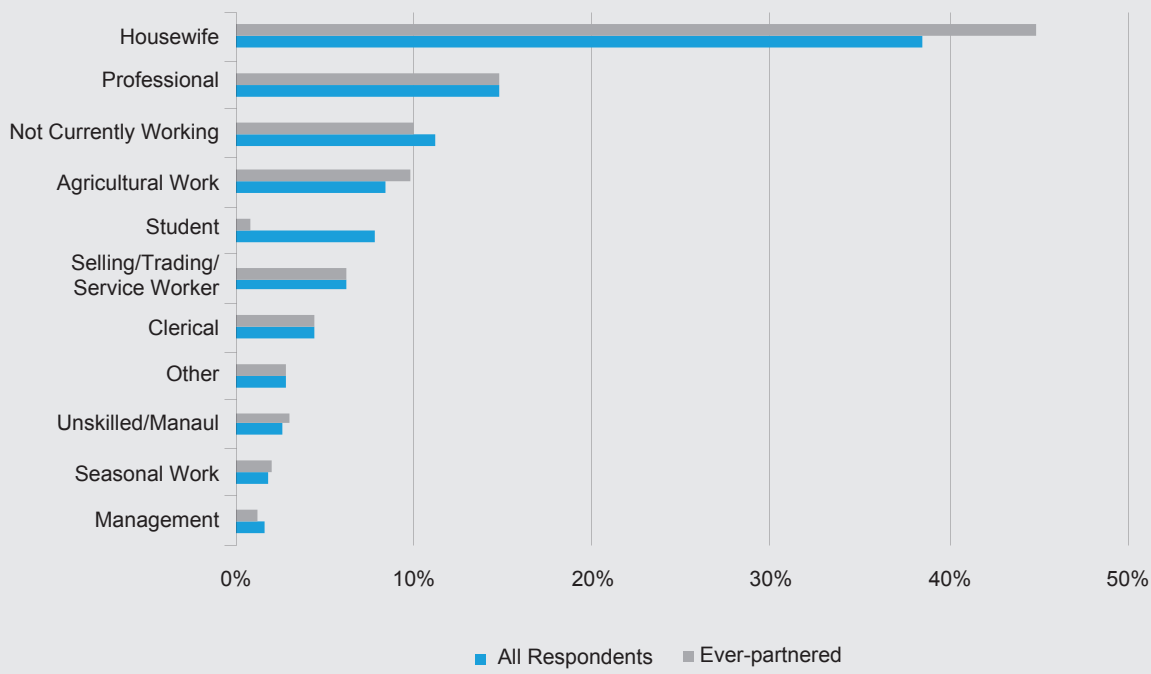
Table 3.6:
Characteristics of survey respondents – Education



3.3.5 Employment

Figure 3.7 indicates that the largest share of the respondents are housewives – 38.5 per cent of all respondents and 44.9 per cent of ever-partner respondents – while 14.8 per cent of all respondents have professional occupations.

Table 3.7:
Characteristics of survey respondents – Employment



CHAPTER 4. PREVALENCE AND PATTERNS OF VIOLENCE AGAINST WOMEN BY MALE INTIMATE PARTNERS

MAIN FINDINGS

- Approximately 6 per cent of women aged 15-64 who had ever been in a relationship reported having experienced physical and/or sexual violence by an intimate partner in their lifetime.
- Almost one in seven ever-partnered women aged 15-64 (13 per cent) reported experiencing emotional abuse by an intimate partner in their lifetime.
- For all types of intimate partner violence, the Study found that women are more likely to experience frequent acts of violence rather than a one-off incident.
- Almost 10 per cent of ever-partnered women reported experiencing at least one form of financial abuse.

He beat me and cut me with a knife.
I have cracked open my head several times,
and he did [every bad thing] possible to me.
(Survivor, 41, IPV in-depth interview)

This chapter presents the data on the prevalence of different forms of intimate partner violence, including acts of physical, sexual and emotional violence, economic abuse and controlling behaviours by a current or former intimate partner, whether married or not. In the Study, a range of behaviour-specific questions related to each type of violence was asked (see chapter 1 for definitions). For each act of violence mentioned, the respondent was asked whether she had experienced that act within the past 12 months and about the frequency with which it had occurred.

The results on the extent of physical or sexual violence by current or former partners are presented according to the type, when the violence took place, and the extent of overlap of physical and sexual violence.

Of all the women who completed the questionnaire, 5,055 women (unweighted) were defined as "ever-partnered", that is, ever having been married or in an intimate relationship.

4.1 Physical intimate partner violence

Table 4.1 shows the national prevalence rates of physical and/or sexual intimate partner violence, defined as a woman having experienced at least one act of a specific type of physical and/or sexual intimate partner violence at least once in her life.

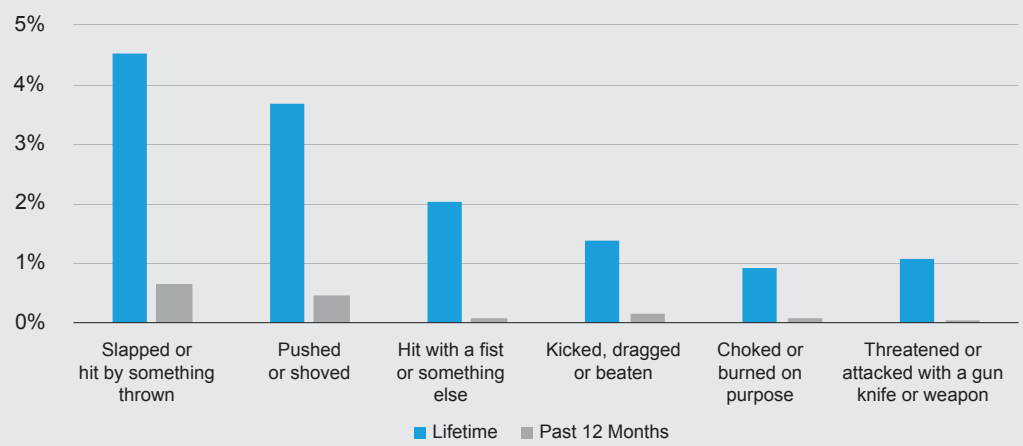
Table 4.1:
Percentage of ever-partnered women aged 15-64 reporting different types of intimate partner violence

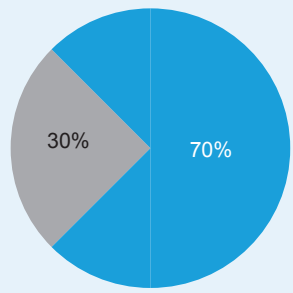
	Ever experienced physical partner violence			Ever experienced sexual partner violence			Ever experienced physical and/ or sexual violence by a partner		
	n	%	95CI	n	%	95CI	n	%	95CI
Lifetime prevalence	58,200	5.5	0.4	24,450	2.3	0.3	63,866	6.0	0.4
12-month prevalence (current)	9,268	0.9	0.2	4,122	0.4	0.1	11,110	1.0	0.2

Table 4.1 shows that 5.5 per cent of ever-partnered women reported they had experienced some form of physical violence by a male intimate partner in their lifetime, with nearly 1 per cent having experienced physical violence by a male intimate partner in the last 12 months.

Figure 4.1 shows a detailed breakdown of the acts of physical violence that were reported by respondents. In terms of physical violence, the most common acts of abuse were being slapped or having something thrown at them (5 per cent), being pushed or shoved (4 per cent) or being hit with a fist or something else (2 per cent).

Figure 4.1:
Types of physical intimate partner violence reported among ever-partnered women aged 15-64





Frequency and severity of violence

Overall, the study showed that women were more likely to experience frequent acts of intimate partner violence, rather than one-off incidents. This is in line with other 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.

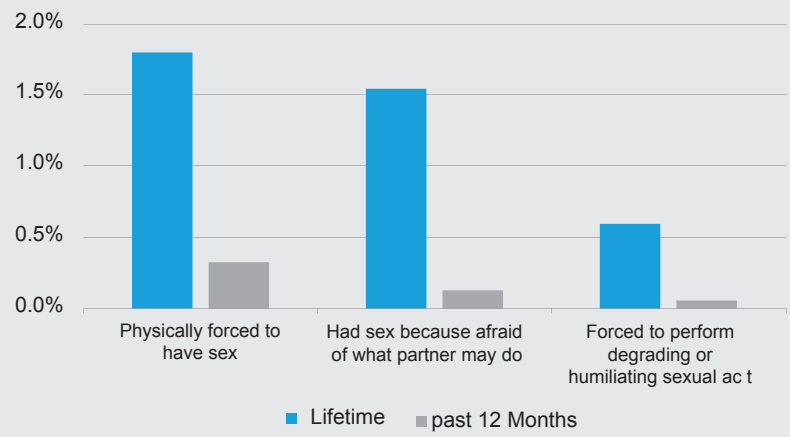
The results around the severity of violence indicated that women were more likely to experience moderate forms of violence rather than severe forms of violence. It is important to note, however, that while more women reported moderate forms of violence, many women experienced severe violence such as choking, burning or violence involving a weapon.

4.2 Sexual intimate partner violence

Table 4.1 shows that 2.3 per cent of ever-partnered women reported that they had experienced some form of sexual violence by a male intimate partner in their lifetime, with 0.4 per cent experiencing it in the last 12 months.

Figure 4.2 shows that the majority of women who had experienced sexual abuse reported being physically forced to have sex, that is, raped, by an intimate partner. A similar proportion of women reported having sex when they did not want to because they were afraid of what their partner might do if she refused.

Figure 4.2:
Types of sexual intimate partner violence reported among ever-partnered women aged 15-64



4.3 Physical and/or sexual intimate partner violence

Overall, as Table 4.1 illustrates, 6 per cent of ever-partnered women aged 15-64 had experienced at least one act of physical or sexual violence, or both, by a male intimate partner in their lifetime, with 1.0 per cent experiencing it within the past 12. The rate of physical and/or sexual IPV among women aged 15-49 was 6 per cent, with a 95 per cent confidence interval of 5.4 to 6.6 per cent.

4.3.1 Frequency of violence

Women who said they had experienced any act of intimate partner violence were asked if this had happened once, a few times or many times. Table 4.2 presents the frequency of women's experiences of physical intimate partner violence, sexual intimate partner violence or both in the past 12 months. Four per cent of women reported ever experiencing physical and/or sexual violence by an intimate partner a few times, and 3 per cent had experienced physical and/or sexual violence by an intimate partner once. Overall, the Study shows that women are more likely to experience frequent acts of violence rather than a one-off incident.

Table 4.2:
Frequency of women's experiences of physical and/or sexual IPV among ever-partnered women

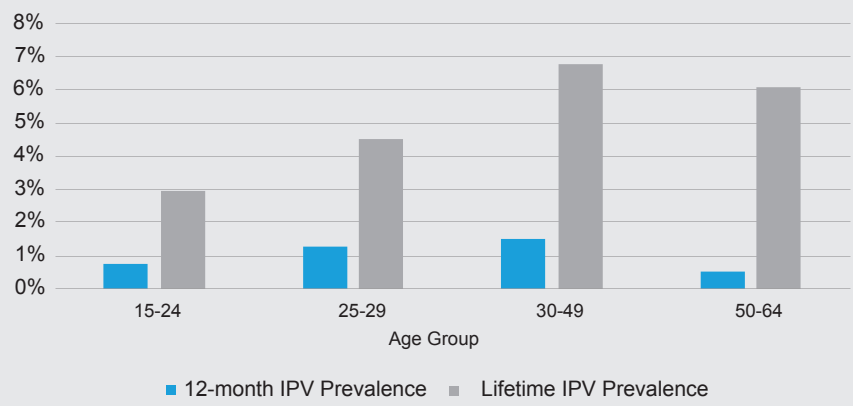
Lifetime prevalence						
	Many times		A few times		Once	
	n	%	n	%	n	%
Physical violence only	3,307	0.3	23,290	2.2	20,409	1.9
Sexual violence only	397	-	3,229	0.3	1,972	0.2
12-month prevalence						
	n	%	n	%	n	%
Physical violence only	132	-	4,327	0.4	3,382	0.3
Sexual violence only	-	-	1,504	0.1	338	-

4.3.2 Prevalence of intimate partner violence by age

This section discusses IPV prevalence by age group. Overall, the Study found a general pattern of a higher prevalence of lifetime violence by an intimate partner among older women. This is expected because they have been exposed to the risk of violence longer than younger women. Seven per cent of women aged 30-49 reported lifetime IPV compared to 3 per cent among women aged 15-24.

Patterns of current violence (12 months prior to the interview) by age group showed that women aged 25-29 and 30-49 were at the highest risk of IPV.

Figure 4.3:
Physical and/or sexual intimate partner violence, by age group



4.4 Psychological abuse by an intimate partner

In addition to asking about physical and sexual intimate partner violence, ever-partnered women were also asked about psychological violence, which consists of emotional abuse and controlling behaviour.

Table 4.3 shows the percentage of ever-partnered women who have experienced one or more of the behaviours that are defined as psychological abuse measured in the survey. Thirteen per cent of ever-partnered women reported having experienced psychological abuse in their lifetime, with 3 per cent in the 12 months prior to the interview.

The most common types of psychological abuse reported by ever-partnered women were being insulted (8 per cent) and being humiliated in front of other people (9 per cent). Six per cent of ever-partnered women reported being scared or intimidated; 5 per cent reported that their partner made them feel controlled/afraid; 3 per cent reported that their partner had prevented them from seeing female friends; and 2 per cent were restricted from family contact.

Table 4.3:
Percentage of ever-partnered women who had experienced various types of psychological abuse by their current or most recent partner

	Lifetime		Past 12 months	
	n	%	n	%
Emotional abuse				
Insulted or made her feel bad about herself	87,985	8.3	19,352	1.8
Humiliated her front of other people	89,814	8.5	17,080	1.6
Scared or intimated her	60,812	5.7	12,053	1.1
Destroyed important things	44,295	4.2	6,640	0.6
Threatened to hurt or harm her or someone she cared about	31,778	3.0	5,011	0.5
Controlling behaviour				
Stopped her from seeing female friends	34,658	3.3	9,516	0.9
Restricts contact with her family	21,998	2.1	3,821	0.4
Makes her feel controlled/afraid	55,600	5.2	12,888	1.2
Stops her from getting health care	5,326	0.5	1,209	0.1
At least one of these behaviours	138,052	13.0	34,216	3.2

These findings are reflected in the qualitative data. Control, isolation and blame were the most common forms of emotional violence reported by respondents. According to some respondents, blame could be related to such things as cooking or washing, or even not being able to get pregnant. For example, one woman explained:

> *My husband was constantly repeating the same question to me: "What can you do?" He kept telling me that since I had no education, the only thing I could do to earn money was to be a prostitute. "What else could you do?" He just kept repeating it all the time. "You cannot do anything else."* (Survivor, 36, IPV in-depth interview)

Control and isolation were reported by respondents as a key form of power. Partners controlled the appearance of respondents, their relationships with other people, their work and their leisure time. Respondents reported being restricted from their social circles and being financially controlled. The goal was to make respondents dependent on their partner. Another woman reported:

> *My husband was against me spending more time than he defined for me, for example, at the park with my dog or going out with my friends. He literally restricted my contact to the outside world, as well as restricted [my use of] social networks [and] contact with my relatives by phone. He often took my phone and hid it from me.* (Respondent, IPV in-depth interview)

4.5 Economic abuse

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

- ✔ Prohibited them from getting a job or earning money
- ✔ Taken their earnings from them against their will
- ✔ Refused to give them money for household expenses, even when he had money for other things

Table 4.4:
Percentage of ever-partnered women who had experienced economic abuse from their current or most recent partner

Abusive actions taken by husband or partner	Lifetime		Past 12 months	
	n	%	n	%
Prohibited her from getting a job and earning money	57,758	5.4	12,943	1.2
Took her earnings against her will	24,312	2.3	4,573	0.4
Refused to give her money when he had money for other things	52,043	4.9	17,285	1.6
At least one of the above	**101,611**	**9.6**	**29,360**	**2.8**

Table 4.4 shows that 10 per cent of ever-partnered women had experienced at least one form of economic abuse. Five per cent of women reported that their partner prohibited them from getting a job or earning money, and refused to give her money when he had money for other things. One woman told us:

> *He turned off the electricity, gas and water as he paid for all of these. He was telling me that he could stop paying for them whenever he wanted, saying, "You are dependent on me. I earn money. You are nothing without me."* (Survivor, 25, IPV in-depth interview)

4.6 Prevalence of all forms of intimate partner violence

Table 4.5 shows the prevalence of all forms of intimate partner violence, including physical, sexual, emotional, physical and/or sexual, physical, sexual and/or emotional, and economic abuse among ever-partnered women.

Table 4.5:
Prevalence of all forms of intimate partner violence among ever-partnered women

	Ever experienced physical IPV		Ever experienced sexual IPV		Ever experienced emotional IPV		Ever experienced physical and/or sexual IPV		Ever experienced physical, sexual and/or emotional IPV		Ever experienced economic abuse	
	n	%	n	%	n	%	n	%	n	%	n	%
Lifetime prevalence	58,200	5.5	24,450	2.3	138,052	13.0	63,866	6.0	144,564	13.6	101,611	9.6
12-month prevalence	9,268	0.9	4,122	0.4	34,216	3.2	11,110	1.0	37,063	3.5	29,360	2.8

4.7 Intimate partner violence by urban and rural areas

Table 4.6 compares the prevalence rates of different types of IPV by urban and rural locales. Rates of IPV were consistently higher in the urban settings than in the rural settings of Georgia, even after accounting for confidence intervals. In urban Georgia, 6.5 per cent of ever-partnered women reported having ever experienced physical and/or sexual intimate partner violence, while 4.3 per cent of ever-partnered women in rural Georgia reported experiencing physical and/or sexual violence in their lifetime. However, the Study showed that IPV was still a significant problem in both urban and rural areas across Georgia.

Table 4.6:
Percentage of ever-partnered women aged 15-64 reporting different types of intimate partner violence, by locale

	Urban			Rural		
	n	%	95CI	n	%	95CI
Lifetime physical partner violence	39,630	6.5	0.7	18,571	4.3	0.5
12-month physical partner violence	3,787	0.6	0.2	5,481	1.2	0.3
Lifetime sexual partner violence	15,619	2.6	0.5	8,832	2.0	0.4
12-month sexual partner violence	2,166	0.4	0.2	1.957	0.5	0.2
Lifetime physical/sexual partner violence	42,760	7.0	0.7	21.107	4.9	0.5
12-month physical/sexual partner violence	4,708	0.8	0.2	6,402	1.4	0.3
Lifetime emotional partner violence	92,851	15.3	1.0	45,202	10.0	0.8
12-month emotional partner violence	17,496	2.9	0.5	16,720	3.7	0.5
Lifetime physical, sexual and/or emotional	**96,269**	**15.9**	**1.0**	**48,295**	**10.6**	**0.8**
12-month physical/sexual/emotional partner violence	**18,104**	**3.0**	**0.5**	**18,959**	**4.2**	**0.5**

4.8 Intimate partner violence by region

Figure 4.4 shows the prevalence of physical, sexual and emotional intimate partner violence by region in Georgia (among ever-partnered women). The highest reported rates of intimate partner violence are in Tbilisi and Samtskhe-Javakheti. The lowest reported rates of violence are in Guria and Adjara A.R. Overall, reported rates of intimate partner violence were higher in urban regions (16 per cent reporting physical, sexual or emotional IPV) than in rural areas (11 per cent reporting physical, sexual or emotional IPV).

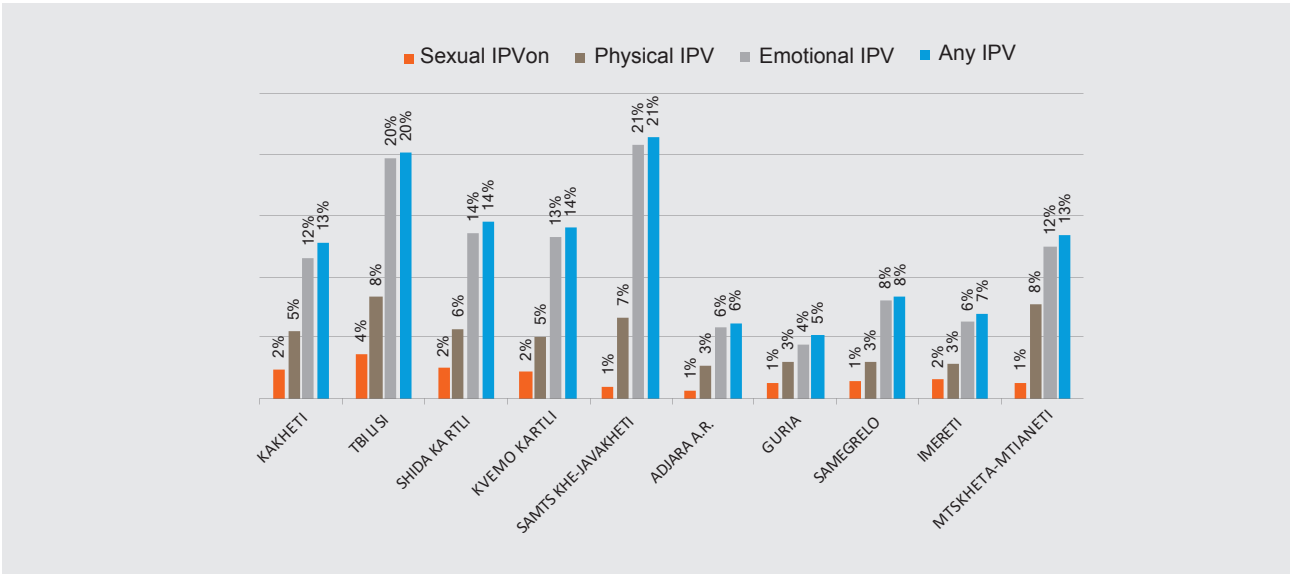
4.9 Discussion

This Study presents the national prevalence rates on intimate partner violence in Georgia. This information is vital to fully understanding the problem in order to be able to effectively respond to and prevent it.

The Study found that IPV is a common experience in many women's lives. Nearly 6 per cent of ever-partnered women aged 15-64 have reported having experienced physical IPV, and 2 per cent reported having experienced sexual intimate partner violence. Six per cent of ever-partnered women aged 15-64 reported having experienced at least one act of physical or sexual violence, or both, by an intimate partner at some point in their lives. One per cent of ever-partnered women reported having experienced physical and/or sexual violence by an intimate partner in the past 12 months. Overall, 14 per cent of women aged 15-64 reported having experienced at least one act of physical, sexual and/or emotional violence by a partner in their lifetime.

The lifetime prevalence rate among ever-partnered women aged 15-64 obtained through this Study is slightly lower than that of the 2009 study (6.9 per cent), but the difference is not statistically significant.

Figure 4.4:
Prevalence of intimate partner violence among ever-partnered women, by region



This could be attributed in part to the fact that the 2009 study had a smaller sample size; therefore, the margin for error could be higher. Slight differences in the questionnaire and survey implementation may also account for some of the difference. In addition, it is possible that legislative changes and investment in addressing violence against women by the Government, civil society and UN system over the past decade have contributed to a reduction in rates of violence.

It is important to note, however, that rates of violence reported in a survey will always be an underrepresentation of women's actual experiences of violence due to various barriers to disclosure, including shame, stigma and fear. The reported rates of IPV in this Study are lower than global averages but are similar to some other countries in central Europe.[48] Nevertheless, the Study found that gender attitudes of both men and women in Georgia remain relatively conservative (see chapter 6) and continue to condone violence under certain circumstances. The discrepancy between gender attitudes and reported rates of violence suggest that women in Georgia may still feel constrained disclosing experiences of violence in an interview. In this Study, reported rates of childhood sexual abuse through an anonymous survey method (see chapter 5) resulted in higher rates of disclosure, further suggesting that rates of violence reported in face-to-face interviews are likely an underrepresentation of reality.

Emotional abuse and controlling behaviour by intimate partners was found to be one of the most common acts of violence. Thirteen per cent of ever-partnered women aged 15-64 reported having experienced at least one act of emotional violence or controlling behaviour by a partner. This is relatively consistent with the findings from the 2009 study. These findings are further reflected in the qualitative data. Control, isolation and blame were the most common forms of emotional violence reported. Almost 10 per cent of ever-partnered women also reported having experienced at least one form of economic abuse by a partner. This suggests, as other studies have shown, that IPV often reflects a pattern of coercive control.[49]

The Study found that reported rates of IPV were significantly higher in urban areas than in rural areas in Georgia. Rates of reported IPV were particularly high in Tbilisi. Internationally, the pattern is usually

48 *FRA, Violence against women: an EU-wide survey – Main results* (2014).

49 Stark, E., *Coercive control* (New York, Oxford, 2007).

reversed. That is, rates of violence against women are usually found to be higher in rural areas than in urban areas due to more conservative gender norms and fewer services available to survivors of violence in rural areas.[50] In fact, this Study found that women and men in rural areas of Georgia held more conservative, violence-condoning attitudes than urban residents. Therefore, it is quite likely that, rather than rates of violence actually being higher in urban areas, these results reflect several conclusions: women in urban areas have higher levels of awareness; violence is less normalized in urban areas; and urban women felt more confident to disclose their experiences of violence than rural women.

Overall, the Study showed that women were more likely to experience frequent acts of intimate partner violence rather than one-off incidents. This is in line with other 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.[51]

The results around the severity of violence indicated that women were more likely to experience moderate forms of violence rather than severe forms of violence. It is important to note, however, that while more women reported moderate forms of violence, many women experienced severe violence such as choking, burning or violence involving a weapon.

That children are sometimes present during incidents of intimate partner violence is also an important issue that should be addressed. Other studies have shown that exposure to violence during childhood can have consequences for an individual's experiences of violence during adulthood.[52]

Finally, the prevalence of intimate partner violence in Georgia is similar to or lower than other countries in Europe. According to previous studies in the region, the average lifetime prevalence of intimate partner violence for women in Europe is 25 per cent.[53] However, individual studies show that the prevalence of intimate partner violence across the region varies significantly. National studies using the WHO Multi-country Study (MCS) methodology in Turkey and Armenia found that 38 per cent and 20 per cent of ever-partnered women, respectively, had experienced physical and/or sexual intimate partner violence in their lifetime.[54] In Moldova, the UNECE module based on the WHO MCS methodology found that 13 per cent of ever-partnered women reported experiencing both physical and sexual intimate partner violence in their lifetime, and 46 per cent reported either physical or sexual intimate partner violence.[55] In Ukraine, the demographic health survey (DHS) found a prevalence rate of 17 per cent, while the DHS in Azerbaijan found a prevalence rate of 15 per cent.[56] Using a questionnaire developed by FRA, studies conducted in 2014 in EU member states revealed that the lifetime prevalence rate of intimate partner violence was 32 per cent in Latvia; 24 per cent in Romania and Lithuania; and 13 per cent in Hungary, Poland and Slovenia.[57]

50 Garcia-Moreno et al., *WHO Multi-country Study* (2005).

51 Ibid.

52 Cashmore, J. and Shackel, R., "The long-term effects of child abuse", Child Family Community Australia Paper, No. 11 (Melbourne, Australian Institute of Family Studies, 2013); Fry, D., McCoy, A., and Swales, D., "The consequences of maltreatment on children's lives: A systematic review of data from the East Asia and Pacific region", *Trauma, Violence and Abuse* (2012), 13(4): 209—233; Fulu, E. et al., "Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country study on men and violence in Asia and the Pacific", The Lancet (2017), 5(5): e512-e522.

53 WHO, *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence* (World Health Organization, 2013).

54 Ministry of Family and Social Policies, Research on domestic violence against women in Turkey (Ankara, 2015); Ospipov, *V., Report on nationwide survey on domestic violence against women in Armenia 2008-2010* (Yerevan, United Nations Population Fund, 2011).

55 Statistica Moldovei, *Violence against women in the family in the Republic of Moldova* (Chisinau, Nova Imprim, 2011).

56 Ismayilova, L., "Intimate Partner Violence and Unintended Pregnancy in Azerbaijan, Moldova, and Ukraine", DHS Working Paper, No. 79 (Calverton, Maryland, ICF Macro, 2010).

57 FRA, *Violence against women: an EU-wide survey* (2014).

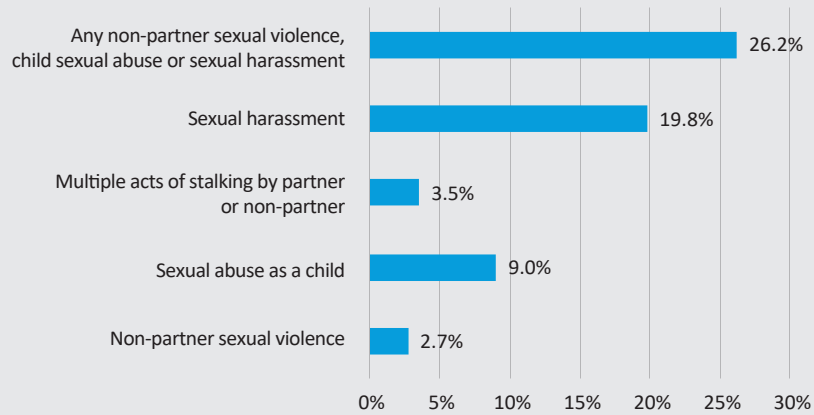
CHAPTER 5. PREVALENCE AND PATTERNS OF NON-PARTNER VIOLENCE AGAINST WOMEN BY PEOPLE OTHER THAN INTIMATE PARTNERS

MAIN FINDINGS

- Overall, 26 per cent of women reported having experienced sexual violence and/or sexual harassment by a non-partner, including sexual abuse as a child.
- One in five women reported experiencing sexual harassment, and 4 per cent have experienced stalking.
- Ten percent of women reported experiencing sexual harassment in the workplace
- Three per cent of women reported experiencing attempted rape and sexual assault by a non-partner.
- Almost 14 per cent of women reported experiencing one form of childhood abuse.
- The most common perpetrators of non-partner sexual violence were male friends/acquaintances and complete strangers.

While the main focus of this Study was on women's experiences of violence by a male intimate partner, the study questionnaire also covered 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. This chapter presents the results on the extent of sexual violence against women by perpetrators other than an intimate partner, from age 15 onward. The subject of sexual abuse before the age of 15 (childhood sexual abuse) and forced first sex, either by an intimate partner or by another perpetrator, is also included here.

Figure 5.1:
Percentage of women aged 15-64 who reported experiencing non-partner sexual violence, childhood sexual abuse, stalking or sexual harassment in their lifetime



5.1 Non-partner sexual violence

Women and girls were asked whether or not, since the age of 15, anyone other than their intimate partner had ever forced them to have sexual intercourse (rape) when they did not want to. They were also asked if they had experienced attempted rape or sexual assault. Acts of sexual assault include being touched without consent and being forced to touch another person's private parts.

Figure 5.1 shows that 2.7 per cent of surveyed women aged 15-64 reported experiencing sexual violence by someone other than an intimate partner.

The results are presented in table 5.1. Approximately 0.2 per cent of women reported that they had been raped by a non-partner. The data also shows that the most common perpetrators of rape after the age of 15 were friends/acquaintances, recent acquaintances or complete strangers.

Table 5.1:
Prevalence and perpetrators of rape against women, by a non-partner

	n	%	95CI
Lifetime sexual violence	3,214	0.2	0.1
Past 12 months sexual violence	-	-	-
Perpetrator	n	%	95CI
Friend/acquaintance	865	0.1	0.1
Recent acquaintance	724	0.1	0.0
Complete stranger	1,625	0.1	0.1

Table 5.2 shows the prevalence of attempted rape and sexual assault. Almost 3 per cent of women reported attempted rape or sexual assault. The most common perpetrators of attempted rape and sexual assault were complete strangers and friends/acquaintances. Work colleagues were also reported by a small percentage of women.

Table 5.2:
Prevalence and perpetrators of attempted rape and sexual assault against women, by a non-partner

	n	%	95CI
Lifetime attempted rape or sexual assault	33,909	2.6	0.4
Past 12 months attempted rape or sexual assault	4,989	0.4	0.2
Perpetrator	n	%	95CI
Someone at work	1,543	0.1	0.1
Friend/acquaintance	8,913	0.7	0.2
Recent acquaintance	4,194	0.3	0.1
Complete stranger	19,427	1.5	0.3

5.2 Sexual harassment and stalking

> *Sex is not the motivation per se, but power [is]. In other words, this kind of behaviour aims to objectify you. From this point of view, I do not think you can say it is because of sexual attraction.* (Woman, FGD participant)

5.2.1 Sexual harassment since the age of 15 among all women

Women were asked if they had ever experienced sexual harassment under a number of different circumstances. Figure 5.2 shows the different types of sexual harassment women reported experiencing. Overall, one in five women (20 per cent) reported experiencing at least one form of sexual harassment. Ten percent of women reported having experienced sexual harassment in the workplace. The most common types of sexual harassment were inappropriate staring or leering (15 per cent), intrusive questions about one's personal life (7 per cent),sexually suggestive comments or jokes (6 per cent), and unwelcome touching, hugging and kissing (6 per cent).

Figure 5.2:
Types of sexual harassment (lifetime prevalence)

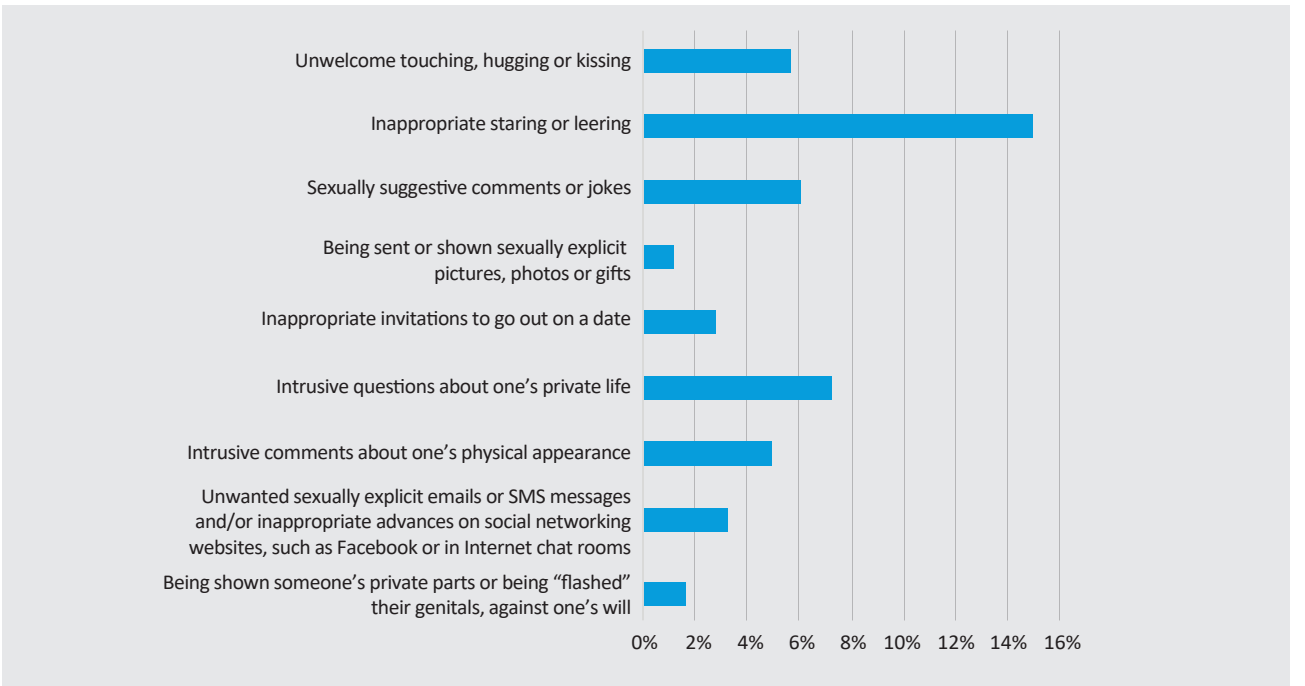
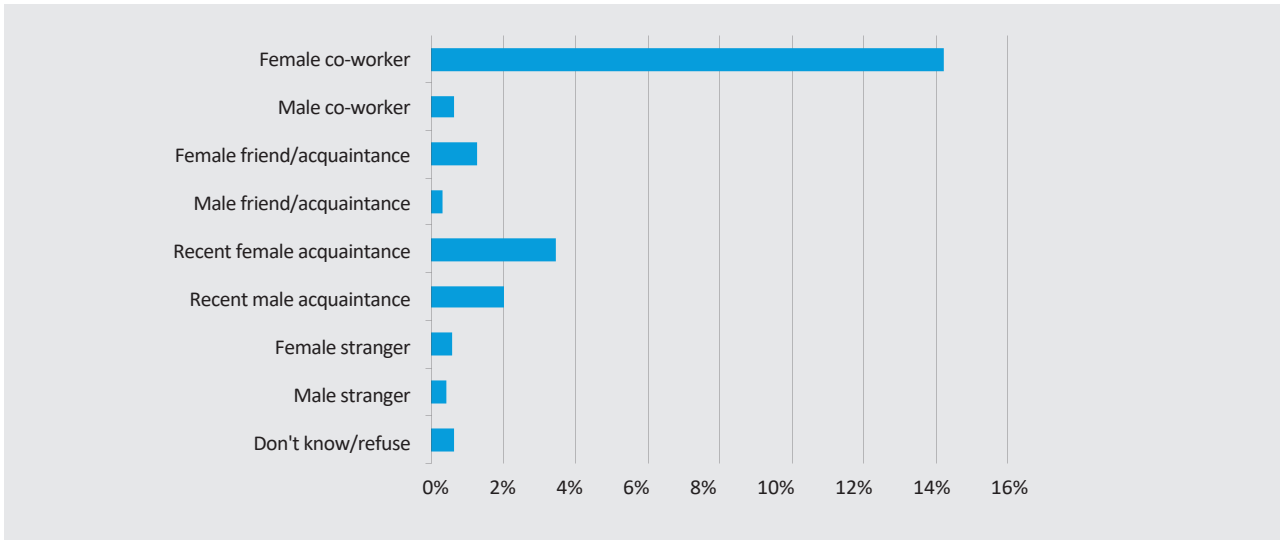


Figure 5.3 shows that the most common perpetrators of sexual harassment were male strangers (14 per cent) and male friends/acquaintances (4 per cent). Female friends/acquaintances were also reported as perpetrators of sexual harassment (2 per cent).

Figure 5.3:
Perpetrators of sexual harassment



In qualitative interviews, sexual harassment was reported as being a common experience for women in Georgia. Respondents shared a variety of types of sexual harassment that they had experienced, including sexually motivated compliments or verbal comments from complete strangers on the street or drivers, as well as groping. The majority of respondents reported that sexual harassment is culturally accepted and tolerated, and that the majority of both perpetrators and victims do not define such behaviour as sexual harassment. Indeed, respondents reported that some forms of harassment are identified as "friendly harassment", which was defined as an action by a male friend that may be uncomfortable for a woman but is normalized by men and the community at large, including by other women.

As one woman explained:

> *Such actions are the norm for men, and probably for most women too. And if you tell those women that a man had done something like this, they would think you were crazy.* (Woman, FGD participant)

Respondents of the qualitative interviews noted that while women of all socioeconomic backgrounds are likely to experience sexual harassment, vulnerable women, such as women with disabilities, LBT and ethnic minorities, were particularly high-risk groups. Children and adolescent girls were also identified as a high-risk group due to their perceived "vulnerability" and "naivety".

> *When I was a young girl, at the age of 11, I became a victim of this. A very childish girl, [I] could not possibly have any sexual thoughts. Simply, the fact was that I was an absolutely unprotected little girl, who couldn't tell anyone anything, couldn't do anything, and he was abusing me because he wanted to prove something.* (Woman, FGD participant)

The concept of patroni was highlighted as a key driver of sexual harassment. A patroni is a male protector of a woman's dignity or safety. This man is usually the closest male relative – a father, brother, partner, husband or male cousin. Women without such support from a powerful male are perceived to be lacking in respectability and sexually

available regardless of her status. For example, if a woman divorces, she becomes an easy object for harassment. Divorced women, single mothers and widows are the most vulnerable in this context. One woman explains:

> *After my first husband and I divorced, every single man – no matter if he was a relative, relative's friend, very close relative of mine, just an acquaintance or a friend's friend – every man tried to flirt with me because they thought that they could. [They thought] I was vulnerable by that time because I had no man next to me. For some reason, they think that if a woman is just a mother but doesn't have a husband, a father or a brother, [then she] is vulnerable.* (Woman, FGD participant)

Sexual harassment in the workplace was frequently mentioned by women in the qualitative interviews. Women reported that they were requested to engage in sexual relationships with their bosses, or they were hired based on their physical appearance, not because of their skills and qualifications.

As one woman explained:

> *I had an experience when I went to a job interview with some guy. I tried my best to be dressed modestly, with black trousers and a black t-shirt, low-heeled shoes, no make-up. I entered the room, and he said he understood [why I was harassed] and added that I am the kind of woman who should be harassed [...]. In his mind this was a compliment. I started to cry, because I couldn't do or say anything.* (Woman, FGD participant)

5.2.2 Stalking

Women were asked if they had ever experienced stalking, as defined under several different circumstances such as:

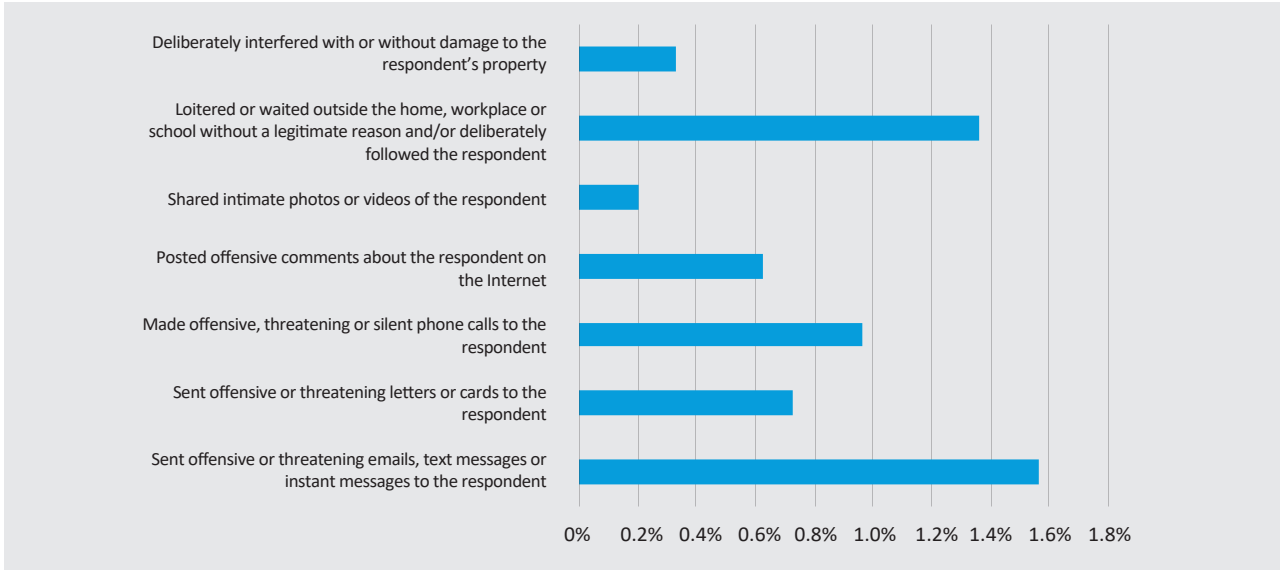
- ✔ Deliberately interfering with or without damage to property
- ✔ Loitering or waiting outside the home, school or workplace, without a legitimate reason and/or deliberate following
- ✔ Threatening or offensive letters or electronic stalking
- ✔ Sharing intimate photos or videos

Four per cent of women reported that they had experienced at least one form of stalking in their lifetime, and 3 per cent had experienced it in the last 12 months. The most common forms of stalking that respondents reported were offensive or threatening text messages or emails (2 per cent), loitering or being followed (1 per cent), and offensive, threatening or silent phone calls (1 per cent).

Table 5.3:
Prevalence of being stalked since the age of 15, among all women

	n	%	95CI
Proportion reporting any stalking	45,438	3.5	0.4
Proportion reporting stalking in the past 12 months	42,323	3.3	0.4

Figure 5.4:
Types of stalking

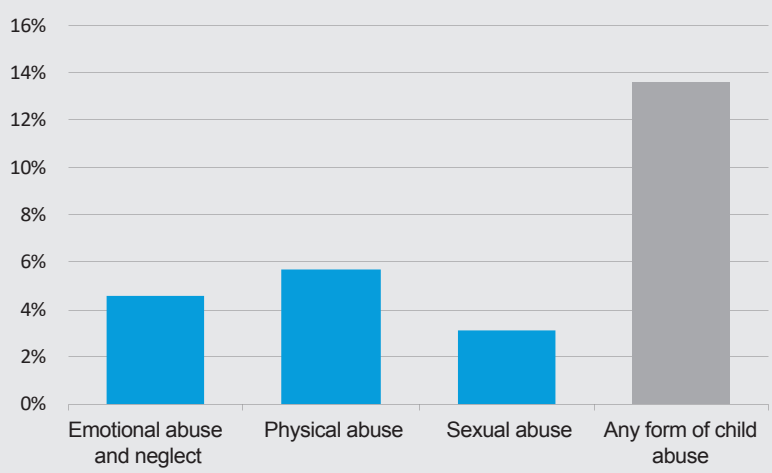


5.3 Child abuse and trauma

Women were asked a number of questions referring to specific experiences of childhood trauma, using the childhood trauma scale. They were asked whether they had never, sometimes, often or very often experienced any of them. These statements were then grouped into one of three dimensions of childhood adversity: emotional abuse and neglect; physical abuse; and sexual abuse. Figure 5.5 shows that overall, 14 per cent of women had experienced any form of child abuse. Six per cent of women reported experiencing physical abuse in their childhood, 5 per cent experienced emotional abuse and neglect, and 3 per cent experienced sexual abuse.

The measure for childhood sexual abuse includes data from both the childhood trauma questions and a self-administered anonymous question at the end of the survey. The anonymous method was used because of the particularly stigmatized nature of childhood sexual abuse and feelings of shame, embarrassment or guilt which may prevent respondents from reporting in a face-to-face interview.

Figure 5.5:
Types of child abuse



5.3.1 First sexual experience

Respondents were also asked to describe their first experience of sexual intercourse as something that they had wanted to happen, that they had not wanted but that happened anyway (coerced), or that they had been forced to do (forced). Table 5.4 shows women's responses to this question, presented by age group. Overall, the study indicates that women's first sexual encounter was wanted. Approximately 2 per cent of women whose first sexual experience was between the aged 15-24 was coerced.

Table 5.4:
Circumstances of and age at first sexual experience, by age group

	12-14		15-24		25-34		35-44		45-52	
	n	%	n	%	n	%	n	%	n	%
Wanted to have sex	4,985	0.4	760,703	59	206,114	16.0	36,359	2.8	930	0.1
Coerced	1,911	0.15	29,515	2.3	6,598	0.5	-	-	-	-
Forced to have sex	-	-	1,406	0.1	-	-	-	-	-	-
Don't know/ don't remember	-	-	2,051	0.2	1,668	0.1	-	-	-	-
Refused to answer	133	0.01	3,664	0.3	559	0.04	306	0.02	-	-

Note: Not had sex, 17.6% (n=227,266)

5.3.2 Sexual non-partner violence, sexual harassment and child abuse

Table 5.5 shows the total prevalence of all forms of non-partner violence experienced by all women in the study. This includes sexual abuse reported during childhood. Overall, 12 per cent of all women surveyed had ever experienced physical and/or sexual violence by a non-partner. Almost one third of the respondents (27 per cent) had ever experienced physical and/or sexual non-partner violence and/or sexual harassment.

Table 5.5:
Prevalence of all forms of non-partner violence among all women

All forms, including child sexual abuse	Ever experienced physical and/or sexual violence		Ever experienced physical and/or sexual violence and/or harassment	
	n	%	n	%
Lifetime prevalence	154,328	12.0	346,510	26.9

5.3.3 Exposure of children to intimate partner violence

Women who reported physical IPV were also asked if their children were ever present during a violent incident. Nearly two thirds of the women who had experienced physical IPV reported that their children were present during a violent incident several times.

In the qualitative interviews, women reported that their partners verbally abused their children through humiliation and name-calling. In other cases, male partners would isolate or ignore the children.

One woman explained:

> *He had almost no contact with the children; it was very seldom. But he was selective towards the children. He mostly loved [the girl] and he didn't love the boys fully. Yes, he really didn't love them.* (Survivor, 25, IPV in-depth interview)

Another woman told us:

> *He called [the children] bastards. He did this kind of name-calling. The eldest girl was taking dance classes, and when it was time to pay for the classes, he would not give her money and made her cry so badly that she begged to quit, but eventually he would pay anyway.* (Survivor, 32, IPV in-depth interview)

Table 5.6:
Frequency of children's presence during incidents of violence, among women who had experienced physical partner violence

	n	%
Never	15,685	28.8
Once or twice	7,387	13.5
Several times (two to five)	16,221	29.7
Many times/always	10,883	20.0
Don't know/refuse	4,363	8.0

5.4 Overall rates of violence

By combining women's experiences of violence, the Study found that:

- Twelve per cent of women reported having experienced physical and/or sexual violence by an intimate partner, or sexual violence by a non-partner, in their lifetime.
- More than one in four women (27 per cent) reported having experienced physical and/or sexual violence by an intimate partner, sexual violence by a non-partner (including during childhood) or sexual harassment in their lifetime.

5.5 Discussion

The National VAW Study found that women were most at risk of experiencing violence from their intimate partners, as is the case in most settings globally.[58] However, the study confirms that violence by non-partners is also relatively common. Almost one third of all surveyed women reported experiencing at least one form of non-partner sexual violence in their lifetime, including during their childhood. The national prevalence rate for non-partner sexual violence after the age of 18 was 2.7 per cent. In Georgia, the most common perpetrators were identified as friends/acquaintances, as well as complete strangers. These findings are similar to those found in the 2009 study on violence against women in Georgia.[59] In 2014 and 2015, respectively, 80 and 87 cases of sexual violence were registered in Georgia, among which 20 and 13 were cases of rape.[60] Overall, however, it

58 Garcia-Moreno, C., et al., *Global and Regional Estimates of Violence against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-partner Sexual Violence* (Geneva, World Health Organization, 2013).
59 Chitashvili et al., *National Research* (2010).

is considerably lower than the regional prevalence rates.[61] Social stigma in Georgia – including the importance placed on women's virginity and family honor – likely deters women from reporting non-partner sexual violence.[62] Sexual violence remains highly stigmatized in all settings, and even when studies take great care to address the sensitivity of the topic, it is likely that the degree of disclosure will be influenced by respondents' perceptions about the level of stigma associated with any disclosure, especially the perceived repercussions of others knowing about such violence.[63]

Non-partner physical and emotional violence was also identified as common among women in the qualitative interviews. In particular, women reported experiencing physical and emotional abuse from family members, including parents-in-law, brothers, stepchildren and sisters-in-law. Traditionally, "family" in Georgia implies the extended family, and several generations usually live together. The daughter-in-law generally has the least power in the family. Respondents reported that their mother-in-law was often the instigator of violence. Violence perpetrated by mothers-in-law against their daughters-in-law is common in many settings and reflective of patriarchal structures that marginalize women. In other cases, the lack of a *patroni* – a male protector – increased the risk of violence from other family members. Widows in particular reported experiencing controlling behaviours and emotional abuse by family members who took on the role of patroni after the death of a husband. Further quantitative research on non-partner physical and emotional abuse perpetrated by family members would be of benefit.

In terms of childhood abuse, nearly 14 per cent of women in this study reported that they had experienced any form of child abuse. The most common form of abuse reported was physical abuse (6 per cent). Three per cent of women reported having experienced sexual abuse before the age of 18. This figure is approximately half that found in the 2009 survey (7 per cent) and is relatively low in comparison to other countries in the region that have undertaken similar research.[64]

This was the first comprehensive study in Georgia to explore sexual harassment. While there was a relatively low level of awareness of this issue at the time of the Study, which was before the #MeToo campaign, sexual harassment and stalking were identified as serious forms of abuse in Georgia.

This study found that almost 20 per cent of women reported experiencing sexual harassment and 4 per cent reported experiencing stalking. Compared to other countries in the region, these figures are lower. In the recent EU-wide survey, 45 to 55 per cent of women reported having experienced sexual harassment since the age of 15, and in Turkey, 27 per cent of women reported having ever experienced stalking.[65]

In the Georgian context, sexual harassment is largely normalized, and reporting on experiences of harassment is frowned upon. It is often identified as "friendly harassment", and women are encouraged to perceive such harassment as a compliment. Research indicates that sexual harassment in the workplace is particularly commonplace in Georgia, despite being largely underreported due to stigma.[66] A 2014 study by the Asian Development Bank on women's experiences of sexual harassment on public transport and connected spaces in Tbilisi found that 45 per cent of the 200 respondents had experienced sexual harassment in the Tbilisi Metro. Similar to the findings of this study, the most common forms

60 Human Rights Council, *Report of the Special Rapporteur on violence against women, its causes and consequences, on her mission to Georgia* (A/HRC/32/42/Add.3, 2016).
61 WHO, *Responding to Intimate Partner Violence and Sexual Violence against Women: WHO Clinical and Policy Guidelines* (Geneva, World Health Organization, 2013).
62 Human Rights Council, *Report of the Special Rapporteur* (2016).
63 WHO, *Responding to Intimate Partner Violence* (2013).
64 Garcia-Moreno et al., *WHO Multi-country Study* (2005); Ministry of Family and Social Policies, Research on domestic violence (2015); Ospipov, V., *Report on nationwide survey* (2011).
65 FRA, *Violence against women: an EU-wide survey* (2014); Ministry of Family and Social Policies, *Research on domestic violence* (2015).
66 Human Rights Council, *Report of the Special Rapporteur* (2016).

of harassment were leering, sexual comments or noises, and touching or groping.[67] This report further noted that women were unlikely to report sexual harassment because of a lack of awareness, because it is not considered a serious enough offence, and because it lasts only a short period of time.

Sexual harassment is not defined in Georgian legislation, which makes it impossible to regulate. Women rarely report experiences of sexual harassment to police or other officials. As it is not regulated by law, police not only have difficulty addressing reported cases of harassment, but also tend to view sexual harassment as a non-issue. As one respondent in the qualitative interviews explained, *"If a woman calls the police for a case of sexual harassment in a public space, the police say, 'This young man was just trying to get to know you, beautiful ladies'"*.[68]

Recently, a Georgian journalist became the first woman to successfully sue her employer for sexual harassment. In this unprecedented case, the court acknowledged the claim of sexual harassment and ordered remuneration to be paid. Human rights defenders are hopeful that this case will set a precedent for future sexual harassment cases.[69]

Recommendations on defining sexual harassment in public spaces and the workplace have been presented to the Gender Equality Council of the Parliament of Georgia (based on the 2017 qualitative research of this Study). The Committee for the Protection of Human Rights of the Parliament of Georgia is also reviewing a petition submitted by the women's movement that demands to outlaw sexual harassment through amendments to both the Labor Code and the Code of Administrative Offences.[70]

This Study highlights that the perpetration of non-partner sexual violence in Georgia, including sexual harassment and stalking, is a serious issue that requires intervention to combat the normalization of violence against women resulting from unequal and discriminatory gender constructs. The findings highlight the need for justice response services to better meet the needs of women who have experienced violence or harassment.

67 Asian Development Bank, *Georgia: Rapid assessment of sexual harassment in public transport and connected spaces in Tbilisi. Technical Assistance Consultant's Report* (2014).

68 Qualitative Report (2018).

69 JAM News, "Georgian journalist wins sexual harassment lawsuit against her boss", 6 January 2018. Available at https://jam-news.net/?p=79067.

70 JAM News, "Georgia may pass a law on sexual harassment", 7 November 2017. Available at https://jam-news.net/?p=68351.

CHAPTER 6. ATTITUDES TOWARDS VIOLENCE AGAINST WOMEN

MAIN FINDINGS

- Almost one quarter of women (22 per cent) and one third of men (31 per cent) believe that wife-beating is justified under certain circumstances, such as if she has been unfaithful or if she neglects the children.
- Both male (50 per cent) and female (33 per cent) respondents were likely to agree that IPV is a private matter and that others should not intervene. Women who had experienced IPV were less likely to agree with this statement (27 per cent).
- Most women (66 per cent) and men (78 per cent) agree that a woman's most important role is keeping the home in order.
- Almost a quarter of all women (23 per cent) and nearly half of all men (42 per cent) believe that a wife should obey her husband even if she disagrees.
- Almost half of all women and men agree that if a woman does not physically fight back, then it is not rape.
- Overall, 67 per cent of women and 74 per cent of men know that there are laws in Georgia addressing violence against women.

This chapter explores respondents' attitudes towards gender and violence in Georgia. Several questions were included in the survey to identify beliefs held by women and men surrounding gender relations, intimate partner violence and other forms of violence against women. In order to assess respondents' attitudes towards gender roles and relations, the Gender Equitable Men (GEM) scale was asked of both women and men.[71] Women and men were then asked if they believe that it is "acceptable" for a husband to hit his wife under certain circumstances. Women were also asked questions about refusing sex, while men were asked questions about victim-blaming in relation to rape.

6.1 Women's and men's attitudes towards violence against women

> *You have to control yourself not to make him so angry that he beats you.* (Woman, Urban, FGD participant)

Respondents were asked whether they agreed or disagreed with a series of statements designed to determine the circumstances under which it is considered acceptable for a husband to hit his wife. Figure 6.1 shows the percentage of women and men who believe that a husband has the right to beat his wife under certain circumstances, such as not adequately completing housework, being disobedient to her husband, refusing sex or being unfaithful. Overall, 22 per cent of women and 31 per cent of men agreed with at least one of the justifications given for a husband hitting his wife. Women most commonly agreed with justifications regarding adultery (20 per cent) and child neglect (10 per cent). The most common justifications for men were also if his wife was unfaithful (29 per cent) and if she neglects the children (12 per cent).

Among those women who had reported experiencing physical and/or sexual intimate partner violence, approximately one in three agreed with at least one of the justifications given for a husband hitting his wife. In general, the rate of concordance with these beliefs was higher among women who had

71 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. The GEM Scale is designed to provide information about the prevailing norms in a community as well as the effectiveness of any programme that hopes to influence them. The original GEM scale consisted of 24 statements across various domains such as gender norms, violence, sexuality, masculinity, reproductive health, etc. These attitudinal questions have been used in diverse settings and have consistently shown high rates of internal reliability (Pulerwitz and Barker, 2008).

experienced physical and/or sexual intimate partner violence than those women who had not experienced partner violence.

In general, men were more likely than women to justify or excuse violence. However, the rate of concordance with these beliefs between men and women who had reported experiencing physical and/or sexual intimate partner violence, was very close. As one male respondent stated:

Would you beat someone for no reason?! Would you let someone beat you in vain?! Nobody beats someone without having a reason; otherwise, he'd be a crazy person. So the conclusion is that, if a neighbour beats his wife, then – from this man's point of view – she deserved it. (Man, Rural, FGD participant)

Figure 6.1:
Percentage of women and men who agreed that a man is justified in hitting his wife under different circumstances

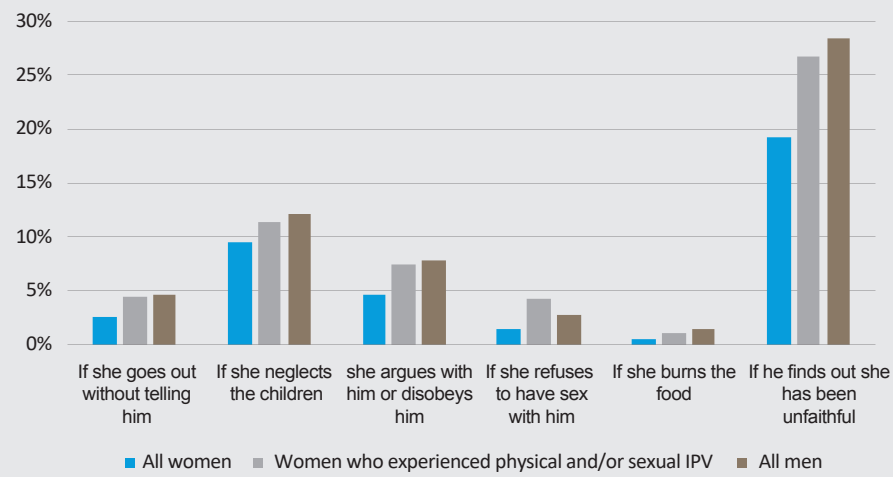
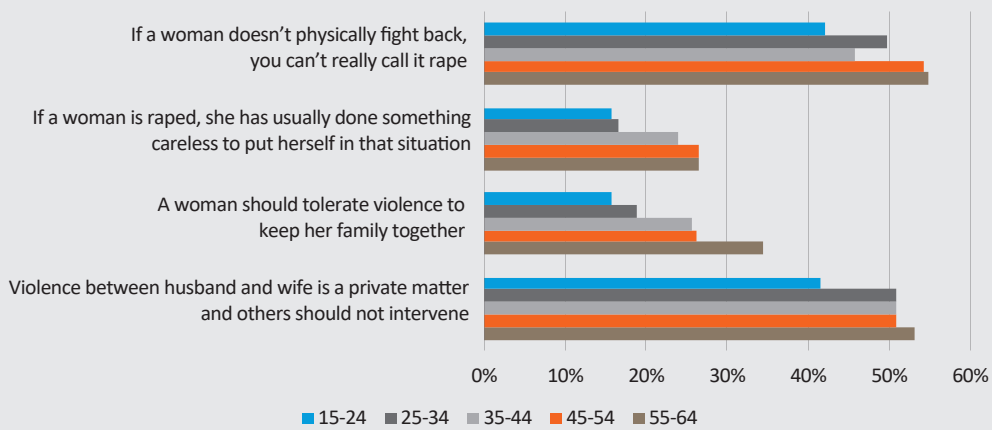


Figure 6.2 shows that men and women in the older age groups tended to have more conservative and violence-condoning attitudes than the younger generation. For example, figure 6.2 shows that 16 per cent of women aged 15-24 believe that a woman should tolerate violence to keep her family together, compared to 34 per cent of women aged 55-64.

Figure 6.2:
Percentage of women who agree with violence-condoning statements, by age group



6.2 Attitudes towards gender relations

Respondents were asked whether they agreed or strongly agreed to a series of gender statements. Overall, while atittudes held by women were more liberal compared those of men, women's and men's responses were still very consistent with one anotherThe results reflect a general pattern of agreement with inequitable gender norms, for example, that a woman's most important role is keeping the home in order or that women should obey men at all times.

> *It was winter, snowing, and I phoned [husband's name] and asked: "Please, bring the water. I can't go outside." Apparently, he was standing close to his co-workers, and they overheard my request and said how dare I ask for help. You can't imagine what happened when he came back. Big scandal!* (Woman, Rural, FGD participant)

> *For me, a respectful woman is someone who raises children, teaches them and is a parent of successful children. At the same time, she cooks well and can iron well. (Woman, Rural, FG participant)*

> *The main function for women is motherhood. For men, it is to maintain the respect of family and country.* (Man, Rural, FGD participant)

While almost all women and men agreed that women and men should share authority in the household, one in five women and two in five men believe that a wife should obey her husband even if she disagrees. Approximately one quarter of women (25.1 per cent) and men (27.2 per cent) also agreed that a woman cannot refuse to have sex with her husband, and close to 40 per cent of women and men believe that men need sex more than women do. The latter finding is reflected in the qualitative interviews in which respondents spoke of men's infidelity in terms of their need for sex, highlighting gendered societal norms that allow men to cheat but not women. As two female respondents discussed:

> ***Participant 1:*** *Men are men, you know... They fool around with other women sometimes.*
> ***Participant 2:*** *What does that mean – "They fool around with other women"?*
> ***Participant 1:*** *So, what, when my husband was in Russia, should I have thought that he was alone? I am not so sure. [Laughs]*
> ***Participant 2:*** *Did you also behave that way?*
> ***Participant 1:*** *No, I am a woman. Nobody could look at me in that way.*
>
> (Women, Rural)

Table 6.1:
Percentage of women and men who agree with inequitable gender norms/roles, among all women

	All women		Women who experienced physical and/or sexual IPV		All men	
	n	%	n	%	n	%
A woman cannot refuse to have sex with her husband	322,861	25.1	18,800	29.4	321,572	27.2
Women and men should share authority in the family	1,223,630	94.9	61,216	95.8	1,006,709	85.0
A woman's most important role is taking care of the home	848,710	65.8	42,262	66.2	923,897	78.0
A wife should obey her husband even if she disagrees	292,250	22.7	11,986	18.8	495,872	41.9
A woman should be able to spend her own money	1,155,052	89.6	57,704	90.4	975,864	82.4
It is a woman's responsibility to avoid getting pregnant	504,007	39.1	26,273	41.1	439,979	37.2
A husband should be outraged if a wife asked him to use a condom	48,420	3.8	2,442	3.8	82,287	7.0
Men need sex more than women do	480,496	37.3	25,219	39.5	467,938	39.5

The qualitative research further indicated that for women, actions deviating from expectations were mainly discussed in reference to contemporary values. For example, "European values" are not considered in a positive light. Women holding contemporary values tend to have a free lifestyle and are perceived as disrespectful by some members of society. Moreover, those women who are independent, strong and have leadership characteristics are described with "masculine" words, such as, "male women". This is highlighted in the following comments from both women and men:

> *The old, ancestral tradition is already lost in Georgia. Women are not the women that [they] used to be, and men have also changed more or less. But women have lost [their morals]. From my point of view, the woman who used to wear something that hid her ankles is not the same woman today, who wears [immodest] clothes to attract other men…* (Man, Rural, FGD participant)

> *Indecent girls, for example, are not interested in [others' opinions, and they] live too freely. From my point of view, this kind of girl is indecent.* (Youth, Rural, FGD participant)

> *Then we have to switch to European traditions, when a 20-year-old girl has a boyfriend and then will [eventually] marry at 27. Is that normal in the Georgian context?!* (Woman, Rural, FGD participant)

6.3 Attitudes towards violence

Respondents were asked whether or not they agreed with a number of statements that normalize violence. Figure 6.3 shows the breakdown of women and men who agreed with these statements. Overall, 60 per cent of women and 72 per cent of men agreed with at least one of the statements that normalized violence. Specifically, 33 per cent of all women and 50 per cent of all men agreed that violence between a husband and wife is private and that outsiders should not intervene. Among women who had reported experiencing physical and/or sexual violence, however, 27 per cent supported this statement. Nearly half of all respondents believe that if a woman does not physically fight back, then it is not rape.

In general, the rate of concordance with these beliefs was higher among women who had experienced physical and/or sexual intimate partner violence than those women who had not experienced partner violence. Men were considerably more likely than women to agree with such statements.

> *Violence never happens, if a man's word has power. Of course, women can also have a say too, but the power center should be with men.* (Man, Rural, FGD interview,)

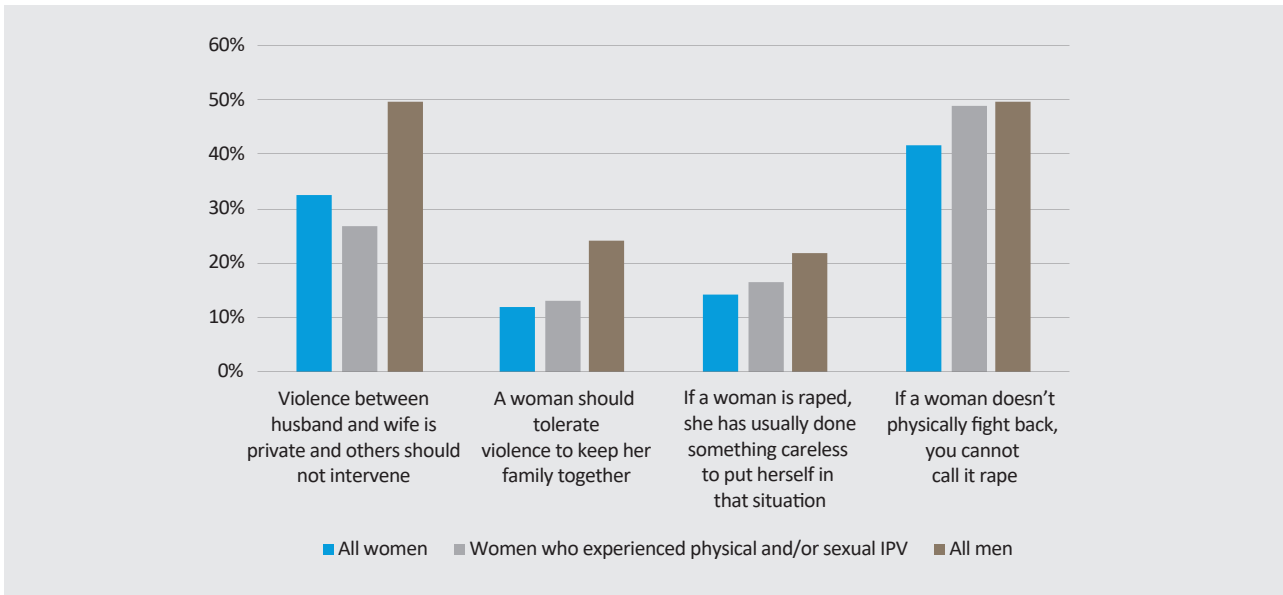
The qualitative research also found that although study participants recognized the problem of VAW, the general narrative was that it is not a problem in their community. This might indicate that study participants either found it difficult to evaluate the severity of the problem, or discussing cases of violence remains taboo so people try to distance themselves from the problem and avoid talking about the issue. Youth participants tended to discuss the problem more openly than adults, revealing that they do know of cases of violence among their neighbours and/or relatives.

> *I often see on TV that someone killed [their] wife, but such things do not happen in our community. We do not have such things… God save us.* (Man, Rural, FGD participant)

> *I believe that in Georgia and in Tbilisi, violence is not a big problem. I think about who might be a perpetrator around me… but I can't identify [one].* (Woman, Urban, FGD participant)

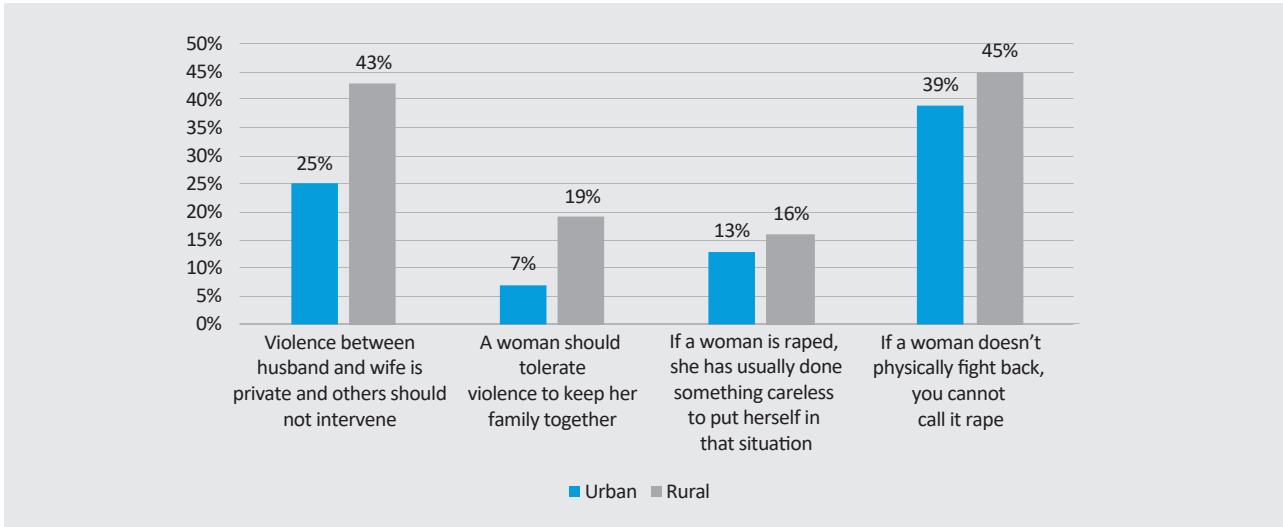
> ***Participant 1:*** *I hear shouting and swearing every day from my neighbour's house.*
> ***Participant 2:*** *It is verbal and psychological violence. Women are not allowed to express their opinion freely.*
>
> (Youth, Rural, FGD participant)

Figure 6.3:
Percentage of women and men who agree with statements that normalize violence



Overall, men and women in rural areas tend to have more conservative and violence-condoning attitudes than those in urban areas, as shown in figure 6.4.

Figure 6.4:
Percentage of women who agree with violence-condoning statements, by locale

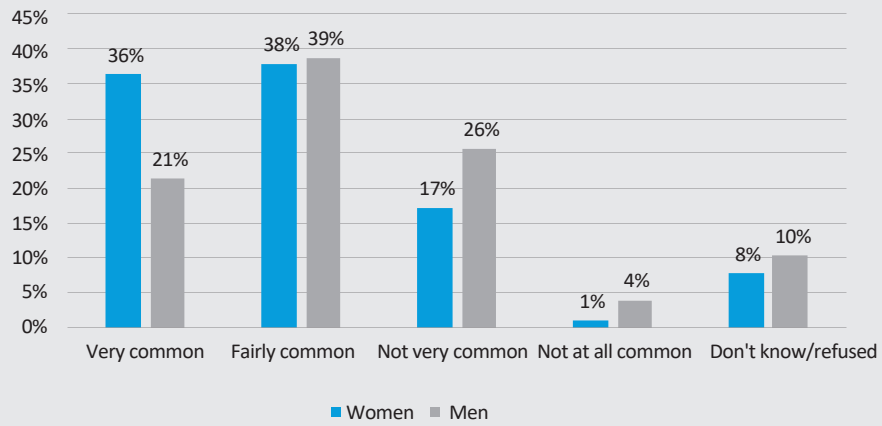


6.4 Awareness of services and laws

Male and female respondents were asked whether they were aware of existing laws surrounding violence against women in Georgia, as well as whether they knew anyone who has been a victim of domestic violence.

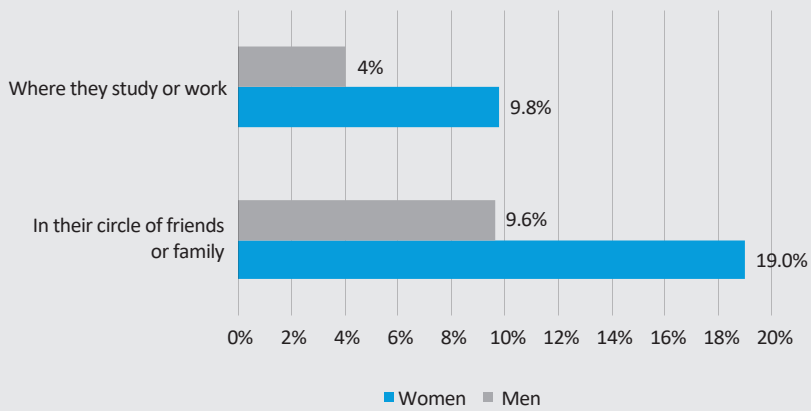
According to the Study, the majority of men and women believe that VAW is either very common or fairly common. Women are more likely than men to believe that VAW is very common.

Figure 6.5:
How common is violence against women in Georgia, according to men and women



The Study found that 19 per cent of women and 9.6 per cent of men knew of someone who had experienced domestic violence in their family or circle of friends, and 9.8 per cent of women and 4.0 per cent of men reported knowing a victim where they worked or studied. These rates are higher than women's direct reports of violence, which is to be expected but could also suggest that actual rates of violence are higher than those directly reported by women themselves.

Figure 6.6:
Percentage of men and women who reported knowing a woman who has been a victim of domestic violence



The Study found that most people (67 per cent of women and 74 per cent of men) know that there are laws in Georgia addressing violence against women. However, less than half of men (38 per cent) and women (44 per cent) believe that marital rape is a crime. On a positive note, almost all men and women felt that it would be acceptable for doctors to do routine screenings for violence-related injuries.

Table 6.2:
Percentage of women and men who reported awareness of services and laws related to domestic violence

	Women (%)	Men (%)
Believes that, according to the law, a husband who forces his wife to have sex against her will is committing a criminal act	43.9	38.0
Knows that there are laws in Georgia about violence/domestic violence against women	67.4	73.5
Has recently seen or heard of advertising addressing campaigns against violence against women	78.3	72.6
Is aware of hotlines	76.8	71.0
Is aware of shelters	61.7	48.8
Is aware of crisis centres	38.0	31.6
Would find it acceptable if doctors routinely ask women who have certain injuries, whether they have been caused by violence	90.5	85.8

6.5 Discussion

The Study's findings on attitudes reveal that inequitable gender norms are common. For example, a high proportion of respondents believed that a woman's most important role is to care for her family and that if a woman does not physically fight back, then it is not rape. Most women and men agreed that intimate partner violence is a private matter and that outsiders should not intervene. Moreover, almost one third of women and men agreed with at least one of the justifications for a husband hitting his wife, revealing a high level of acceptance and condoning of violence in Georgia.

Other research indicates that, as violence is understood as an acceptable form of discipline – to "improve" a woman's behaviour or to save her from disgrace – wife-beating is a justifiable act in instances where a woman has shown disrespect towards her husband. In fact, women are often blamed by their family and communities for the behaviour that led to the violence.[72] A 2008 study with Georgian police officers found that 83 per cent of respondents believed that women experience physical or sexual violence as a result of their own irresponsible behaviour, and 71 per cent believed that women experience violence because they provoke men with "constant nagging". A similarly high proportion of police officers also blamed women who were jealous or wore provocative clothing.[73]

That violence was viewed as justifiable by both women and men in this Study reflects the broader sociocultural reinforcement of intimate partner violence and gender inequality. Gender roles that maintain women's subordinate position within the household underpin the normalization of violence against women, especially within the domestic sphere, as violence is used as a tool to maintain men's power over the family unit. Men appeared to have much more unequal gender attitudes across the Study as compared to women. This highlights the importance of working with men and boys to promote gender equality.

While women and men tended to support the abstract idea of gender equality in the household, almost half of male respondents believe that a woman should obey her husband, and more than three quarters of women and men agree that a woman's most important role is taking care of the household. These findings corroborate data from earlier studies about unequal gender attitudes.[74] Gendered stereotypes about men's and women's roles reinforce patriarchal structures and demean women. Indeed, research indicates that women are expected to be passive, demure and sexually unavailable.[75] Men, on the other hand, are expected to be strong, heavy drinkers, sexually active and the head of the household. Men are discouraged from

72 Sumbadze, N., *Study of the perceptions and attitudes towards violence against women and domestic violence in Tbilisi, Kakheti and Samegrelo-Zemo Svaneti regions of Georgia* (UN Women, 2014).

73 Anti-Violence National Network Georgia & Estonian Institute for Social Research, "Interviews with Georgian police personnel on domestic abuse and violence against women" (2008).

74 UNFPA, *Men and Gender Relations* (2014).

75 Qualitative Research (2018).

contributing to domestic duties, and their status and power is derived from aggressive and destructive behaviours. One respondent remarked:

> *[A man] must eat a lot and drink more than two litres [of wine]. He must smoke. He should maintain a level of respectability in the family so that his wife will not care to do or say anything to him. He has his own status in the street, and at home. He can drink a lot. Nothing more to say. That is an ideal man.* (Placeholder)

Indeed, the 2008 study with Georgian police officers found that 46 per cent of respondents agreed with the statement that no man is a real man unless he can control his wife. Moreover, 18 per cent of respondents agreed that a woman must obey her husband even if he mistreats her and that a husband has the right to demand sex from his wife against her will.[76]

Patriarchal attitudes and stereotypes of the perceived role of women are common across the region. A 2012 UNICEF study found that almost 60 per cent of men in Azerbaijan and Uzbekistan, 20 per cent of men in Armenia and Moldova, and more than 30 per cent of men in Albania believe a husband is justified in beating his wife. Such attitudes, beliefs and behaviours are entrenched in deeply rooted social norms that subordinate women and protect men. Furthermore, as other research indicates, a re-emerging conservatism around gender norms and the roles of women and men has been observed in the region, which is contributing to the reinforcement of strict gender roles.[77] Such attitudes only add to a climate of social acceptability for violence against women, as well as highlight the need for further efforts to address harmful social norms.

In Georgia, the concept of patroni reinforces unequal gender norms that marginalize women and fuel violence against women. A patroni is the closest male relative – a father, brother, husband or male cousin – who takes responsibility for a woman and should protect her dignity and ensure her safety. Women's respectability is considered in terms of her male partner's status, so women without such support are perceived to be lacking in respectability. While some research indicates that women who are without a patroni are more likely to experience non-partner violence, there is limited understanding of how exactly women are protected by their patroni, especially considering that a patroni himself might become a perpetrator.[78]

The findings on men's beliefs around sexual violence show that sex is also considered to be central to the construction of masculinity, with almost half of respondents believing that men need sex more than women do. A 2014 UNFPA study on men and gender relations in Georgia found that 35 per cent of men believed that in some cases, women are willing to be raped; and 36 per cent of men and 31 per cent of women agreed that women are raped because they recklessly put themselves in that situation. In this VAW Study, 50 per cent of men and 41 per cent of all women agree that it is not rape if a woman does not physically fight back.[79] Similar beliefs around the classification of rape have been found in other studies. In a 2003 DHS study in Turkey, 16 per cent of women believed that violence is justified if a woman refuses sex, and the 2011 national prevalence study in Moldova found that 14 per cent of women agreed that a woman cannot refuse sex with her husband or partner.[80]

Compared to international data, gender attitudes in Georgia appear to be more conservative than in many other parts of Europe.[81] However, it is important to note that since the 2009 study in Georgia, attitudes have improved, and there has been an increase in awareness of laws on domestic violence. Furthermore, men and women in the younger generation tend to have more non-discriminatory gender attitudes than people of the older generation. This is a very positive sign, suggesting that progress is being made by the concerted efforts to raise awareness and promote women's empowerment and rights over the past decade.

76 Anti-Violence National Network Georgia & Estonian Institute for Social Research, "Interviews" (2008).

77 UNFPA, "Combating violence against women and girls in Eastern Europe and Central Asia", Issue Brief 6 (Istanbul, UNFPA, 2015).

78 Qualitative Research, 2018.

79 UNFPA, *Men and Gender Relations* (2014).

80 DHS, *Turkey Demographic and Health Survey* (Istanbul, DHS, 2003); Statistica Moldovei, *Violence against women in the family* (2011).

81 FRA, *Violence against women: an EU-wide survey* (2014).

CHAPTER 7. IMPACT OF INTIMATE PARTNER VIOLENCE ON WOMEN'S PHYSICAL AND MENTAL HEALTH

MAIN FINDINGS

- More than one third (33 per cent) of women who had experienced physical and/or sexual violence had been injured on at least one occasion.
- Among women who reported needing health care for an injury, only 0.2 per cent said they always received health care when they needed it, and 8 per cent said they sometimes received it.
- Women who had experienced physical and/or sexual partner violence were more likely to be depressed and were significantly more likely to have suicidal thoughts.

International evidence shows that physical or sexual violence is a public health problem that affects more than one third of all women globally. The impact of violence on the physical and mental health of women and girls can range from broken bones to pregnancy-related complications, mental problems and impaired social functioning, and even death. The UNODC global study on homicide indicates that 50 per cent of all homicides of women in 2012 were committed by an intimate partner or other family member, compared to 6 per cent of homicides of men; and 42 per cent of women who have experienced physical or sexual violence at the hands of a partner had experienced injuries as a result.[82] The VAW 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.

82 United Nations Office on Drugs and Crime, Global Study on Homicide 2013 (2014), p. 14; Garcia-Moreno et al., Global and Regional Estimates of Violence against Women (2013).

7.1 Injuries as a result of intimate partner violence

In the questionnaire, women who had reported physical or sexual intimate partner violence were asked whether their partner's acts had resulted in injuries. Frequency of injuries, type of injury and use of health services were also explored. As table 7.1 shows, of women who had ever experienced physical and/or sexual partner violence, 33 per cent reported being injured at least once, 12 per cent of whom reported that they had been injured many times. Women also reported a variety of injuries. The majority of ever-injured women reported injuries such as scratches, abrasions and bruises (23 per cent); cuts, punctures and bites (8 per cent); and internal injuries (5 per cent).

Among women who reported needing health care for an injury, only 0.2 per cent said they always received health care when they needed it, and 8 per cent said they sometimes received it. This means that many women are not getting the medical treatment that they require. This could be because they are choosing not to seek health care for reasons such as stigma or because they are prevented from accessing it, for example, by a partner or by the distance to a clinic.

Of those who had received health care for their injuries, 2 per cent said 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, most (96 per cent) did not tell the health-care worker the real cause of their injuries.

Table 7.1:
Women's injuries from intimate partner violence

	n	%
Injuries among women who experienced physical and/or sexual IPV		
Ever injured by an intimate partner	21,127	33.1
Frequency of injury among ever-injured women		
Injured once	5,210	8.2
Injured several times (two to five)	7,669	12.0
Injured many times	7,898	12.4
Details of injuries among ever-injured women		
Cuts, punctures, bites	5,020	7.9
Scratches, abrasions, bruises	14,572	22.8
Sprains, dislocations	1,067	1.7
Burns	993	1.6
Penetrating injuries, deep cuts, gashes	681	1.1
Broken eardrums, eye injuries	859	1.3
Fractures, broken bones	738	1.2
Broken teeth	781	1.2
Internal injuries	2,879	4.5
Others	2,079	3.3
Among those who received health care for injuries		
Spent at least one night in hospital	1,243	1.9
Ever told health personnel the reason of injury	2,309	3.6

Table 7.2:
Proportion of women who received health care when needed due to injuries from physical a nd/or sexual partner violence

	n	%
Never	1,618	22.7
Sometimes	5,375	75.5
Always	125	1.8

Figure 7.1:
Proportion of women who received health care when needed due to injuries from physical and/or sexual partner violence

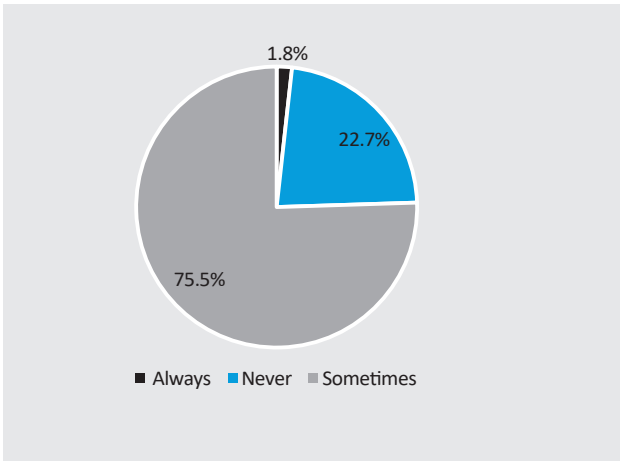
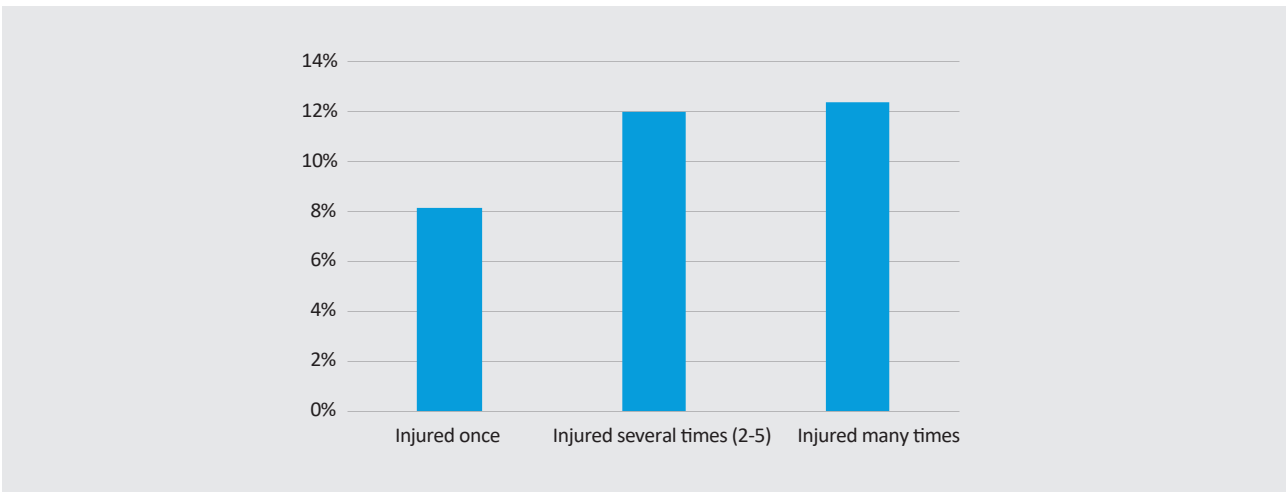


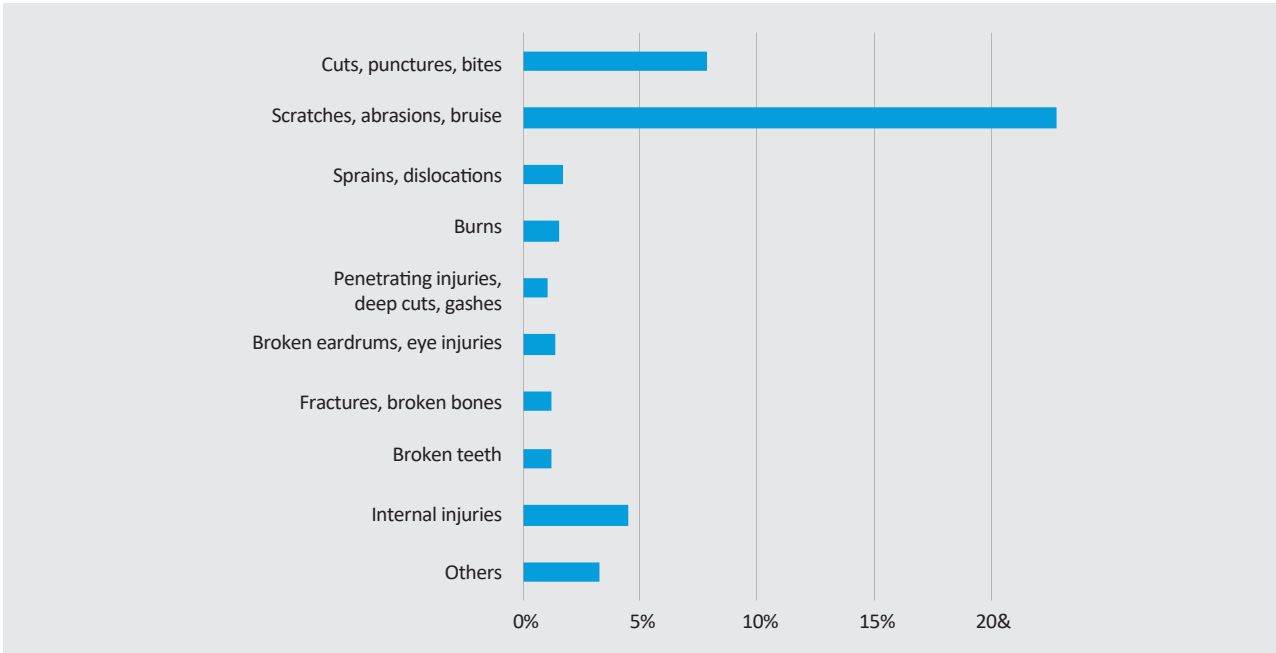
Figure 7.2:
Frequency of injury among ever-injured women



As one respondent stated:

> *He beat me so hard that I needed treatment for neurological problems, and I was taking psychotropic medications for six months.* (Survivor, 36, IPV in-depth interview)

Figure 7.3:
Details of injuries among ever-injured women



7.2 Intimate partner violence and women's general health

All women, regardless of their partnership status, were asked whether they considered their general health to be excellent, good, fair, poor or very poor. They were then asked whether they had experienced a number of symptoms during the four weeks prior to the interview, such as difficulty walking, remembering or concentrating. 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.

Figure 7.4 shows that there were consistent differences at the bivariate level between women who reported experiences of violence by an intimate partner and those who did not, for almost all symptoms of ill health discussed.

Figure 7.4:
Percentage of ever-partnered women reporting symptoms of ill health, according to their experiences of partner violence

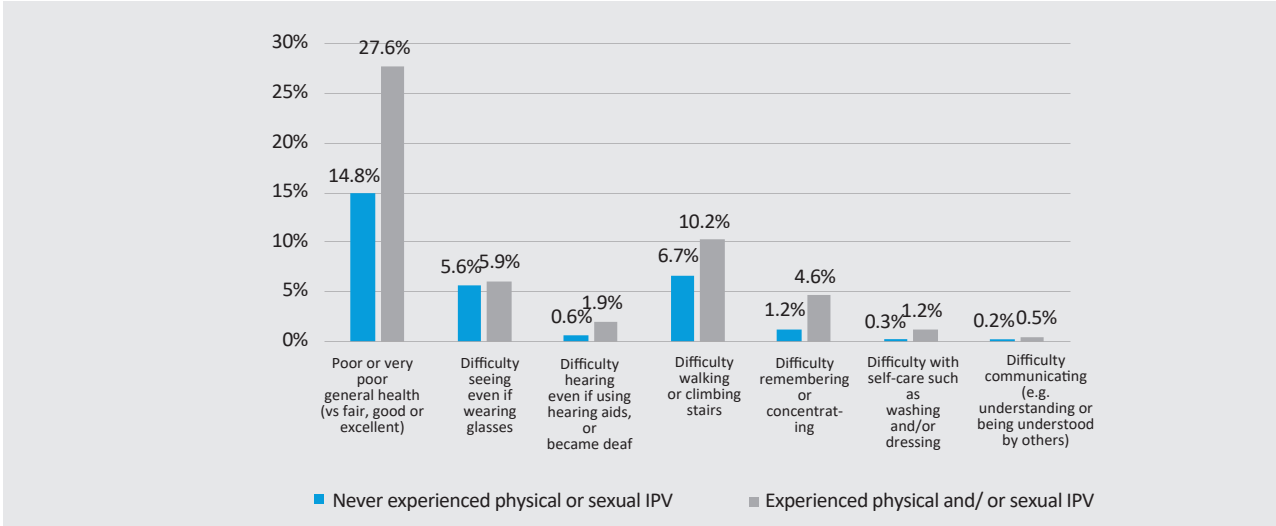


Table 7.3:
Percentage of ever-partnered women reporting symptoms of ill health, according to their experiences of partner violence

	Never experienced physical or sexual IPV		Experienced physical and/or sexual IPV	
	n	%	n	%
Poor or very poor general health (vs fair, good or excellent)	147,745	14.8	17,638	27.6
Difficulty seeing even if wearing glasses	55,483	5.6	3,794	5.9
Difficulty hearing even if using hearing aids, or became deaf	5,775	0.6	1,241	1.9
Difficulty walking or climbing stairs	66,401	6.7	6,499	10.2
Difficulty remembering or concentrating	12,408	1.2	2,927	4.6
Difficulty with self-care such as washing and/or dressing	2,827	0.3	745	1.2
Difficulty communicating (e.g. understanding or being understood by others)	1,508	0.2	292	0.5

Table 7.4:
Comparison of health outcomes for ever-partnered women, according to their experiences of partner violence

	Experienced physical and/or sexual IPV		Never experienced physical and/or sexual IPV	
	n	%	n	%
Repeated and disturbing memories, thoughts or images of a stressful experience from the past	78,178	7.8	19,516	30.6
Feeling very upset when reminded of a stressful experience from the past	66,029	6.6	17,440	27.3
Avoiding activities or situations that trigger reminders of a stressful experience from the past	89,157	8.9	22,408	35.1
Feeling distant or cut off from other people	9,725	1.0	5,571	8.7
Feeling irritable or having angry outbursts	73,138	7.3	17,596	27.6
Having difficulty concentrating	16,687	1.7	4,173	6.5

7.3 Intimate partner violence and mental health

Mental health was assessed using a self-reporting questionnaire of 10 questions. It asks respondents whether, within the two weeks prior to the interview, they had experienced a series of symptoms that are associated with emotional distress, such as fear, loneliness and sleeplessness.

Table 7.5 shows that women who had experienced physical and/or sexual intimate partner violence were more than twice as likely to be experiencing different forms of emotional distress than women who have not experienced it. Half of women who reported violence felt that everything they did was an effort, compared to 23 per cent of women who have not experienced intimate partner violence. Almost 45 per cent of women who reported experiencing partner violence felt depressed, compared to only 17 per cent of women who have not experienced violence.

> *That time, I totally fell down. I could not even communicate with people. This isolation affected me. That is why it was hard for me to even go*

to work and communicate with people. When I left him, I was terrified. When people tried to talk to me, I avoided them. I was scared of people, but over time I have become stronger. Now I am getting used to the situation, but some small problems are still there. (Survivor, 28, IPV in-depth interview)

Figure 7.5:
Comparison of women who reported emotional distress in the preceding two weeks, according to their experiences of partner violence

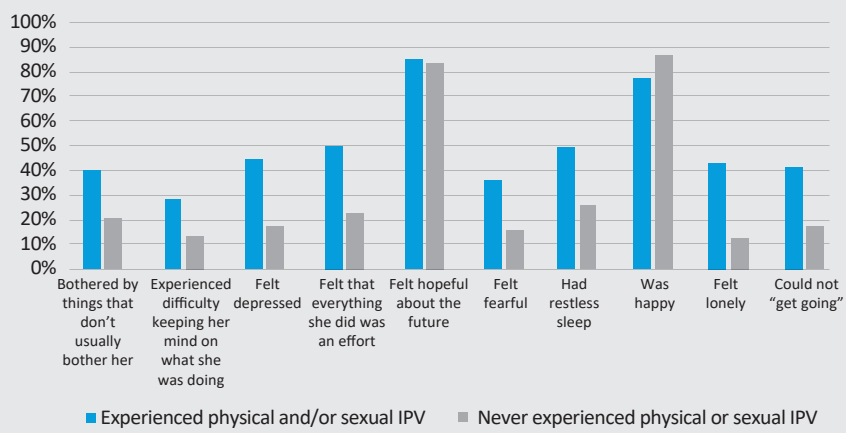


Table 7.5:
Comparison of women who reported emotional distress in the preceding two weeks, according to their experiences of partner violence

	Experienced physical and/or sexual IPV		Never experienced physical and/or sexual IPV	
	n	%	n	%
Bothered by things that don't usually bother her	25,532	40.0	204,351	20.5
Experienced difficulty keeping her mind on what she was doing	18,070	28.3	136,338	13.7
Felt depressed	28,440	44.5	169,134	17.0
Felt that everything she did was an effort	32,006	50.1	228,176	22.9
Felt hopeful about the future	54,187	84.8	834,520	83.8
Felt fearful	23,213	36.3	157,117	15.8
Had restless sleep	31,574	49.4	255,284	25.6
Was happy	49,512	77.5	864,165	86.7
Felt lonely	27,330	42.8	124,656	12.5
Could not "get going"	26,472	41.4	169,605	17.0
Overall CES-D depression score (range 10-40)	22, 111	34,7	97, 209	9,8

There is no doubt now that [the violence] was because of the stress [that I could not get pregnant]. After I left that violent situation, it turned out that it was stress and now I can [get pregnant]. I could not even sleep [in my ex-partner's house]; I constantly felt fear and was tense. (Survivor, 29, in-depth interview)

Women were also asked whether they had ever had suicidal thoughts. In Georgia, 70 per cent of women who had experienced intimate partner violence reported thinking about committing suicide, compared to only 2 per cent of women who had not experienced violence. Of the women who had experienced intimate partner violence, 22 per cent reported having ever attempted to commit suicide, compared to less than 1 per cent of women who had never experienced violence.

Figure 7.6:
Comparison of suicidal ideation and behaviour among ever-partnered women, according to their experiences of partner violence

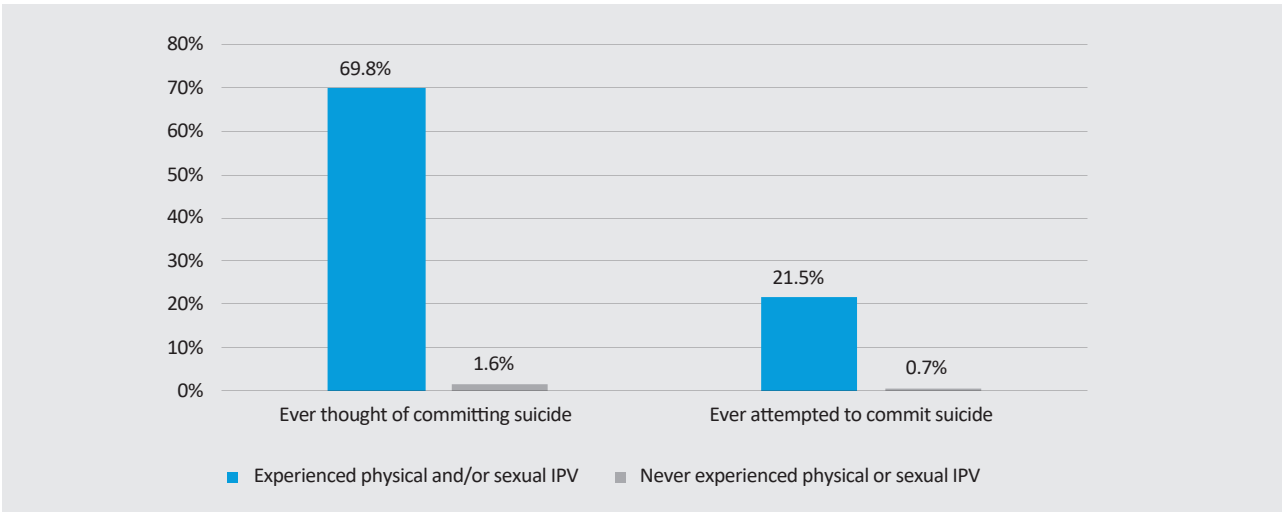


Table 7.6:
Comparison of suicidal ideation and behaviour among ever-partnered women, according to their experiences of partner violence

	Experienced physical and/or sexual IPV		Never experienced physical or sexual IPV	
	n	%	n	%
Ever thought of committing suicide	44,582	69.8	15,958	1.6
Ever attempted to commit suicide	13,708	21.5	6,565	0.7

7.4 Discussion

This Study shows that women's experiences of intimate partner violence were associated with a range of physical and mental health problems. Most women who are injured by intimate partner violence sustain injuries that require medical attention, although many of these women do not receive it. In regard to injuries women experienced as a result of physical or sexual IPV, there was almost no difference between the findings of this Study (33 per cent) and the 2009 study (35 per cent). Encouragingly, the frequency of injuries experienced as a result of violence has reduced. The current Study found that 12.4 per cent of women reported experiencing many injuries, compared to 36 per cent of women in the 2009 study.

The findings of this Study conclusively demonstrate that violence is a significant health problem not only because it causes physical injuries, but also because it indirectly impacts a number of other health outcomes. Owing to the cross-sectional design of the Study, it is not possible to establish whether exposure

to violence occurred before or after the onset of physical and mental health symptoms. However, previous studies on women's health suggest that reported health problems are mainly outcomes rather than precursors of violence.[83]

The fact that an association was found between women's self-reported feelings of depression during the two weeks before the interview and lifetime experiences of intimate partner violence suggests that the impact of violence may last long after the actual violence has ended. This is consistent with other research showing that recurrent violence can place women at risk of psychological problems, such as fear, anxiety, fatigue, sleeping and eating disturbances, depression and post-traumatic stress disorder.[84] While depression is the leading global cause of disability for both males and females, the burden of depression is 50 per cent higher for females than males.[85] In fact, depression is the leading cause of disease burden for women in high, low and middle-income countries.[86]

These findings on the impact of intimate partner violence on women's physical and mental health reflect the global evidence that violence against women is a serious public health issue.[87] Other national studies that have used the WHO MCS methodology have also found that intimate partner violence has significant consequences for women's health. In Turkey, one fourth of all women who had experienced physical and/or sexual violence had been injured on at least one occasion, and women who had experienced partner violence were three times more likely to have had suicidal ideations.[88] Similarly in the Moldova study, one in two women who had experienced physical and/or sexual partner violence had been injured on at least one occasion.[89] Together, these findings show that violence against women is a source of vulnerability for women worldwide and inhibits their full participation in community life and society.

As a result of these serious health consequences of violence, health-care workers are likely to be treating victims of violence regularly, but they may be unaware that their patients have in fact experienced intimate partner violence. According to this Study, nearly three quarters of women who had received health-care treatment for a violence-related injury had not told the health-care provider the real cause of their injuries. This is likely because of the stigma associated with violence, as well as the fear women may have of the increased risk of experiencing violence if they report it. It could also be associated with issues around the quality of health care, the sensitivity of health-care workers and the lack of confidential spaces in some health-care facilities. Indeed, a study with Georgian health-care workers found that 25 per cent of medical staff believed that intimate partner violence is a private matter and should be handled within the family, and 65 per cent believed that women experience violence because of irresponsible behaviour.[90] Moreover, in Georgia there are no clear protocols or guidelines for health-care practitioners on how to address incidents of violence against women. While health-care staff are legally obliged to report serious injuries to law enforcement, stigma and fear of further consequences serves as a deterrent to women to report incidents of violence.[91]

Overall, the Study confirms that violence against women is a serious public health issue in Georgia. The findings also highlight the need to promote the prevention of violence against women to reduce the overall negative health impacts that violence has on women's mental health and general well-being. The importance of improving women's access to health services is discussed further in the recommendations section of the Study.

83 Ellsberg, M. et al., "Intimate Partner Violence and Women's Physical and Mental Health in the WHO Multi-country Study on Women's Health and Domestic Violence: An Observational Study", *The Lancet* (2008), 371 (9619): 1165—1172; Campbell, J., Garcia-Moreno, C. and Sharps, P., "Abuse during Pregnancy in Industrialized and Developing Countries", *Violence Against Women* (2004), 10 (7): 770—789; Krug, E., *World Report on Violence and Health* (Geneva, World Health Organization, 2002).

84 Plichta, S., "The Effects of Woman Abuse on Health Care Utilization and Health Status: A Literature Review", *Women's Health Issues* (1992), 2 (3): 154—163.

85 WHO, *The Global Burden of Disease: 2004 Update* (Geneva, World Health Organization, 2008).

86 Ibid.

87 Garcia-Moreno et al., *Global and Regional Estimates of Violence against Women (2013); Fulu, E. and Kerr-Wilson, A., What Works to Prevent Violence against Women and Girls Evidence Reviews – Paper 2: Interventions to Prevent Violence against Women and Girls* (South Africa, What Works to Prevent Violence, 2015).

88 Ministry of Family and Social Policies, *Research on domestic violence* (2015).

89 Statistica Moldovei, *Violence against women in the family* (2011).

90 Anti-Violence National Network Georgia & Estonian Institute for Social Research, "Interviews" (2008).

91 UNFPA, *Men and Gender Relations* (2014).

CHAPTER 8. IMPACT OF INTIMATE PARTNER VIOLENCE ON WOMEN'S REPRODUCTIVE HEALTH AND CHILDREN'S WELL-BEING

MAIN FINDINGS

- Two per cent of ever-pregnant women reported being beaten during pregnancy, of whom 37 per cent reported being punched or kicked in the abdomen.
- Women who had experienced intimate partner violence were much more likely to have had an abortion or miscarriage.
- Women who had experienced abuse were more likely to have had a larger number of children and less likely to be using contraceptives currently.
- The impact of intimate partner violence on children is concerning, with children of abused women being more likely to have experienced emotional and behavioural problems, to have had to repeat years of school or to have dropped out of school.

This chapter explores the impact of intimate partner violence on women's reproductive health and their children's well-being. Information was collected about the number of pregnancies and live births, as well as whether the respondent had ever had a miscarriage, a stillbirth or an induced abortion. Women were also questioned about their use of contraception. Women who reported a pregnancy 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 behavioural issues their children may have faced, whether or not the women had experienced intimate partner violence.

8.1 Violence during pregnancy

Respondents who had ever been pregnant were asked if they had been physically abused by an intimate partner during the pregnancy. Table 8.1 shows the prevalence and characteristics of women's experiences of physical violence during pregnancy. Overall, 2 per cent of women who had ever been pregnant reported being physically abused during at least one pregnancy. Among those women, 37 per cent reported being punched or kicked in the abdomen while pregnant. Of the women who reported being beaten during pregnancy, 64 per cent reported that they had also been beaten by the same person before pregnancy as part of an ongoing pattern.

Table 8.1:
Forms of physical violence among women who had ever been pregnant

	n	%
Among respondents who had ever been pregnant		
Experienced physical violence during pregnancy	15,589	1.6
Punched or kicked in abdomen while pregnant	5,781	0.6
Among respondents who had been beaten during pregnancy		
Punched or kicked in abdomen while pregnant	5,781	37.1
Father of the child was the perpetrator of violence	15,519	99.6
Had been beaten by the same person before pregnancy	9,979	64.0
Violence became worse during pregnancy among those who had been beaten before and during pregnancy	985	6.3

In the qualitative interviews, women reported various types of violence, including physical, emotional and sexual violence during pregnancy. For example, one pregnant woman had to hide in a relative's house because she was threatened by her partner, who demanded an abortion. Survivors also shared experiences when they were beaten or forced to do physical labour by a partner or other family members during the pregnancy. As one respondent explained:

> *When I was pregnant with [my] first child, I was doing everything – it is my fault, I was used to it. I was cutting firewood during the ninth month of my pregnancy so he wouldn't be cold. I was doing everything for him – preparing him hot meals and keeping the room warm. [I did the] same [things] when I got pregnant for the second time, but during my seventh month, my uterine tonus increased. Moving and carrying heavy stuff became harder, so he became angry at me [for] not doing all these [things].* (Survivor, 29, IPV in-depth interview)

Other respondents reported experiences of marital rape during pregnancy:

> *I was in very bad shape. I was beaten. Also my husband raped me when I was pregnant, and because of that, I bled. The doctors suspected [violence], as these symptoms were not usual. So the doctors found out about the incident and told me that they would have to call the police.* (Survivor, 39, IPV in-depth interview)

8.2 Reproductive health outcomes

Figure 8.1 shows that women who had experienced intimate partner violence were more likely to report miscarriages, abortions and stillbirths. For example, 23 per cent of women who had experienced partner violence reported having a miscarriage, compared to 16 per cent of women who had not experienced abuse. Eight per cent of women who experienced partner violence reported having a stillbirth, compared to 3 per cent of non-abused women. Moreover, among women who had experienced abuse, 60 per cent reported having an abortion, compared to 44 per cent of women who had not experienced abuse.

Figure 8,1:
Percentage of ever-pregnant women reporting negative reproductive health outcomes, according to their experiences of partner violence

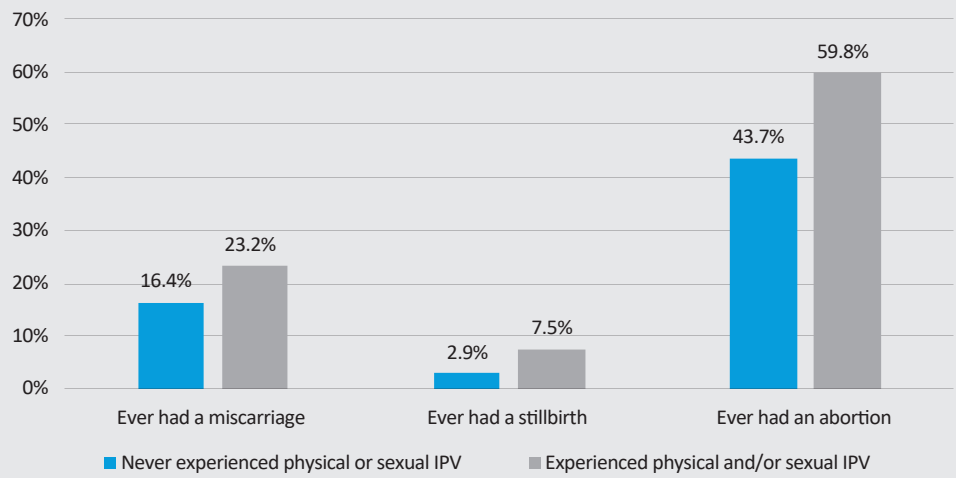


Table 8.2:
Percentage of ever-pregnant women reporting negative reproductive health outcomes, according to their experiences of partner violence

	Never experienced physical or sexual IPV		Experienced physical and/or sexual IPV	
	n	%	n	%
Ever had a miscarriage	194,107	16.4	14,803	23.2
Ever had a stillbirth	28,748	2.9	4,790	7.5
Ever had an abortion	436,764	43.7	38,209	59.8

8.2.1 Parity

Figure 8.2 presents data on the number of currently living children by women according to their experience of violence by an intimate partner. Women who experienced physical and/or sexual intimate partner violence were likely to have had more children than non-abused women. The Study shows that 22 per cent of women who had experienced partner violence had more than two children, compared to 18 per cent of non-abused women.

Figure 8.2:
Percentage of ever-partnered women with children currently alive, according to their experiences of partner violence

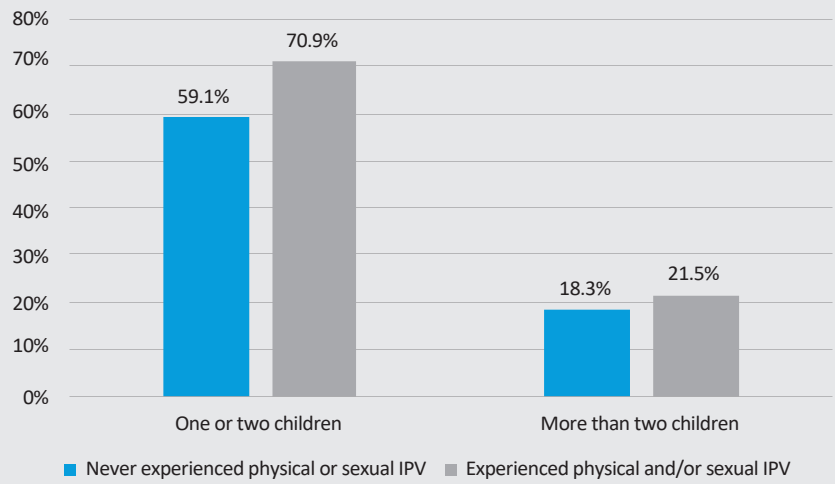


Table 8.3:
Percentage of ever-partnered women with children currently alive, according to their experiences of partner violence

	Never experienced physical or sexual IPV		Experienced physical and/or sexual IPV	
	n	%	n	%
One or two children	700,118	59.1	45,311	70.9
More than two children	216,556	18.3	13,738	21.5

8.2.2 Contraceptive use

Respondents who reported being in a relationship (married or otherwise) were asked whether or not they had ever used a contraceptive method to avoid getting pregnant. If they were currently using contraception, follow-up questions were then asked.

Table 8.4 shows the results from these questions according to the respondents' experience of intimate partner violence. Women who had experienced partner violence were more likely to have ever used contraception but much less likely to be currently using contraception than women who had not experienced such violence.

Table 8.4:
Use of contraceptives among currently partnered women, according to their experiences of partner violence

	Never experienced physical or sexual IPV		Experienced physical and/or sexual IPV	
	n	%	n	%
Never used contraception, among currently partnered women	471,912	39.9	16,926	26.5
Currently using contraception, among women who have ever used contraception	183,566	15.5	5,498	8.6

8.3 Impact on children

For women who had one or more children aged 6-15 living at home with them, a number of questions were asked that explored emotional and behavioural issues that the child/children may have faced. These questions were asked regardless of whether the woman reported experiences of violence or not. While it is impossible to draw a direct correlation between a woman's experience of partner violence and the impact on her children, some associations can be drawn.

The majority of women reported no problems with children. Five per cent of women who had experienced intimate partner violence reported a few behavioural problems with children, compared to 3 per cent of women who had not experienced partner violence.

In the qualitative interviews, women reported various behavioural problems with children, as a result of both witnessing and experiencing physical and emotional violence in the household. For example, some children take on responsibilities that are inappropriate for their age, such as providing financial support to the family, or physical defence against perpetrators during incidents of intimate partner violence. A number of women reported that their children experienced emotional violence by their father, such as humiliation and name-calling, or isolation and being ignored. As one woman explained:

> *He called [the children] bastards. He did this kind of name-calling. The eldest girl was taking dance classes, and when it was time to pay for the classes, he would not give her money and made her cry so badly that she begged to quit, but eventually he would pay anyway.* (Survivor, 25, IPV in-depth interview)

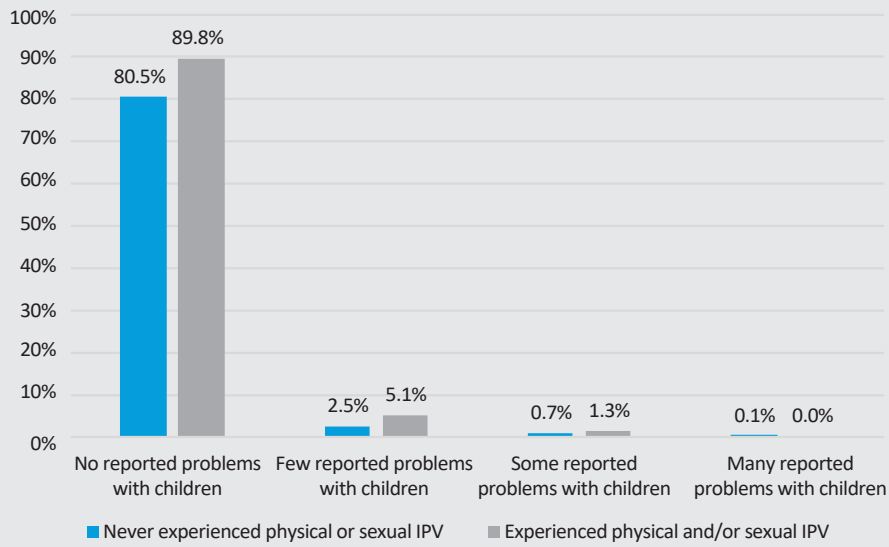
> *When my eldest son was at home, [the perpetrator] avoided abusing me physically, as [my son] is a quite nervous child and also quite strong physically. During one incident when his father hit him, he also hit back.* (Survivor, 41, IPV in-depth interview)

> *[Our eldest teenage daughter] is supporting [us] very much financially. For one of her siblings, she does everything. He is the youngest, whom she raised during her own childhood. She buys him clothing, food and anything else he needs.* (Survivor, 37, IPV in-depth interview)

Respondents in the qualitative interviews reported that their children became more aggressive, emotionally unstable and suffered from fear and anxiety after incidents of violence:

> *Once, when we were coming out of the bathroom, I helped her wash her hands and then tried to help her dry them, but suddenly she ran out crying and screaming. I barely managed to catch her in the yard. She had a frightened face… I hugged her and then we sat down… and I also started crying, as I did not know what had happened to her. I asked her what was wrong. And she replied that she thought I would hit her. Then I asked, "But why? Have I ever hit you?" She replied no, but she did not know why she was afraid of me.* (Survivor, 27, IPV in-depth interview)

Figure 8.3:
Behavioural problems in children, among women with at least one child aged 6-12 living at home



The findings from table 8.5 also show that children of women who had experienced intimate partner violence were somewhat more likely to fail in school, repeat a year or completely drop out of school.

Respondents in the qualitative interviews reported that children were forced to miss school because of violent incidents at home. Some respondents also recalled that some children had problems with studying and memory, due to stress and a violent home environment. As one respondent recalled:

This youngster has problems with memory. Now I have to give her some medication. She used to isolate herself a lot, and this was due to the stress. Later I saw that she became more communicable with her peers. Before then, she was alone all the time, played alone. Even now she plays alone sometimes, but not that much anymore. (Survivor, 41, IPV in-depth interview)

Figure 8.4:
Behavioural problems in children, among women with at least one child aged 6-15 studying at school

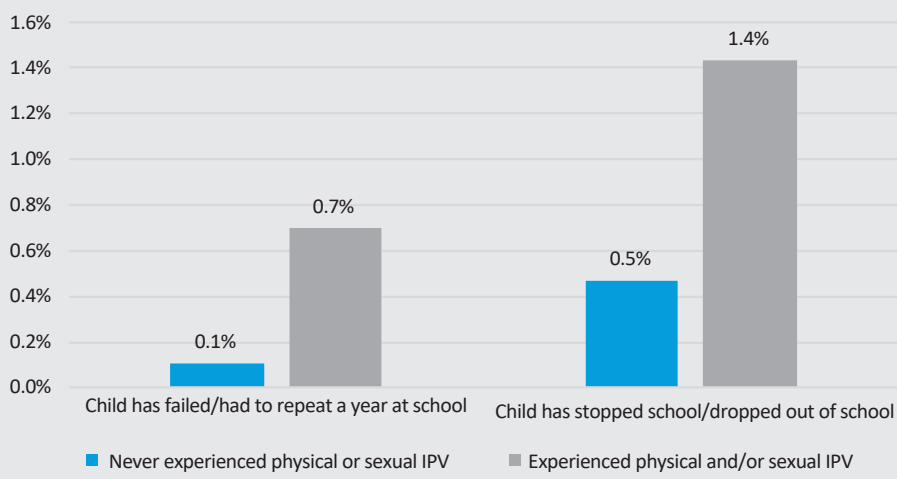


Table 8,5:
Behavioural problems in children, among women with at least one child aged 6-15

Among respondents who have a child aged 6-15 living at home	Never experienced physical or sexual IPV		Experienced physical and/or sexual IPV	
Reporting children having nightmares, wetting the bed, being timid, being aggressive	**n**	**%**	**n**	**%**
No (0) reported problems with children	953,349	80.5	57,344	89.8
Few (1) reported problems with children	29,583	2.5	3,227	5.1
Some (2) reported problems with children	8,629	0.7	822	1.3
Many (3) reported problems with children	985	0.1	-	-
Among respondents who have a child aged 6-15 years studying at school	**Never experienced physical or sexual IPV**		**Experienced physical and/or sexual IPV**	
	n	**%**	**n**	**%**
Child has failed/had to repeat a year at school	1,265	0.1	445	0.7
Child has stopped school/dropped out of school	5,579	0.5	917	1.4

8.4 Discussion

The National VAW Study found that intimate partner violence significantly impacts women's reproductive health and the well-being of their children. Of women who had ever been pregnant, 2 per cent reported being beaten during pregnancy. This is consistent with the results of the 2009 UNFPA National Research on Domestic Violence against Women, which found that 3 per cent of women reported having experienced violence during pregnancy.[92] The VAW Study found that among women who reported violence during pregnancy, 1 per cent reported severe violence during pregnancy, that is, being punched or kicked in the abdomen. This figure is much lower in comparison to other regional prevalence studies. In Turkey, 8 per cent of ever-pregnant women reported having been subjected to physical violence by their husband or partner during their pregnancy.[93] A study in Central Europe found much higher overall rates, with 20 per cent of women reporting having experienced violence by a current partner during pregnancy.[94] In other studies, women abused while pregnant have reported higher frequencies of severe intimate partner violence than women who had been abused only before and/or after pregnancy.[95] 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.[96] Therefore, women who experience violence during pregnancy, particularly those for whom the violence grew worse during pregnancy, are at serious risk and need to be offered intensive interventions.

In this Study, women who had experienced intimate partner violence were significantly more likely to have ever used contraception. The same was found in New Zealand and other countries where the WHO study had been conducted.[97] Therefore, at the time when contraceptives are being distributed, health-care professionals may have an opportunity to assess the possibility of intimate partner violence and intervene if necessary. On the other hand, current use of contraception was lower among

92 Chitashvili et al., *National Research* (2010).
93 Ministry of Family and Social Policies, *Research on domestic violence* (2015).
94 FRA, *Violence against women: an EU-wide survey* (2014).
95 Campbell et al., "Abuse during Pregnancy" (2004); Campbell, J., "Helping Women Understand Their Risk in Situations of Intimate Partner Violence", *Journal of Interpersonal Violence* (2004), 19 (12): 1464-1477; Macy, R., et al., "Partner Violence among Women before, during and after Pregnancy: Multiple Opportunities for Intervention", *Women's Health Issues* (2007), 17 (5): 290-299; McFarlane, J., et al., "Abuse during Pregnancy and Femicide: Urgent Implications for Women's Health", Obstetrics & Gynecology (2002) 100 (1): 27-36.
96 McFarlane et al., "Abuse during Pregnancy and Femicide" (2002).
97 Fanslow, J., et al., "Contraceptive Use and Associations with Intimate Partner Violence among a Population-based Sample of New Zealand Women", *Australian and New Zealand Journal of Obstetrics and Gynecology* (2008) 48 (1): 83-89; Fulu, E., et al., *Solomon Islands Family Health and Safety Study: A Study on Violence against Women and Children* (New Caledonia, Secretariat of the Pacific Community for the Ministry of Women, Youth and Children's Affairs, 2009).

abused women than non-abused women. This may reflect a greater lack of control over contraception, among abused women. For example, in the 2010 Georgia Reproductive Health Survey, 4 per cent of women stated that they did not use contraception because their husband or partner objected to its use. It should be noted, however, that Georgia has the overall lowest contraceptive prevalence rates in the region and, as a result, considerably high abortion rates.[98]

The Study shows that women who experienced violence were significantly more likely to report abortions and miscarriages. Studies in the United States indicate that women beaten during pregnancy run twice the risk of miscarriage and four times the risk of having a low birthweight baby compared to women who are not beaten.[99] In a number of other countries, physical abuse has also been found to be associated with higher rates of abortion, miscarriages, stillbirths and delayed entry into prenatal care.[100] While women who experienced partner violence were more likely to report abortions (60 per cent) than women who had not experienced violence (44 per cent), in general, abortion rates are relatively high in Georgia. According to the 2010 Georgia Reproductive Health Survey, one in five respondents who reported having an abortion in the preceding five years did so because the woman wanted to space her pregnancies, while more than 50 per cent of respondents did not want more children. The desire for limiting childbearing was higher among rural women.[101] These findings indicate that unplanned pregnancy is common in Georgia and that women have limited control over reproductive decision-making. Indeed, other studies have pointed out that the controlling nature of abusive relationships can limit women's health choices.[102] Health-care providers need to consider how intimate partner violence may influence their patients' use of reproductive health services, particularly contraceptives.[103]

Chapter 4 indicated that among those women who experienced intimate partner violence, their children were occasionally present for violent incidents. The Study further showed that the consequences of women's experiences of violence on their children were significant. The children of women who experienced violence were somewhat more likely to have emotional and behavioural problems such as nightmares, wetting the bed or being overly timid or aggressive, as well as dropping out of school or having to repeat grades. This finding is supported by results from the 2009 study, which found that among women who reported behavioural problems among their children, one in five are overly timid or withdrawn, and one in ten experience frequent nightmares.[104] Similarly, in the 2014 WHO study in Turkey, children of women who experienced violence were more likely to have emotional and behavioural problems.[105] This highlights the need to prevent violence because of its serious consequences – not only on women but also on their children's health and well-being. 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.

98 UNFPA, Reproductive *Health Survey Georgia*, 2010 (Tbilisi, UNFPA, 2012).

99 Watts, C. H., et al., *WHO multi-country Study of Women's Health and Domestic Violence, Core Protocol* (Geneva, World Health Organization, 1998).

100 Garcia-Moreno et al., 2015; Heise, L. and Kotsadam, A., "Cross-national and Multi-level Correlates of Partner Violence: An Analysis of Data from Population-based Surveys", The Lancet Global Health (2015) 3 (6): e332—e340; Pallitto, C., Garcia-Moreno, C., Jansen, H., Heise, L., Ellsberg, M. and Watts, C., "Intimate partner violence, abortion, and unintended pregnancy: results from the WHO multi-country study on women's health and domestic violence", *International Journal of Gynecology and Obstetrics (*2013) 120, 3-9; Velzeboer, M., Ellsberg, M., Arcas, C. C. and Garcia-Moreno, C., *Violence against women: the health sector responds* (Washington, D.C., 2003).

101 UNFPA, Reproductive *Health Survey Georgia,* 2010 (2012).

102 Fulu et al., *Solomon Islands Family Health and Safety Study* (2009); Gao, W., Paterson, J., Carter, S. and Lusitini, L., "*Intimate Partner Violence and Unplanned Pregnancy in the Pacific Islands Families Study*", International Journal of Gynecology and Obstetrics (2008) 100 (2): 109—115; Kishor, S. and Johnson, K., Profiling domestic violence: a multi-country study (Calverton, Maryland, 2004).

103 Ellsberg, M., "Candies in hell: women's experiences of violence in Nicaragua", Social Science and Medicine (200) 51, 1595-1610; Fanslow et al., "Contraceptive Use and Associations with Intimate Partner Violence" (2008); Williams, C. M., Larsen, U. and McCloskey, L. A., "Intimate partner violence and women's contraception use", *Violence Against Women* (2008) 14, 1382-1396.

104 Chitashvili et al., *National Research* (2010).

105 Ministry of Family and Social Policies, *Research on domestic violence* (2015).

CHAPTER 9. WOMEN'S COPING STRATEGIES AND RESPONSE TO INTIMATE PARTNER VIOLENCE AND SEXUAL HARASSMENT

MAIN FINDINGS

- Almost three quarters (74 per cent) of women who had experienced partner violence never reported this violence to any agency or support service.
- Among those women who did report to agencies or support services, women most commonly told police (18 per cent), health care-workers (8 per cent) or the courts (5 per cent).
- Most women who did not seek help said that they were worried about stigma or shame (25 per cent), fear of threats (17 per cent) and embarrassment (14 per cent).
- Women who had sought help following IPV most commonly did so because the violence had reached a point where they could not endure more (80 per cent) or because they were badly injured (21 per cent). Women were also encouraged to seek help by family or friends (18 per cent).

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.[106] 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 Georgia, women have developed their own coping strategies and mechanisms that draw on informal networks such as friends and family as well as more formal government and non-governmental agencies. Many other women, however, just endure the violence. This chapter explores women's responses to intimate partner violence and their coping strategies.

To uncover women's coping strategies, respondents who reported having experienced physical or sexual intimate partner violence were asked a series of questions about those with whom they discussed their partner's behaviour, 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.

9.1 Those to whom women tell about violence and those who help them

Women who had experienced intimate partner violence were asked whether or not they had told anyone about their partner's violent behaviour. Multiple answers could be given. Only 26 per cent of women who reported having experienced physical or sexual partner violence had reported this violence to any agency or support service. As a single category, women most often told the police (18 per cent) about their partner's violence behaviour and secondly health-care workers (8 per cent) and the courts (5 per cent). Very few women sought legal advice or religious counsel, and no women sought help from shelters or local leaders.

Table 9.1 shows women who reported going to at least one service for assistance and how satisfied they were with the support they received. Overall, women were satisfied with the support they received from various services.

106 United Nations General Assembly, *In-depth study on all forms of violence against women: Report of the Secretary-General* (Geneva, United Nations, 2006). A/61/122/Add.1.

Figure 9.1:
Respondents' reporting to agencies and support services, among women who reported physical and/or sexual partner violence

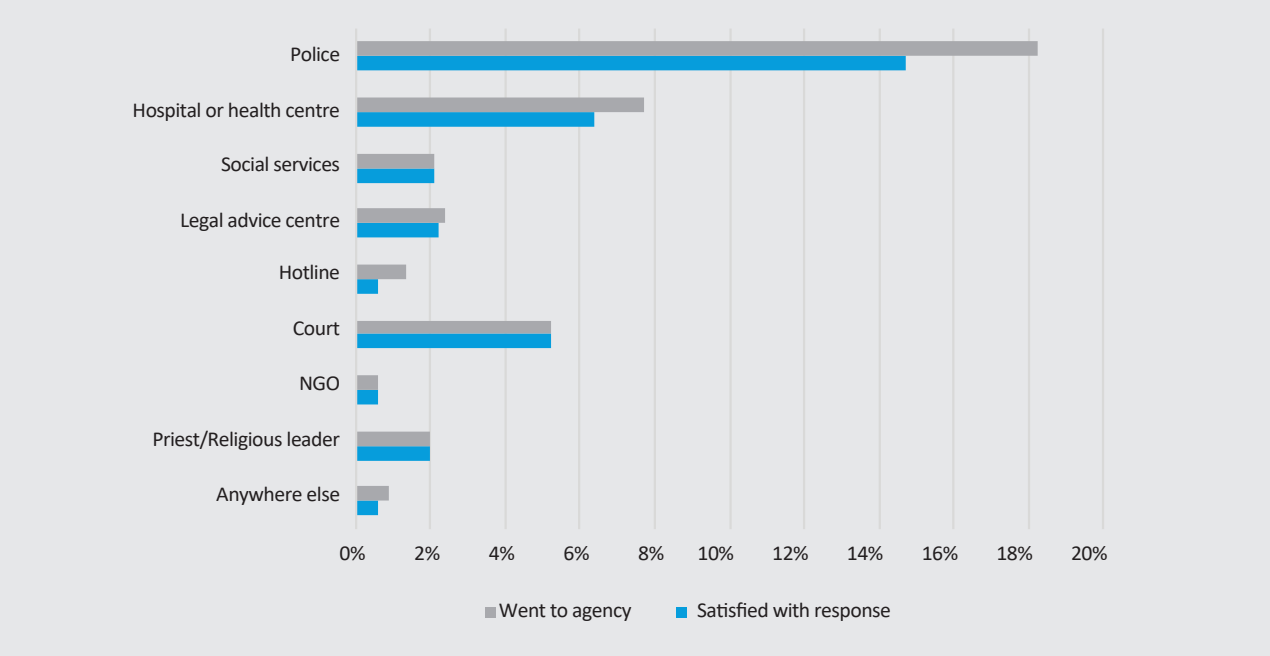


Table 9.1:
Respondents' reporting to agencies and support services, among women who reported physical and/or sexual partner violence

	Went to agency		Satisfied with Response rate
	n	%	
Did not report to any agencies	47,272	74.0	
Police	11,646	18.2	80.9
Hospital or health center	4,938	7.7	82.6
Social services	1,340	2.1	100
Legal advice center	1,536	2.4	91.7
Hotline	840	1.3	44
Court	3,319	5.2	100
NGO	370	0.6	100
Priest/Religious leader	1,278	2.0	100
Anywhere else	545	0.9	66.4

The qualitative interviews demonstrated that women who experience partner violence have very little or no encouragement from society to report violence to relevant agencies or support services. Women often lack social connections and social support, including from family and community members. In the Georgian context, social networks and social capital are much more important than formal institutions. Problems of varying degrees are dealt with through personal connections as opposed to official networks. This means that there is limited social encouragement for women who experience violence to seek help through official channels. As one woman explained:

> *The police called my mother and explained my situation and told her that I needed help. But my mother replied that I was a married woman. I was not her business anymore, and she even blamed me [stating] that I had psychological problems.* (Survivor, 39, IPV in-depth interview)

> *My cousin lives in Tbilisi, and she helped me a lot. She knew that if I dropped her a line, I needed help. She was the one to call the police because I could not call them myself [because of the physical violence]. As for neighbours, you know, you cannot fully trust them... The only person I trusted was my cousin. That is why I asked her for help. I called the police three times, and in all three cases, it was with her help.* (Survivor, 27 IPV in-depth interview))

9.1.1 Reasons for seeking or not seeking help

Women who reported going to at least one service for assistance were asked what made them go for help. Figure 9.2 shows the reasons women gave for seeking assistance. The most frequently reported reasons were related to the severity and impact of the violence: she could not endure it any more, she was badly injured, or he threatened or tried to kill her. Women also reported that they were encouraged by family or friends to seek help, as well as motivated to alleviate the suffering of their children.

Women who had not gone for help to any of the services were also asked why this was the case. Their answers are also presented in figure 9.2. The most common response, that it would bring shame to the family, was given by one in four women (25 per cent). The second most common response was that she feared further consequences or violence (17 per cent). Other reasons given by women were that she was embarrassed or ashamed. Interestingly, only 7 per cent of women reasoned that the violence was normal or not serious. This is a significant decline from the 2009 study, which found that 16 per cent of women who experienced abuse chose not to leave because they believed the violence to be normal or not serious.[107]

Figure 9.2:
Reasons for seeking help (among women who sought help) and for not seeking help (among women who had not sought help)

Reasons for seeking help

- ✔ Could not endure more violence
- ✔ Badly injured
- ✔ Encouraged by friends/family
- ✔ Threatened with death or he tried to kill her
- ✔ Afraid he would hit her/more violence
- ✔ Afraid he would kill her
- ✔ Saw that the children were suffering
- ✔ Saw him threaten or hit the children
- ✔ Thrown out of the home
- ✔ Afraid she would kill him

Reasons for not seeking help

- ✔ Fear of bringing bad name to their family
- ✔ Fear of threats/consequences/more violence
- ✔ Embarrassed/ashamed/afraid she would not be believed or she would be blamed
- ✔ Did not know her options
- ✔ Violence is normal/not serious
- ✔ Afraid she would lose children
  Afraid he would end relationship
- ✔ Believed it would not help/knew other women were not helped
- ✔ Heard threats that he would commit suicide

107 Chitashvili et al., *National Research* (2010).

Table 9.2:
Reasons for seeking help (among women who sought help) and not seeking help (among women who did not seek help)

	n	%
Reasons for seeking help		
Encouraged by friends/family	3,024	18.3
Could not endure more	13,142	79.6
Badly injured	3,505	21.2
Threatened with death or he tried to kill her	2,257	13.7
Saw him threaten or hit the children	919	5.6
Saw that the children were suffering	1,152	7.0
Thrown out of the home	195	1.2
Afraid she would kill him	-	-
Afraid he would kill her	1,237	7.5
Afraid he would hit her/more violence	1,735	10.5
Other	101	0.6
Reasons for not seeking help		
Don't know/no answer	12,932	27.3
Fear of threats/consequences/more violence	8,212	17.3
Violence is normal/not serious	3,257	6.9
Embarrassed/ashamed/afraid she would not be believed or would be blamed	6,657	14.1
Believed it would not help/knew other women not helped	1,429	3.0
Afraid he would end relationship	2,192	4.6
Afraid she would lose children	2,248	4.7
Fear of bringing bad name to their family	11,800	24.9
Did not know her options	4,002	8.5
Heard threats that he would commit suicide	292	0.6
Other	3,021	6.4

In the qualitative interviews, women who experienced violence were more likely to cope with the violence alone. Many tended to blame themselves and tried to improve their behaviour or actions to avoid violent incidents, in particular by becoming "better" housewives. As one respondent noted:

> *I thought that the situation would improve if I did everything he asked me to do. He would see that I took good care of the baby, did all the household chores, and [then he] would be better to me as there wouldn't be any reason for fighting with me.* (Survivor, 22, IPV in-depth interview)

Other respondents tried to placate their husband or partner and modify violent actions by remaining passive and silent. For example as one respondent explained:

> *I used to stand there and listen to him swearing and fighting. After a while he would just leave the apartment. I did not contradict him, I did not try to prove my position, because I did not want to make him angrier. (Survivor, 25, IPV in-depth interview)*

Respondents also thought they could improve their husband's or partner's behaviour. They justified violence, blaming instead alcohol, gambling, socioeconomic problems or experiences of childhood abuse as reasons for their violent actions.

9.2 Women who left home and women who stayed

Women who reported physical or sexual violence by an intimate partner were asked if they had ever left home because of the violence, even if only overnight. Of the women who reported experiencing intimate partner violence, 46 per cent reported leaving home at least once.

Table 9.3:
Frequency of leaving (for at least one night) because of violence, among women who reported ever experiencing physical and/or sexual IPV

	n	%
Left home for at least one night because of violence	29,586	46.3

Women who did not leave because of the violence gave reasons outlined in figure 9.3. The most common reason women gave for never leaving the relationship despite violent incidents was for the sanctity of marriage (38 per cent). Other common reasons were because they did not want to leave their children (17 per cent) and because they did not want to bring shame on the family (16 per cent). In addition, 14 per cent of women who never left because of the violence forgave their partner.

The sanctity of marriage came through strongly in responses from women in the qualitative interviews. Divorce is considered unacceptable in most families and communities in Georgia, and as women are responsible for keeping the family together, divorce is not considered to be a viable option. These expectations, as well as concern about family shame, are reflected in the comments from women in the qualitative interviews:

> *I was thinking I should keep the family together. My first marriage collapsed, now the second one... I thought that if I divorce for the second time, people will think that I am an indecent woman. I also tried [to stay] because of the children. They need a father as well as a mother.* (Survivor, 27, IPV in-depth interview)

Another key factor influencing women's decision to stay was the lack of alternative housing options. For many women, their natal family refused to have them return home. This reasoning is both cultural and economic. Families often cannot afford to have their daughter and her children return to the family home. Moreover, the property of the parents is transmitted to the son, not the daughter. Once daughters are married, they must leave the family home and do not have any future rights to it. This means that women who experience violence are not in a position to demand refuge from their parents. As one woman explained:

> *I was thinking about where I could go. I couldn't live with my cousin forever, because I have children and it's impossible. I couldn't go to my mother's place either as she lives in a one-bedroom apartment, where my brother also lives with his wife and two children. So they themselves barely fit... And as for rent, I cannot afford it.* (Survivor, 35, IPV in-depth interview)

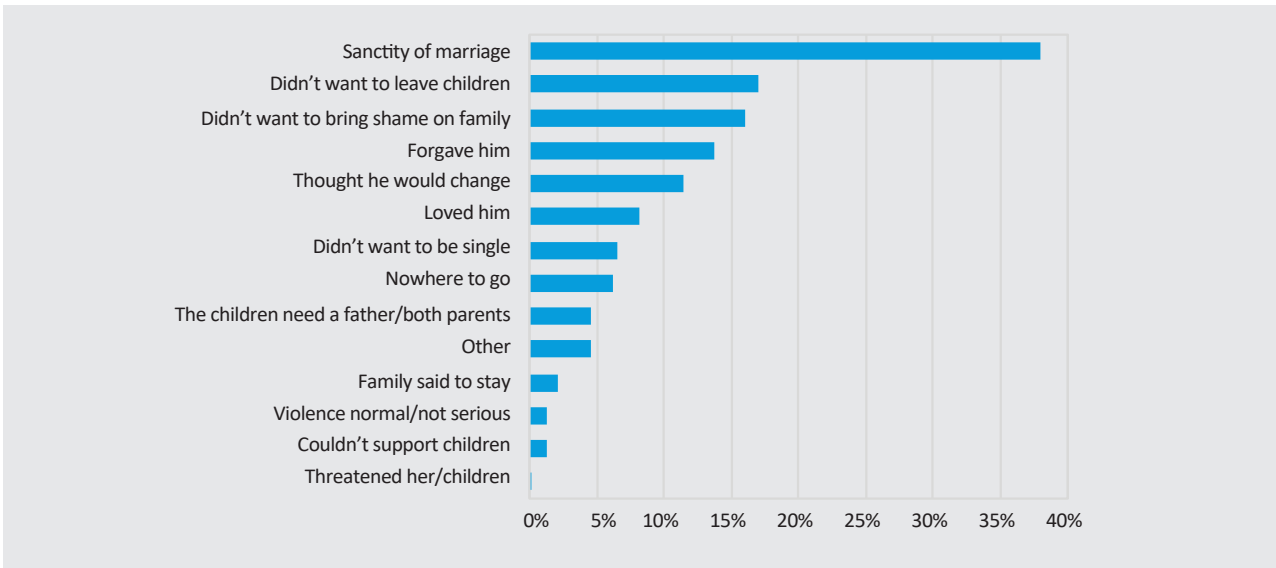
Economic conditions also prevent women from leaving abusive relationships. Women usually do not work and have very little to no income. Thus, they are economically dependent on their husbands. Without financial or emotional support from their family or community, it is extremely difficult for women to leave abusive relationships.

According to the qualitative interviews, the most compelling reason women gave for leaving abusive relationships was threats of violence or actual violence directed at the children. Most women tolerate violence for the sake of their children, under the belief that children need to have their father present. Women who left violent relationships did so only when the situation became unbearable and when the well-being of their children was at risk. As two women explained:

I left because of the children... my son... he is very anxious and aggressive even now. If I had stayed, over the years, he would have become like his father, and he would have become a perpetrator too. (Survivor, 41, IPV in-depth interview)

I was thinking that I had no right to let myself down, that I should be strong for my children and that if I do something, it will work. (Survivor, 37, IPV in-depth interview)

Figure 9.3:
Reasons for staying, among women who had experienced physical and/or sexual partner violence but reported never leaving the abusive relationship(s)



9.3 Fighting back

Respondents who had reported physical intimate partner violence were asked whether they had ever fought back physically against their partner's physical violence in retaliation or self-defence. As table 9.4 indicates, 37 per cent of women responded that they had not fought back. In terms of the frequency of fighting back, one third of women reported that they had fought back several times (two to five times), and one in five women reported fighting back many times (more than five times). Despite the relatively high number of women who did not retaliate, this means that at least 61 per cent of the women who reported experiencing physical or sexual intimate partner violence did fight back.

Women who reported fighting back were asked what effect this had on the violence at the time. The reported effects were mixed: 52 per cent reported that there was no change in the violence, 17 per cent reported that it lessened, 17 per cent reported that it stopped and 13 per cent reported that it worsened.

Table 9.4:
Frequency of fighting back when being hit and its effect on the level of violence, among women who reported fighting back

Frequency of fighting back	n	%
Never	21,314	36.6
Once	6,378	11.0
Several times (two to five)	17,580	30.2
Many times/most of the time	11,298	19.4
Refused/no answer	1,631	2.8
Resulting changes to the degree of violence	**n**	**%**
No change	18,415	52.2
Worsened	4,619	13.1
Lessened	6,035	17.1
Stopped	5,885	16.7
Refused/no answer	1,933	5.5

9.4 Women's responses to stalking

Women were also asked a series of questions about how they responded to sexual harassment or stalking. Overall, most women spoke to their family and friends about the harassment (53 per cent). The second most common response was confronting or threatening the perpetrator (35 per cent) followed by changing contact details or social media accounts (25 per cent). A very small proportion of women moved house or sought victim support.

Table 9.5:
Women's response to stalking

Response	n	%
Confronted or threatened the perpetrator(s) about what he/she was doing	15,959	35.1
Moved away	1,906	4.2
Changed phone number/email address, shut down social networking account (e.g. Facebook)	11,725	25.8
Contacted a victim support organization or went someplace else for help	1,607	3.5
Talked about the incidents with friends or relatives	23,971	52.8

9.5 Discussion

The National VAW Study found that most women did not tell anyone about their experiences of intimate partner violence nor did they seek help from any agencies. In fact, for many women who participated in the interview, the Study was the first time that they had shared their experiences with anyone. This was also the case in many other similar studies.[108] This highlights the extreme difficulties that women suffering intimate partner violence face in seeking and obtaining help in Georgia and in other countries.

The Study has demonstrated some considerable shifts in reasoning towards staying in abusive relationships. For example, since the 2009 study, there has been a 10 per cent decrease in the rate of women who stayed with violent husbands because they believed the violence to be normal.[109] This can

108 Garcia-Moreno et al., *WHO Multi-country Study* (2005).

109 Chitashvili et al., *National Research* (2010).

be interpreted as a positive development and an indication that fewer women are willing to tolerate violence as a normalized occurrence. Interestingly, since the 2009 study, there has been a three-fold increase in the percentage of women who stayed in violent relationships for the sanctity of marriage. This shift may be explained by the re-emergence of conservatism around gender roles and a woman's responsibility to her family.[110]

There have also been some positive shifts in women's help-seeking behaviour. This Study found that 18 per cent of women who experienced violence sought help from the police, compared to only 2 per cent in the 2009 study.[111] This rise is encouraging and indicates a possible increase in confidence in the willingness and effectiveness of police to intervene in cases of domestic violence. While the police receive training on how to address intimate partner violence and are authorized to issue restraining orders, local NGOs indicate that police are reluctant to charge perpetrators and hold them accountable for their violent behaviour.. Police unwillingness to pursue cases of violence is likely attributed to social norms that accept partner abuse as a private issue, as well as relatively high rates of societal tolerance for wife-beating.

The Study found that very few women sought assistance from health-care workers. Medical staff are not properly trained to identify cases of abuse, and their knowledge and capacity around response mechanisms is limited. This was identified by respondents in the qualitative interviews as one of the key barriers to accessing services. For example, for medical personnel there are no specific guidelines or approaches for how to identify different forms of violence, what questions to ask or what types of communication to establish with potential victims, especially when unobserved forms of violence are suspected such as economic or emotional violence. Moreover, stigma and shame inevitably make it more likely that a woman will conceal experiences of violence. Response mechanisms are largely based on identifying physical violence, and doctors are legally required to report such cases to the police, regardless of the victim's preferences.

Other research indicates that barriers to services are due to health-care workers' attitudes that tolerate and even condone violence against women, as well as inequitable views on sex and sexual violence.[112]

The qualitative interviews indicated that overall, there is a lack of awareness about the availability of services. Despite ongoing campaigns and awareness-raising activities, women still lack information about support mechanisms at a variety of levels. Almost all victims lacked information about services at the state and non-state levels prior to being placed in a shelter. Community knowledge and awareness of support services is also limited. Often shelters for women experiencing violence were misunderstood as shelters or services for the poor or the homeless. There is some concern among service providers, however, that increased awareness of services could potentially create gaps in access or provision due to increased demand.

Overall, it seems that women receive very little support or encouragement from society. The qualitative interviews indicated that women lack social connections and social support even from the closest people, such as family members, co-workers and employers. In the Georgian context, social networks and social capital are much more important that formal institutions. Problems of all sorts are usually solved with the support of personal connections rather than official channels. Thus, the lack of social encouragement leaves victims of violence alone in coping with the problem.

Further efforts must be made to reduce the barriers that women face in accessing the services that are currently available. As the Study shows, only a very small proportion of women reported seeking assistance from official services, such as police or health-care workers. Evidently, it is important to enhance the capacity of such resources to deal with cases of VAW in a more sensitive and effective manner. Currently, intervention remains undermined by prevailing cultural and social beliefs about the status of women in the private marital sphere, including by public officials charged with addressing the issue.

110 UNFPA, "Combating violence against women and girls" (2015).

111 Chitashvili et al., *National Research* (2010).

112 Anti-Violence National Network Georgia & Estonian Institute for Social Research, "Interviews" (2008).

CHAPTER 10. VIOLENCE AGAINST WOMEN IN VULNERABLE GROUPS: FINDINGS FROM THE QUALITATIVE RESEARCH

Violence can be experienced differently by different groups of women. In some settings and among certain social groups, gender inequality intersects with other forms of discrimination and disadvantage – such as age, ability, sexuality, ethnicity, religion, socioeconomic status and other factors – to increase the risk, severity or frequency of violence occurring. For this reason, it is crucial to have a nuanced understanding of the complex and intersecting factors that contribute to violence in diverse communities in Georgia to ensure that prevention initiatives and services are effectively and appropriately tailored to the target population.

This chapter outlines the findings from the qualitative research with marginalized women, including women with disabilities; lesbian, bisexual or transgender women (LBT); women from ethnic minorities; and immigrant women. The findings of the qualitative research outlined in this chapter do not describe the prevalence of violence but rather illustrate the forms, features and depths of the problem.

10.1 Violence against women with disabilities

Women with a variety of physical and psychological disabilities participated in the qualitative research. Isolation, emotional abuse and economic and physical violence were the most common forms of violence identified by women in this group. The findings indicate that violence against women with disabilities is strongly connected to their dependency on family and lack of independence, particularly financial independence. Social norms and attitudes that stereotype and stigmatize women with disabilities contribute to their social isolation and discrimination, within both private and public spheres.

> *Most [people with disabilities] are isolated and bound to their homes. They leave the apartment rarely or do not leave at all. They are victims of stigma and stereotyping even within the family, neighbourhood and [among] relatives. It is very difficult to be a woman with a disability in Georgia because there are many barriers in society, from the physical environment to legislative issues.* (Woman with disability, FGD participant)

Social interaction outside of the family home is limited for women with disabilities, who are often confined to private spaces and rarely have opportunities to leave. Children are told from a young age that the family is the safest place for them and that their family members are best placed to provide them with the necessary care and support. Women with disabilities are also more likely to experience controlling behaviour by family members, including limitations over where they can go and what clothing they can wear.

> *Sex is not relevant here. When you are a person with a disability, it means that you are stigmatized. And we have to live with those stereotypes. They see you as a patient, a person who is impaired. For most of society, you are socially dead.* (Woman with disability, FGD participant)

In addition to stereotypes, inaccessible infrastructure such as transportation, buildings and streets prevent people with disabilities from moving freely throughout public spaces. This increases their dependency on family.

Emotional violence is common among women with disabilities. Dependency on family members increases

vulnerability and exacerbates power imbalances. Respondents reported that family members often withhold, or threaten to withhold, services or care for women. They also threaten to either abandon women or have them institutionalized. As women with disabilities are not considered capable of looking after themselves, such threats are used to manipulate and control women. As one respondent reported:

> *"I'll go and you will be left alone." This is the biggest threat.* (Woman with disability, FGD participant)

Women with disabilities also experience economic abuse. Respondents in the qualitative interviews argued that women with disabilities are subjected to more severe economic violence, compared to other women, as they have limited opportunities for employment. Moreover, family property is traditionally transmitted to male descendants. As result, women with disabilities are much less likely to have an income or access to inheritance; therefore, they are dependent on the goodwill of their family members.

10.1.1 Institutional violence

The findings of the qualitative research indicate that women with psychological disabilities are more likely to experience more severe forms of violence, such as physical and sexual violence. Respondents reported that women living in psychiatric institutions experience more frequent violence, including physical and sexual abuse by medical staff as well as other patients. As one respondent reported:

> *I am a witness to how women were beaten there... You have to make decisions quickly – how to escape from the aggressive patients, how to remain quiet when the nurses are there, how to take a shower in cold water, how to save food.* (Woman with disability, FGD participant)

10.1.2 Access to services

In cases of violence, women with psychological disabilities are not transferred to state shelters. Legally, the shelter administration is allowed to accept a woman with psychological disability if she was identified as a victim. However, according to the service providers, in most cases the police directly transfer them to psychiatric institutions.

According to the field expert, the state has no medical care system (including specialized nurses) for women with disabilities. Some of the medical centres are physically accessible (adapted), but their services are not adjusted to the specific needs of women with disabilities. Moreover, medical personnel lack awareness on the issue and do not know how to interact with them, which in turn negatively affects service provision.

Besides the problems related to medical services, there are challenges in obtaining support from the police. The FGD participants argued that if a woman with a disability calls the police in response to violence, the police never communicate with her directly because they do not think a woman with a disability is capable of interacting with the police independently. Thus, they interact with family members who in most cases are the perpetrators. Furthermore, the women with disabilities want to leave their abusers but have no place to go.

> *If a woman with a disability becomes a victim, there is no point in calling the police because she has nowhere else to go. Even if she sues her husband or her father, she is still not able to go* [anywhere else]. (Woman with disability, FGD participant)

10.2 Violence against lesbian, bisexual and transgender (LBT) women

Women who identify as LBT participated in the qualitative research. Isolation, discrimination and emotional abuse were the most commonly reported forms of violence by this group of women. Unlike disabled women, who reported family attitudes and the lack of adapted infrastructure as barriers to social integration, LBT women reported that harmful social norms exclude them from day-to-day life. Unable to conform to social expectations around what it means to be a woman, LBT women are "de-humanized" and "de-personalized" by their community; that is, they are treated as objects as opposed to subjects. As one transgender respondent noted:

> *Well, since I'm a transgender woman, the biggest problem for me is that I'm forced to be what I am not. This is the strongest psychological violence. I even prefer physical violence to this.* (LBT Woman, FGD participant)

LBT women reported experiencing violence in a number of spaces, including the family, workplace and public spaces. LBT children experience emotional abuse, physical violence and isolation as punishment for not conforming with socially acceptable behaviours and practices. The qualitative research found that the pressure to conform is stronger for boys because girls who display masculine traits are dismissed as kalabicha (tomboys) and expected to eventually grow up and change. However, within a patriarchal society such as Georgia, communities are more likely to tolerate masculine activities among girls, whereas feminine activities among boys are considered shameful and rejected by both family and society. As result, children reportedly learn to hide certain behaviours from their family members.

Discrimination and abuse against LBT women living in rural communities is more acute. The social pressures and obligations to get married are much stronger in rural Georgia, and LBT women are either forced to hide their sexual orientation or migrate to the city.

> *I'll tell you my case. I was even kicked out of the house and everything... This continued for years. Initially they reacted very badly, but after a while they got used to it.* (LBT Woman, FGD participant)

Respondents also reported sexual harassment in the workplace, as well as physical violence in public spaces. In particular, respondents reported that transgender women are more likely to engage in sex work and are at a higher risk of experiencing physical violence by clients.

> *Wherever I went, I had to face not only psychological harassment but sexual harassment too, like, "Look, what a woman! Wouldn't you have her!"* (LBT Woman, FGD participant)

10.2.1 Influence of the Church and the media

According to respondents, the stereotyping and stigma that leads to discrimination and emotional abuse can largely be attributed to the general lack of information about LBT communities, media and growing religious influences. The Church wields enormous influence, and the discourse created around LBT women describes them as immoral.

The incompetence of the media and a lack of information were named as some of the key factors that influence social attitudes towards LBT women, as well as drive violence against LBT women. Harmful stereotypes are used to cover issues related to LBT women, and inaccurate information and messaging is delivered via unqualified speakers. It is crucial, therefore, to have sex education in schools to raise awareness about sexual minority issues.

> *The lack of information is a serious problem, especially for those kids who are not heterosexuals and do not understand what is happening to them. They can search for information on the Internet, but the children need to know how to filter this information. They hear one thing from their surroundings and read hundreds of other [pieces of] information on the Internet, so they do not know what to believe.* (Field expert)

10.2.2 Access to services

The discrimination LBT women experience increases their risk of violence and is a barrier to service provision. LBT community needs are not acknowledged at the policy level, and there is a lack of support from service providers. The adoption of the anti-discrimination law is a positive development in overcoming the problem. As one respondent noted, she feels safer and knows that if there is discrimination in the workplace, she can sue her employer. However, the qualitative discussions demonstrate that the state does not have proper mechanisms in place to protect LBT women from violence. In cases of discrimination, LBT, especially transgender, women cannot call the police because of homophobic attitudes. According to some respondents, there is usually no point calling the police because they themselves abuse LBT community members. As one respondent reported:

I was detained by the police. They took me to the police station and made me watch porn movies there. (LBT Woman, FGD participant)

In addition to the lack of awareness among police, there are a variety of problems in service provision. Specialists are deemed largely incompetent in dealing with LBT issues. Psychologists often have little to no accurate information about gender and sexuality, and they lack experience working with LBT women directly. Moreover, transgender people are not acknowledged as a separate group of people with specific needs, such as sex reassignment surgery.

10.3 Violence against ethnic minority women

To understand the specific needs and experiences of ethnic minorities, qualitative research was conducted with a group of Azerbaijani women. Women from this ethnic community are not well integrated into Georgian society. Very few Azerbaijani families are mixed with Georgians, also due to language barrier. The most common forms of violence identified in the discussions were forced marriage, psychological abuse and economic abuse, as well as physical and sexual violence. Perpetrators of violence include partners, family members and community members.

10.3.1 Forced marriage

Early marriage practices within Azeri communities are usually linked to tradition. Although women are supposed to marry early, forced marriages remain common, with young women usually married to men chosen by their parents. According to the qualitative research, there are two key reasons for early marriage: an incorrect interpretation of the Qur'an that has led to the assumption that women must be married at an early age; and the economic benefits of inheriting a daughter-in-law, who becomes an additional worker to the family.

10.3.2 Intimate partner violence and family violence

Emotional and economic violence are common forms of violence experienced by Azeri women within the family. Daughters-in-law occupy the lowest social rank in the family. They are also expected to give birth to a child within a year of marriage. If this does not happen, Azeri women are accused of being infertile or having serious health problems. Economic violence perpetrated by intimate partners as well as other family members against Azeri women is also common. Traditional division of labour is strong within Azeri families, and women are usually confined to the home. As a result, women are financially dependent on their husband and his family and do not have access to a private income. As one woman stated:

Why did I get a job? Because I had to. If I needed something, I had to ask for it several times. Sometimes [the family] would give me [money], sometimes they would not. I think that this is a very powerful [form of] economic violence, which is then followed by psychological violence because you feel unworthy. (Ethnic minority woman, FGD participant)

Sexual violence was also commonly reported by Azeri women in the qualitative discussions. Marital rape is not acknowledged as a crime, and rigid gender norms dictate that women are not permitted to refuse sex with their husband. Those who do often experience physical violence. According to an Azeri respondent:

A woman has to be obedient. She must never refuse [her] husband. If [she] refuses, she might be beaten up. In 80 out of 100 cases, physical abuse in the family is because of the refusal to have sexual intercourse. (Ethnic minority woman, FGD participant)

Evidently, Azeri women experience various types of violence that are often interlinked and occur simultaneously – and often over a period of time – as one Azeri woman explained:

A change happens [over time]. If a 20-year-old wife is beaten up by a husband, he might not beat her anymore when she's 50 years old, but he abuses her in other ways. So one can't say that young women are more subjected to violence. There is a transformation. She might not be a victim of psychological violence, but she is still a victim of economic violence. This is the issue. The type [of violence] changes, but violence still remains. (Ethnic minority woman, FGD participant)

10.3.3 Access to services

The lack of knowledge and access to services are identified as the key barriers to service provision for Azeri women living in both rural and urban regions of Georgia. Very few women know what violence is, who is a victim, and what should be done in cases of abuse. Although police and other emergency services are available to Azeri communities, and restrictive and protective orders are translated into the Azeri language, very few women seek formal support. In addition, while translation services are also offered at shelters, women largely refrain from accessing them. Indeed, those women who do access services commonly stop the process before it becomes official. This creates a gap in service provision and leaves cases of violence unresolved.

10.4 Violence against immigrant women

Women from Egypt and Iraq were included in qualitative discussions to assess experiences of violence among immigrant women. Overall, women spoke positively about their experiences in Georgia and indicated that intimate partner violence and non-partner violence were largely experienced in their home countries.

The transition to Georgian society was discussed among respondents, who largely reported that they experienced little discrimination or abuse. Some women reported that the move to Georgia had been somewhat liberating, as they could move freely in the street and send their daughters to school alone. As one Iraqi woman commented:

> *Women do not walk freely in the streets in our countries. When we first arrived, my husband used to take my daughter to school in the car. Then he would wait and bring her back home. Now our child takes a bus and goes to school independently. In Iraq, it is impossible for a girl or woman to walk so freely.* (Immigrant woman, FGD participant)

The most significant issues identified among this group of women were related to language and employment. The traditional division of labour within families among this group of immigrant women has meant that women lack the relevant skills and experience to secure employment. Combined with language barriers and high unemployment rates, finding employment has been difficult. As explained by one woman:

> *It is harder for a woman to find a job, especially for an Arab woman. According to Muslim tradition, she stays at home and takes care of the family; this is her primary occupation. I personally have an education in computer literacy, but I don't work. I stay at home to take care of my children. Generally, Arab men prefer that their wives not work and [instead] take care of the family.* (Immigrant woman, FGD participant)

Although the situation and experiences of immigrant women in Georgia appears largely positive, it is important to note that only the perspectives of women from Muslim countries and from conflict regions were included in the qualitative research. Moreover, their experiences may differ from other immigrant groups. In addition, this Study focused on immigrant women's experiences as immigrants rather than victims of violence. This means that while few women reported experiencing intimate partner violence or non-partner violence since moving to Georgia, this cannot be assumed of all immigrant women's experiences.

CHAPTER 11. CONCLUSIONS AND RECOMMENDATIONS

The 2017 National Survey on Violence against Women in Georgia is the first population-level survey since 2009 that measures the prevalence of violence against women and its associated health consequences for women in Georgia. The findings from this comprehensive study show that women in Georgia are at greatest risk of violence from male intimate partners. Women also experience violence from non-partners, particularly in the forms of sexual harassment and stalking. Although sexual harassment is the most common form of non-partner sexual violence in Georgia, there is currently no legal definition of sexual harassment and no legislation protecting women.

The Study findings indicate that women and men show a high degree of tolerance and acceptance towards the use of violence against women in relationships, as well as inequitable views on sex and sexual violence. That violence was viewed as justifiable by both women and men in the Study reflects the broader sociocultural reinforcement of IPV and gender inequality.

Compared to international data, the rates of violence reported by women in Georgia are lower than average rates across Europe. However, gender attitudes in Georgia appear to be more conservative than in many other parts of Europe, which can indicate underreporting of prevalence. The fact that reported rates of childhood sexual abuse through an anonymous survey method resulted in higher rates of disclosure further suggests that rates of violence reported in face-to-face interviews are likely an underrepresentation of reality.

Nevertheless, there have been clear, positive improvements in attitudes and practices since the 2009 study in Georgia:

- Gender attitudes are less conservative
- Men and women in the younger generation have more non-discriminatory gender attitudes than people of the older generation
- There has been a decrease in the rate of women who stayed with violent husbands because they believed the violence to be normal
- There has been a significant increase in the percentage of women who have experienced intimate partner violence and have reported to the police

All of this suggests that the concerted efforts to raise awareness and promote women's empowerment and rights in the country over the past decade are having a positive impact.

Ending violence against women in Georgia requires the changing of behaviours, beliefs and structures that reinforce gender inequalities and normalize violence. Gender roles that maintain women's subordinate position within the household underpin the normalization of violence against women, in particular within the domestic sphere, as violence is used as a tool to maintain men's power over the family unit. This highlights the importance of working with men and boys to promote gender equality. The findings also highlight the need for justice and health response services to better meet the needs of women who have experienced violence or harassment.

RECOMMENDATION	KEY FINDINGS	EXAMPLES OF PROGRAMMES AND APPROACHES
Recommendation 1: Enforce the domestic violence law and strengthen the capacity of the justice sector	Reporting to services has improved over time; however, most women who experience IPV still do not report the abuse to the relevant authorities. Other research suggests that this is because of a culture of impunity, social norms that tolerate violence, and a failure by police to recognize the sensitivity and severity of violence against women.	• Ensure national laws, policies and institutions in all sectors promote equality for women and men and eliminate all forms of discrimination against women. • Integrate gender sensitization and comprehensive training on violence against women, including marital rape, into the training curricula of police, law enforcement and other legal authorities. • Invest in community programming that 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.
Recommendation 2: Challenge social norms related to the acceptability of violence against women and the subordination of women in intimate relationships and the family	The Study findings indicate that women and men show a high degree of tolerance and acceptance towards the use of violence against women in relationships, as well as inequitable views on sex and sexual violence. The concept of patroni subordinates women and fuels unequal gender norms and practices that facilitate both IPV and non-partner violence.	• The UN Prevention Framework highlights the need for a comprehensive multisectoral multilevel approach that also involves the education sector, sports, media and others.113 • Implement long-term and comprehensive community interventions that work with women and men, girls and boys, to change the social norms that perpetuate gender inequality and violence against women and girls, with priority given to interventions that foster collaboration between programmes. • Implement facilitated community conversation approaches that make the prevention of violence against women 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.
Recommendation 3: Promote non-violent ways of being a man that are oriented towards equality and respect	Many men still hold violence-condoning attitudes and believe myths about rape.	• Implement sustained school-based and after-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 long-term and comprehensive ways to promote positive ways "to be a man".

113 Available at http://www.unwomen.org/en/digital-library/publications/2015/11/prevention-framework.

RECOMMENDATION	KEY FINDINGS	EXAMPLES OF PROGRAMMES AND APPROACHES
Recommendation 4: Strengthen the role of the health sector in responding to and preventing violence against women	Health-care providers are likely to be one of the first professional points of contact for survivors of intimate partner violence or sexual assault. One third of women who reported experiencing intimate partner violence sustained injuries from the violence. Women who experienced intimate partner violence were significantly more likely to experience poor physical, mental and reproductive health.	• Increase gender sensitization among health-care providers, policymakers 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 VAW 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.[114] • Increase training to provide qualified counsellors in crisis centres and medical clinics. • Coordinate between health, police, justice and social service sectors. Lessons can be learned from the UN Women Essential Services Package.[115]
Recommendation 5: Address child abuse and promote healthy families and violence-free environments for children	The VAW Study found that a high number of women had experienced various forms of violence in childhood. The qualitative interviews suggested that transgender children experience physical abuse for not conforming to socially acceptable behaviours and practices. Other research clearly demonstrates the interlinkages between violence against children and violence against women and that addressing violence against children is an important preventative measure for VAW.	• 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 for violence against children. • Implement programmes to improve conflict resolution, problem-solving skills and 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.

114 Available at http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/.

115 Available at http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence.

RECOMMENDATION	KEY FINDINGS	EXAMPLES OF PROGRAMMES AND APPROACHES
Recommendation 6: Make public environments safer for women	Sexual harassment and stalking were the most common forms of non-partner sexual violence experienced by women. Women reported experiencing sexual harassment in a variety of settings; however, workplace sexual harassment appears to be the most common. There is currently no legal definition of sexual harassment and no legislation protecting women.	• Develop and adopt sexual harassment legislation • Develop and implement comprehensive sexual harassment policies for workplaces along with comprehensive training and mechanisms to respond to incidents of harassment • Implement programmes to enhance women's and girls' safety and mobility in public spaces. Care should be taken to put women and girls at the centre of decision-making • UN Women's Safe Cities and Safe Public Spaces Programme is a good example that could be used as a model.[116]
Recommendation 7: Coordinate	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.	• Promote a coordinated gendered response mechanism at the national and subnational levels between ministries, institutions, service providers, the private sector and other key stakeholders for a prevention and response strategy, as well as 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, the 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.

116 Available at http://www.unwomen.org/en/what-we-do/ending-violence-against-women/creating-safe-public-spaces.

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