

South Tarawa Healthy Living Study: An Impact Evaluation of the *Strengthening Peaceful Villages* Violence Prevention Intervention in Kiribati

BASELINE REPORT

DECEMBER 2019

The study was undertaken by [The Equality Institute](#), and commissioned by the Government of Kiribati through the [Ministry of Ministry of Women, Youth, Sport and Social Affairs \(MWYSSA\)](#) and the [UN Women Fiji Multi-Country Office \(MCO\)](#) through the [Pacific Partnership to End Violence Against Women and Girls](#) (Pacific Partnership) programme, funded primarily by the European Union with targeted support from the governments of Australia and New Zealand and cost-sharing with UN Women.

Authors: Stephanie Miedema, Dr. Emma Fulu, Xian Warner,
Loksee Leung, and Felicia Hardnett

UN Women's support is through the Pacific Partnership to End Violence Against Women and Girls (Pacific Partnership)



About this Report

This baseline report has been prepared by The Equality Institute (EQI) on behalf of the Government of Kiribati through the Ministry of Women, Youth, Sport and Social Affairs (MWYSSA), and the UN Women Fiji Multi-Country Office, through the Pacific Partnership to End Violence Against Women and Girls (Pacific Partnership) programme, funded primarily by the European Union with targeted support from the governments of Australia and New Zealand and cost-sharing with UN Women. The authors are Stephanie Miedema, Emma Fulu, Xian Warner, Loksee Leung, and Felicia Hardnett.

The '*South Tarawa Healthy Living Study*' (this Study) was managed by Xian Warner, with Dr. Emma Fulu as the Principal Investigator, Loksee Leung as the Qualitative Research Coordinator, Stephanie Miedema as the Technical Lead, Felicia Hardnett as the Statistician, and Tebutonga Ereata as the in-country Research Coordinator. Many others also contributed to the implementation of the Study and the finalisation of the report: Abigail Erikson, Farrah Kelly, Corneliu Eftodi, Shabina Khan, and Scarlett Thorby-Lister.

The views expressed in this report are those of the authors and do not necessarily represent the views of UN Women, MWYSSA, or the funders.

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Acronyms

CI: Confidence interval

EA: Enumeration area

EQI: The Equality Institute

FHSS: Family Health and Safety Study

IPV: Intimate partner violence

KSDIS: Kiribati Social Development Indicator Survey

KWCSC: Kiribati Women and Children's Support Centre

MWYSSA: Ministry of Women, Youth, Sport and Social Affairs

PSIDS: Pacific Small Island Developing States

RR: Risk Ratio

RRRT/SPC: Regional Rights Resource Team/South Pacific Commission

SDG: Sustainable Development Goals

SE: Standard error

SPV: Strengthening Peaceful Villages

VA: Village Activist

VAWG: Violence against women and girls

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Executive Summary

Introduction and background

Ending violence against women and girls is a global public health and human rights priority. Globally, one in three women report lifetime exposure to physical and/or sexual intimate partner violence (IPV) by a male partner¹, and IPV disproportionately affects women.² The Pacific region remains one of the most under-researched regions with respect to IPV, despite being home to countries with some of the highest rates of violence in the world.³ In Kiribati, the country with highest rates of violence in the Pacific, an estimated 68 percent of women aged 15-49 report lifetime exposure to physical and/or sexual violence by an intimate male partner.⁴ Yet, there is little data on the effectiveness of primary prevention interventions to reduce IPV in the Pacific region.

From 2019 to 2022 the Ministry of Women, Youth, Sport and Social Affairs (MWYSSA) of the Government of Kiribati is implementing the Strengthening Peaceful Villages (SPV) programme in South Tarawa, with sustained operational and technical assistance from UN Women. SPV is an evidence-based community mobilisation programme, adapted from SASA!⁵, that aims to prevent IPV and promote gender equitable and non-violent social norms in South Tarawa. The intervention uses a multi-level, multi-stakeholder approach to address the imbalance of power between women and men in the community, and to reshape inequitable social norms around gender, power and violence.

The Equality Institute (EQI) has been contracted by UN Women to conduct an external impact evaluation of the SPV programme in Kiribati. The impact evaluation will

¹ Devries et al. 2013

² Breiding, Black and Ryan 2008, García-Moreno et al. 2005

³ Secretariat of the Pacific Community 2010; Devries et al. 2013

⁴ Secretariat of the Pacific Community 2010

⁵ SASA! is a violence prevention intervention originally developed by Raising Voices and implemented by the Centre for Domestic Violence Prevention in Kampala, Uganda. SASA! is now being used by 20 organisations in 60 countries worldwide. For further information on the intervention, please see <http://raisingvoices.org/sasa/>

contribute to building the global evidence base of ‘what works’ to prevent violence against women and girls in the Pacific Small Island Developing States (PSIDS) context. The impact evaluation consists of three stages: baseline data collection prior to intervention initiation, midline data collection at the midpoint of the intervention, and endline data collection six months post-intervention. The primary aim of the impact evaluation is to assess the effectiveness of the SPV programme in reducing population-level rates of IPV in the target population, and to identify key lessons for what works to adapt the SASA! intervention framework in the Pacific. The secondary aims of the impact evaluation are to assess the effect of the SPV programme on community-level attitudes around IPV, men’s use of controlling behaviours in intimate relationships, women’s ability to negotiate sex within marriage, and community beliefs on family dynamics and parenting practices. This report presents the findings from the baseline study. **This baseline study provides the pre-intervention assessment of key outcomes, against which change over time will be evaluated.**

Methodology

This baseline study comprised of quantitative and qualitative components and data was collected between February and April 2019.

The quantitative component used a cross-sectional survey design with a stratified multi-stage sampling framework. A household survey was administered to women and men aged 15-49 in 18 SPV intervention communities. A total of 629 women and 556 men completed surveys. The male survey questionnaire was adapted from the United Nations Multi-country Study on Men and Violence⁶, and the SASA! Community Men’s Survey.⁷ The female survey questionnaire was adapted from the World Health Organisation Survey on Women’s Health and Domestic Violence against Women.⁸ The survey questionnaires were translated into i-Kiribati. Interviews were conducted one-

⁶ Fulu et al. 2013

⁷ Abramsky et al. 2012

⁸ García-Moreno et al. 2005

on-one with randomly-selected individual women and men and their responses were recorded onto Samsung tablets, using the KoBo Collect application.

The qualitative arm of the baseline study included one-on-one interviews conducted with four key groups:

1. Community members from SPV intervention sites (15 men and 15 women);
2. SPV Programme staff members (5 in total);
3. Village Activists (VAs) from any SPV intervention sites (5 in total); and
4. Community leaders from any SPV intervention sites (5 in total)

Unlike the quantitative component where respondents were randomly selected, respondents for the qualitative component were purposively selected with assistance from the SPV Programme staff based on set selection criteria. Semi-structured in-depth interview guides were developed for all three types of qualitative interviews: community interviews, key informant interviews and interviews with SPV programme staff and VAs.

Strengths and Limitations of the study

Strengths of this baseline study include adhering to rigorous ethical and safety guidelines and partnering with a local service provider, the Kiribati Women and Children's Support Centre (KWCSC), who guided the study's safety and support plan. Another strength of this evaluation is the mixed-method design, which provides a much more complete and nuanced picture of the situation than if we had relied on only one type of research.

This study also has some limitations. In late 2018, EQI were informed that another study, the Kiribati Social Development Indicator Survey (KSDIS), containing similar questions around IPV, was also being conducted in South Tarawa at the same time as this Study. Due to ethical and methodological considerations, the decision was made to delay our study until early 2019, when data collection for the other study would be finished. While this move mitigated a number of potential challenges for our study, it

also led to some unforeseen limitations, including having fewer enumerators and supervisors and data collection taking longer than originally planned.

The present study is not a representative sample of the population of Kiribati and, thus, prevalence estimates from this study are not generalisable to the broader i-Kiribati population, outside of South Tarawa. Instead, the study goal is to capture impact of the SPV intervention, rather than estimate national prevalence rates of IPV. As the data from this Study is not nationally-representative, it is important to note that women's experiences and men's perpetration are not directly comparable. Rather, the findings from men and women should be thought of as validating and supporting each other rather than being equivalent. The data from this research is also not directly comparable to the national data from the 2009 *Family Health and Safety Study* (FHSS) and the recent KSDIS, as both of those studies were nationally-representative, and the KSDIS used a different methodology.

Response rate and satisfaction with participation in quantitative study

Overall, 897 and 858 households were sampled for the women and men's study, respectively. The response rate was 96 percent for women and 93 percent for men in eligible households.

Overall, both women and men reported positive feelings after the survey interview was completed. Among women who responded to the question, 95 percent reported feeling good or better after completing the survey, and five percent reported feeling the same or no different. No women reported feeling bad or worse. Almost all men who responded to the question (95 percent) reported feeling good after completing the survey, and four percent reported feeling neither good, nor bad.

Results

Rates of intimate partner violence

All forms of IPV are common in South Tarawa and most physical IPV is severe and frequent, based on both women and men's reports. Overall, 38 percent of ever-

partnered women surveyed reported experiencing physical and/or sexual IPV in the past 12 months. The most common form of IPV that ever-partnered women reported experiencing was economic abuse (31 percent), followed by physical IPV (30 percent), emotional abuse (28 percent) and sexual IPV (24 percent).

Among ever-partnered men, 57 percent reported perpetrating physical and/or sexual IPV in the past year. More than half of ever-partnered men said they had perpetrated emotional (57 percent) or economic (52 percent) IPV, while 42 percent reported perpetrating physical IPV and 37 percent said they had used sexual violence against their female intimate partner.

Intimate partner and relationship characteristics

Some aspects of family and partner dynamics in South Tarawa reflect greater equality between women and men, and others demonstrate considerable power imbalances within the family. Couple relationship dynamics, including communication patterns, emerged as an important factor with respect to women's experiences and men's perpetration of IPV. Women who reported low levels of positive relationship dynamics and low levels of couple communication were more likely to experience IPV, compared to women who reported higher levels of positive relationship dynamics. Furthermore, participants who reported less conversation around sex and reproductive health in their relationships were actually less likely to experience (women) or perpetrate (men) IPV. However, women who reported more controlling behaviours by their partner with respect to her sexual and reproductive health were more likely to experience past year physical and/or sexual IPV. As such, it appears that speaking openly about sex and contraception may put women at higher risk of experiencing IPV.

Men's antisocial behaviour and substance abuse

Men's substance use and abuse was associated with IPV. Overall, 31 percent of women reported that their husband frequently drank alcohol, 66 percent saw their husbands frequently drunk and 35 percent reported problems related to their husband's drinking. A higher proportion of women who reported past year physical

and/or sexual IPV reported frequent alcohol use by their partner (41 percent), compared to women who did not experience violence (23 percent). Similarly, 59 of men who reported physical and/or sexual IPV perpetration self-reported significantly higher alcohol consumption compared to men who had not perpetrated IPV.

Men's participation in fights with weapons and participation in gangs were also significantly associated with their perpetration of past-year IPV. Male partners' anti-social behaviour also emerged as a risk factor for women's experiences of IPV. For example, women who reported that their partner had ever been involved in a fight with another man were 67 percent more likely to report past year physical and/or sexual IPV, compared to women whose husband had not been involved in a fight with another man.

Harsh parenting and child abuse

Women and men were asked whether they believed that physical punishment was necessary to bring up a child properly. Only one quarter of women and men (26 percent) reported agreement with this statement and these beliefs generally align with women and men's reported behaviours.

Childhood trauma is an important risk factor for both women's experiences, and men's perpetration, of IPV within this sample in South Tarawa. Among women, those who experienced either emotional, physical or sexual childhood trauma were more likely to report past year physical and/or sexual IPV, even after adjusting for all other types of childhood violence. Among men, a similar pattern emerges. Men who experienced physical or sexual childhood trauma were more likely to report physical and/or sexual IPV perpetration in the past 12 months.

Gender attitudes

The majority of women (85 percent) and men (81 percent) agreed that people should be treated the same whether they are male or female. However, a large majority of women (90 percent) and men (93 percent) also agreed that a woman should obey her husband and over half of women (62 percent) and men (70 percent) agreed that a

man should have final say in all family matters. Overall, 88 percent of women and 70 percent of men agreed that wife-beating was justifiable under at least one condition.

In the bivariate analysis, we see that men who reported low gender equitable attitudes were 37 percent more likely to have perpetrated past-year physical and/or sexual IPV compared to men who score in the highest category of the gender relations scale. In final multivariable models, significant results were found only for men between gender attitudes and IPV perpetration. That is, men who reported less equitable gender attitudes were more likely to report IPV perpetration, accounting for attitudes toward other types of family violence.

Consequences of violence

Among women who experienced past year physical and/or sexual IPV, a total of 35 percent reported that they had ever been injured as a result of this violence and only 22 percent reported that they ever received health care for those injuries.

One in three women (34 percent) who experienced physical and/or sexual past year IPV did not tell anyone about the incident. Women were much more likely to tell their parents, siblings or friends than they were to seek help from a formal service provider, and there appear to be strong informal support networks in place.

Among women who experienced past year physical and/or sexual IPV, 64 percent reported that they had ever left home for at least one night as a result of the violence.

Community responses to VAWG

About half of all respondents said they had not witnessed or heard a woman being abused by her husband in their community in the past year. A third of women (31 percent) and men (32 percent) said that they witnessed such abuse but they did not step in to help. Only 14 percent of women and 19 percent of men reported that they witnessed a woman being abused by her husband and they intervened to help the woman. Among respondents who had helped a woman, most had contacted the police or separated the couple from fighting.

Although only a small proportion of community members had actually helped a woman experiencing violence, most female and male respondents knew of support services where a woman could go if someone hit her.

Self-reported involvement in community violence prevention activities was low, as is to be expected in a baseline study, but men were much more likely than women to have been exposed to, or involved in, such activities.

Recommendations

Based on the findings from this baseline study, the following points are recommended for the SPV programme:

- Continue to find ways to strengthen informal support networks, while also facilitating women's access to formal services.
- Move beyond messaging about sharing housework and make full use of the SASA! power-based approach to talking about relationship dynamics.
- Find ways to address men's controlling behaviour over women's sexual and reproductive health and rights, in terms of HIV prevention, family planning, birth spacing, particularly in relation to beliefs about religious control.
- Incorporate messaging about alcohol as a trigger, rather than a cause, of IPV.
- Use messages about the benefits of reducing other forms of violence in the community, as a way to engage people who think that violence against women is not their problem.
- Consider how the programme will mitigate and address backlash.
- Develop strategic approaches to ensure that women and girls are meaningfully reached by the programme.

Chapter 1: Introduction

1.1 Introduction

Ending violence against women and girls is a global public health and human rights priority. The United Nations has prioritised this issue via Sustainable Development Goal (SDG) number 5, which calls for ending discrimination against women and girls, including the elimination of all forms of violence against women.⁹ SDG 5 recognises intimate partners as the primary perpetrators of violence against women.¹⁰

Globally, one in three women report lifetime exposure to physical and/or sexual intimate partner violence (IPV) by a male partner¹¹, and IPV disproportionately affects women.¹² For the purposes of this impact evaluation, IPV is defined as “any behaviour within an intimate relationship that causes physical, psychological or sexual harm including physical abuse, psychological aggression, controlling behaviours and sexual violence.”¹³ IPV is associated with adverse mental, physical and sexual health outcomes for women, their families and their communities.¹⁴

The Pacific region remains one of the most under-researched regions in the world with respect to what works to prevent IPV, despite being home to countries with some of the highest rates of violence in the world.¹⁵ In Kiribati, the country with highest rates of violence in the Pacific, an estimated 68 percent of women aged 15-49 report lifetime exposure to physical and/or sexual violence by an intimate male partner.¹⁶ Yet, there is little data on the effectiveness of primary prevention interventions to reduce IPV in the Pacific region. Given the role of gender inequality as an underlying driver of IPV, social norm change has emerged as a critical area for intervention

⁹ United Nations 2015

¹⁰ García-Moreno et al. 2005

¹¹ Devries et al. 2013

¹² Breiding, Black and Ryan 2008, García-Moreno et al. 2005

¹³ Krug 2002, p. 89

¹⁴ Campbell 2002, Ellsberg et al. 2008

¹⁵ Secretariat of the Pacific Community 2010; Devries et al. 2013

¹⁶ Secretariat of the Pacific Community 2010

work.¹⁷ In particular, well-designed community mobilisation interventions to generate grassroots activism for gender equality and non-violence have shown to reduce the prevalence of IPV.^{18,19} However, this intervention approach has yet to be tested in the unique context of the Pacific islands. To fill this gap, a community mobilisation intervention, the Strengthening Peaceful Villages (SPV) programme, is being implemented and evaluated in South Tarawa, Kiribati.

1.2 The Strengthening Peaceful Villages Intervention

From 2019 to 2022 the Ministry of Women, Youth, Sport and Social Affairs (MWYSSA) of the Government of Kiribati is implementing the SPV programme in South Tarawa, with sustained operational and technical assistance from UN Women. In order to reinforce previous violence prevention efforts, the SPV programme builds on an earlier intervention, Peaceful Villages, which was implemented in North Tarawa between 2015 and 2016. The current SPV programme is an evidence-based community mobilisation programme that aims to prevent IPV and promote gender equitable and non-violent social norms in South Tarawa. The programme is adapted from SASA!, a violence prevention intervention originally developed by Raising Voices and implemented by the Centre for Domestic Violence Prevention (CEDOVIP) in Kampala, Uganda.²⁰ The intervention uses a multi-level, multi-stakeholder approach to address the imbalance of power between women and men in the community, and to reshape inequitable social norms around gender, power and violence. The intervention design includes four phases: Start Phase, Awareness Phase, Support Phase and Action Phase (Figure 1). The intervention will be implemented in 18 sites in South Tarawa, the largest island of the Republic of Kiribati.²¹

¹⁷ Clark et al. 2018

¹⁸ Abramsky et al. 2016

¹⁹ Abramsky et al. 2016, Abramsky et al. 2012

²⁰ SASA! is now being used by 20 organisations in 60 countries worldwide. For further information on the intervention, please see <http://raisingvoices.org/sasa/>

²¹ UN Women through DFAT funding is currently also coordinating and advancing a major investment of USD \$500,000 to strengthen and increase access to essential services, both in Tarawa and the outer islands. It is estimated to take at least two years for the full essential services programme to reach the outer islands. Therefore, UN Women recommends implementation of the SPV programme in South Tarawa only as there are pre-existing response services for violence against women in this area.

1.3 The Kiribati Context

1.3.1 Geography and demographic characteristics

Kiribati is composed of 33 low-lying atolls divided into three groups: the Gilbert, Phoenix and Line Islands. Kiribati is spread across the Central Pacific Ocean with a total land area of 810 square kilometres and ocean area of over three million square kilometres.²²

Kiribati gained independence from the United Kingdom in 1979. The 2015 census reported a total population of 110,110 and a sex ratio of approximately 97 males to 100 females.²³ South Tarawa, the capital, has almost half of the country's population (51 percent) making it the most densely populated island in Kiribati.

The people of Kiribati are known as I-Kiribati, and are categorised as Micronesians. Almost all I-Kiribati people identify themselves as Christians and the predominant churches are the Roman Catholic Church and the Kiribati Protestant Church. Other minority churches include Seventh Day Adventist, Church of Jesus Christ of Latter Day Saints, Church of God, Assembly of God and Baha'i. Churches are very influential in the daily lives of many I-Kiribati people and play a strong role in community development and operate most of the secondary schools; in addition, the largest and most active women's NGOs in the country are church-based.

According to the 2015 census, children and young people (ages <24) make up approximately 55 percent of the total population of Kiribati. The national literacy rate, defined as the proportion of the population able to read and write in English, was 70 percent for men and 72 percent for women. On South Tarawa, 96 percent of the population (ages 2+) has ever attended any school. Among women 15 years and older, 66 percent report ever giving birth, with an average of 2.3 births per woman.²⁴

²² Secretariat of the Pacific Community (2010).

²³ National Statistics Office, Ministry of Finance and Economic Development (MFED) (2016). *2015 Population and Housing Census: Preliminary report*. Tarawa: MFED.

²⁴ National Statistics Office, Ministry of Finance and Economic Development (MFED) (2016). *2015 Population and Housing Census: Preliminary report*. Tarawa: MFED.

1.3.2 Gender system of Kiribati

Traditionally, I-Kiribati society is patrilineal, and while the status of women is changing, women are still often considered subordinate to men. Communities were traditionally governed by the *unamane*, male elders who represent the family or clan, and by the *maneaba* or community council. The authority of the community council still remains strong in many parts of Kiribati.²⁵ Gender roles are still quite strictly defined. Women help with farming and fishing but also have primary responsibility for family caretaking, cooking and all household duties. Men tend to jobs outside the home, such as fishing, cutting toddy, cleaning the lands and participating in the village decision-making. Male dominance within the marital relationship is common, and continues to make women vulnerable to abuse from their partners. Physical punishment is often used as a form of disciplining women when they are seen to step outside their prescribed gender roles.²⁶

In recent years, more women have gained tertiary and professional qualifications and moved into the public sphere. While parliament and island councils used to be composed exclusively of men, in recent elections there has been an increase in the number of female candidates and an increase in the number who won seats. Despite these improvements, women are still underrepresented, compared to men, in public offices and high-level positions. I-Kiribati women continue to face discrimination in formal and informal sectors of the economy. Women also face economic exploitation within the family, which can place them at increased risk of violence.

1.4 Overview of the impact evaluation

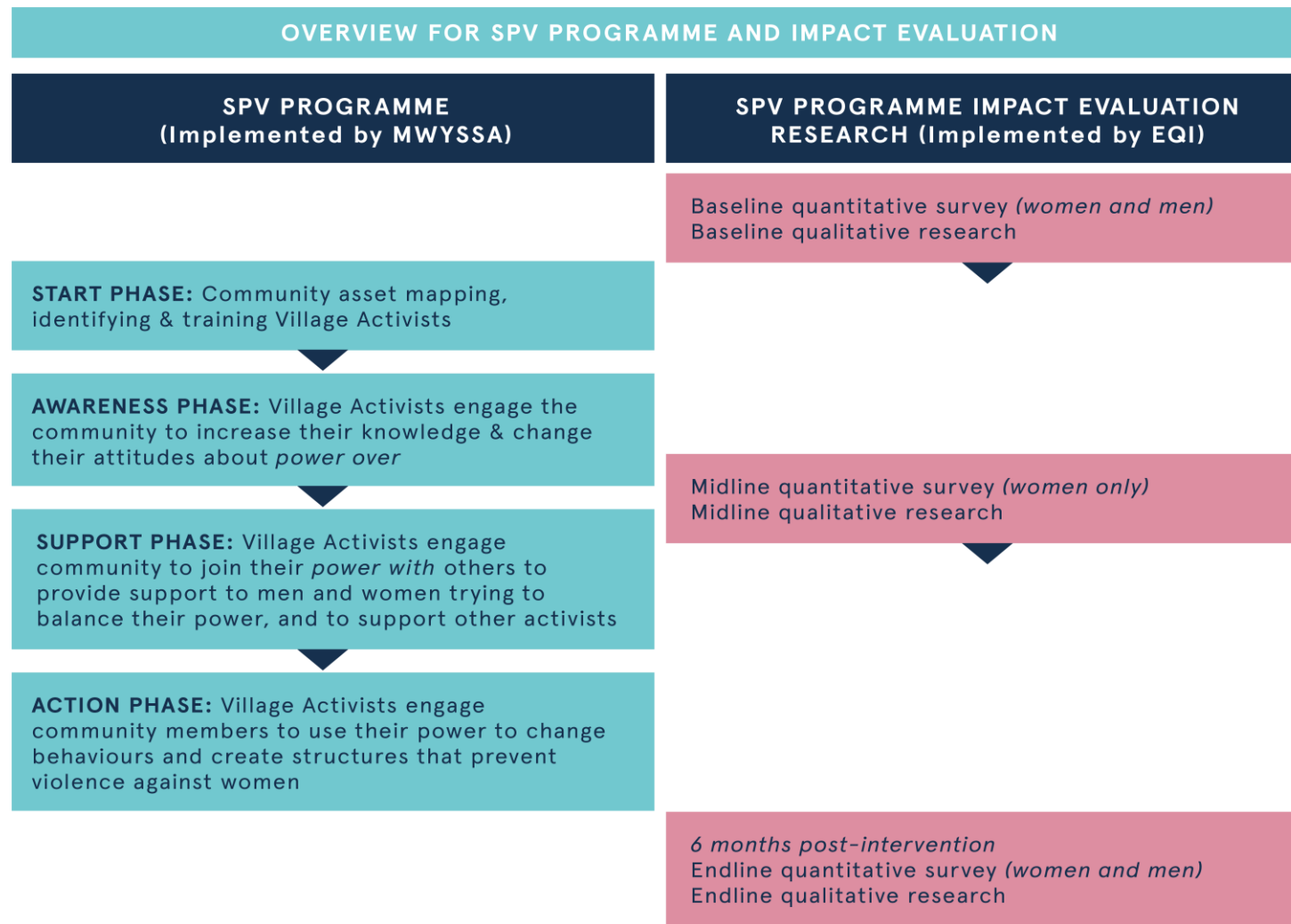
The Equality Institute (EQI) has been contracted by UN Women to conduct an external impact evaluation of the SPV programme in Kiribati. The impact evaluation consists of three stages: baseline data collection prior to intervention initiation, midline data collection at the midpoint of the intervention, and endline data collection six months

²⁵ Republic of Kiribati and UNICEF (2002). *A situation analysis of children, youth and women in Kiribati*. Tarawa: UNICEF.

²⁶ Secretariat of the Pacific Community (2010).

post-intervention. Figure 1 describes how the impact evaluation aligns with the four intervention stages described above. The impact evaluation will contribute to building the global evidence base of 'what works' to prevent violence against women and girls in the Pacific Small Island Developing States (PSIDS) context.

Figure 1: Overview for SPV Programme and Impact Evaluation



1.5 Objectives of the Baseline Study

The primary aim of the impact evaluation is to assess the effectiveness of the SPV programme in reducing population-level rates of IPV in the target population, and to identify key lessons for what works to adapt the SASA! intervention framework in the Pacific. The secondary aims of the impact evaluation are to assess the effect of the SPV programme on community-level attitudes around IPV, men's use of controlling behaviours in intimate relationships, women's ability to negotiate sex within marriage, and community beliefs on family dynamics and parenting practices. **This baseline study provides the pre-intervention assessment of key outcomes, against which change over time will be evaluated.**

Using both qualitative and quantitative research approaches, the objectives of the baseline study are to:

- Estimate pre-intervention:
 - rates of men's perpetration and women's experiences of physical and sexual IPV,
 - rates of men's perpetration and women's experiences of emotional IPV and controlling behaviours,
 - women and men's attitudes toward IPV and gender norms,
 - women's ability to negotiate sex within marriage,
 - community responses to women's disclosure of IPV, and
 - community beliefs and practices around family dynamics and parenting practices;
- Explore baseline knowledge of types of violence and perceptions of community norms and practices around gender, power and violence against women; and
- Document how the SPV team and village activists understand and engage with the intervention programme messages.

1.6 Key Terminology and Definitions

The following describes key terminology used in this South Tarawa Healthy Living Study Baseline report.

- ***Ever-partnered women and men:*** By ‘ever-partnered women’ or ‘ever-partnered men’ we refer to women and men who said they had ever been married, ever lived with an opposite-sex partner, or ever been in a dating relationship with an opposite-sex partner. This population serves as the denominator for intimate partner violence rate estimates.
- ***Intimate partner violence:*** For purposes of this baseline study, intimate partner violence is defined as behaviours or acts within an intimate relationship that cause physical, sexual or psychological harm. These acts include physical aggression, sexual coercion, psychological abuse and controlling behaviours.²⁷ This study measures both women’s reports of *experiencing* intimate partner violence as well as men’s reports of *perpetrating* intimate partner violence. See **Figure 2** for how intimate partner violence was measured in the women and men’s surveys.
- ***Current prevalence of IPV:*** The current prevalence of IPV refers to the proportion of ‘at-risk’ women or men in a population who have experienced or perpetrated (respectively) IPV in the past 12 months. For the purposes of this study, prevalence refers to self-reported cases of IPV occurring within the intervention areas in South Tarawa, at the specific time of data collection. These estimates are not nationally representative, but rather only representative of the sampled communities. For IPV, only women and men who have been ever-partnered (see above definition) are considered ‘at risk.’ Women and men who report never being in an opposite-sex partnership are not included in estimates for current rate of IPV.
- ***Confidence interval:*** The upper and lower limits of the range of values that may contain the true unknown population parameter. The 95% level of confidence is the proportion of possible confidence intervals (i.e. 95% of them) that will contain the true value of that unknown population parameter.

²⁷ Garcia-Moreno et al. 2005

- **Enumeration area:** An enumeration area is a geographically bounded area within which households were sampled for this study. Enumeration areas were drawn from South Tarawa census maps.
- **P-value:** The p-value or probability value is a test-statistic that quantifies the statistical significance of a hypothesis test. In this report, a p-value of less than 0.05 means that there is a statistically significant difference in a given outcome between two groups.
- **Standard error:** The standard errors presented in this report describe how far a sample estimate (e.g. a proportion or a mean) is likely to be from the true population estimate.
- **Risk ratio:** A risk ratio in this report can be interpreted as the risk of a women experiencing physical and/or sexual IPV in the past year if she experiences the variable in question. A risk ratio greater than one signals greater risk. A risk ratio of smaller than one signals less risk. A crude risk ratio is the statistical estimate for a single variable. An adjusted risk ratio is the statistical estimate for a single variable, after accounting for or adjusting for other variables in the model.

Figure 2: Operational Definitions of Intimate Partner Violence

WOMEN'S SURVEY	MEN'S SURVEY
<p>PHYSICAL VIOLENCE</p> <p>In the past 12 months, has any male husband/partner ever:</p> <ul style="list-style-type: none"> • Slapped you or thrown something at you that could hurt you? • Pushed you or shoved you or pulled your hair? • Hit you with his fist or with something else that could hurt you? • Kicked you, dragged you or beaten you? • Choked or burnt you on purpose? • Threatened you with, or actually used, a knife or other weapon against you? 	<p>In the past 12 months, have you ever:</p> <ul style="list-style-type: none"> • Slapped a partner or thrown something at her that could hurt her? • Pushed or shoved a partner or pulled her hair? • Hit a partner with a fist or with something else that could hurt her? • Kicked, dragged or beaten a partner? • Choked or burned a partner on purpose? • Threatened to use or actually use a knife or other weapon against a partner?
<p>SEXUAL VIOLENCE</p> <p>In the past 12 months:</p> <ul style="list-style-type: none"> • has any male husband/partner ever forced you to have sex when you did not want to, for example by threatening you or holding you down?²⁸ • Have you ever had sex when you did not want to because you were afraid of what your husband/partner might do if you refused? • Has any male husband/partner ever forced you to do anything else sexual that you did not want or that you found degrading or humiliating? 	<p>In the past 12 months, have you ever:</p> <ul style="list-style-type: none"> • Forced your current or previous partner (wife or girlfriend) to have sex (sexual intercourse) with you when she did not want to? • Forced your current or previous wife or girlfriend to watch pornography when she didn't want to • Forced your current or previous wife or girlfriend to do something else sexual, other than sexual intercourse, that she did not want to do?

²⁸ If necessary, interviewers clearly defined sex as vaginal, oral or anal penetration.

WOMEN'S SURVEY

EMOTIONAL VIOLENCE

In the past 12 months, has any male husband/partner ever:

- Insulted you or made you feel bad about yourself ?
- Said or done something that made you feel humiliated in front of other people?
- Destroyed things that are important to you?
- Done things that made you feel scared or intimidated?
- Threatened to harm you or someone you care about?

ECONOMIC VIOLENCE

In the past 12 months, has any male husband/partner ever:

- Prohibited you from getting a job, going to work, trading, earning money or participating in income generating projects?
- Taken your earnings from you against your will?
- Refused to give you money you needed for household expenses even when he has money for other things (such as alcohol, cigarettes)?
- Thrown you out of the house?

MEN'S SURVEY

In the past 12 months, have you ever:

- Insulted a partner or deliberately made her feel bad about herself?
- Belittled or humiliated a partner in front of other people?
- Done things to scare or intimidate a partner on purpose, for example by the way you looked at her, by yelling and smashing things?
- Threatened to hurt a partner?
- Hurt people your partner cares about as a way of hurting her, or damaged things of importance to her?

In the past 12 months, have you ever:

- Prohibited a partner from getting a job, going to work, trading or earning money?
- Taken a partner's earnings against her will?
- Thrown a partner out of the house?
- Kept money from your earnings for alcohol, tobacco (*kouben*) or other things for yourself when you knew your partner was finding it hard to afford the household expenses?

Chapter 2: Methodology

2.1 Quantitative Survey

2.1.1 Study design and population

This baseline study used a cross-sectional survey design with a stratified multi-stage sampling framework. A household survey was administered to women and men aged 15-49 in 18 SPV intervention communities. A total of 629 women and 556 men completed surveys. Response rates are presented in Chapter 3.

2.1.2 Sampling strategy

A total of 161 enumeration areas (EAs) were selected for inclusion in the baseline survey (94 for the women's survey and 67 for the men's survey).²⁹ Selected EAs were census tracts where SPV village activists (VAs) lived, or areas adjacent to census tracts where SPV VAs lived. EAs were stratified by gender of the VA, such that the women's survey was administered in areas where a female VA lived and the men's survey was administered in areas where a male VA lived. Areas where both female and male VAs lived were randomly allocated to the female or male sample. On average, there were 42 households per EA.

A random sample of 25 percent and 30 percent³⁰ of households per selected EA were drawn for the women and men's samples, respectively. A final household list was generated to guide data collection. Individuals were randomly sampled within households. Individuals were eligible if: they were between 15-49 years of age; were not an enumerator or supervisor in this study; had not already been interviewed by the KSDIS; and usually ate and lived in the household, or were visitors who had been staying in the house for at least the past four weeks, or were domestic workers who slept in the house at least five nights a week. If more than one household member was eligible to respond, only one household member was randomly selected for

²⁹ The final number of clusters was 67 for men but only 84 for women as we attained the necessary sample size before sampling from all clusters.

³⁰ A greater proportion of households were selected for the men's sample in order to attain the necessary sample size based on power calculations.

interview. Interviews included an informed consent process. In order to minimise selection bias, no substitutions were made in cases of refusals or inability to contact the selected individual.

2.1.3 Instrument Development

The male survey questionnaire was adapted from the *United Nations Multi-country Study on Men and Violence*³¹, and the *SASA! Community Men's Survey*.³² The female survey questionnaire was adapted from the *World Health Organization Survey on Women's Health and Domestic Violence against Women*.³³ The survey questionnaires were translated into i-Kiribati. Back-translation of the survey questionnaires was conducted to ensure adequate translation of survey items.

2.1.4 Interviewer training

Data collection was initially scheduled for late 2018, however this was delayed until early 2019 due to another household survey on VAWG running concurrently in the same sites. As a result, the interviewer training was held in two phases: two weeks of initial interviewer and supervisor training in October and November of 2018 with 45 trainees, and one week of refresher training in February and March of 2019 with 28 trainees.³⁴ Both trainings were conducted by EQI's Research and Program Coordinator, with support and translation from an in-country Research Coordinator. The trainings used a combination of Powerpoint presentations, group work, interactive games, and role play.

The trainings covered: introduction to the SPV programme and foundations of sex, gender and power (delivered by SPV team); child protection; violence against women and girls in Kiribati and the Support Plan for crisis intervention (delivered by the Kiribati Women and Children's Support Centre (KWCS)); study design; interviewing skills and techniques; detailed training on the questionnaire; using tablets for data

³¹ Fulu et al. 2013

³² Abramsky et al. 2012

³³ García-Moreno et al. 2005

³⁴ The reduction of trainee numbers in the second training was due to many of the initial trainees being unavailable by the time of the second training.

collection; ethics and safety practices; fieldwork processes; and a separate supervisor training. See Annex IV for detailed training schedule.

2.1.5 Survey data collection

Three female and two male supervisors were selected from amongst the trainees to each lead one team of between four to five enumerators during the pilot and data collection. Female supervisors led teams of female enumerators to conduct the women's survey and male supervisors led teams of male enumerators to conduct the men's survey.

The pilot was held in ten EAs that were not in the study sample, in early March 2019. At the end of the second day of the pilot, a group debrief was held with all the teams to discuss and address any issues, confusions, or questions that had come up during the pilot. Upon completion of the group debrief, EQI and the in-country Research Coordinator determined that the teams were ready to begin data collection.

Survey data collection commenced on the 4th of March 2019. The women's survey was completed on the 6th of April and the men's survey finished on the 16th of April. Each team was assigned an average of five EAs per week, although EA completion rates varied during data collection, due to weather, team member illness, and respondent availability. Although the women's and the men's surveys were implemented in different EAs, as an additional safety measure, the fieldwork plan was designed to ensure that the women's and men's teams would not be in nearby neighbourhoods at the same time.

Interviews were conducted one-on-one with randomly-selected individual women and men and their responses were recorded onto Samsung tablets, using the *KoBo Collect* application. Using tablets, rather than paper-based surveys, facilitated asking questions about very sensitive topics (particularly in enabling respondents to complete Section 9 of the male survey themselves), reduced the chances of data-entry error and sped up data cleaning, reduced skip errors through automatically-programmed skips, mitigated issues of interviewer fatigue and interviewer bias, and

helped ensure respondent anonymity. At the end of each day of data collection, completed interview data was uploaded to EQI's secure server, where the EQI team could remotely check for any data errors or inconsistencies requiring follow-up.

Supervisors collected tablets and fieldwork forms from their teams each evening and these were securely stored in a locked cabinet in MWYSSA overnight and returned to the supervisors each morning.

2.1.6 Mechanisms for Quality Control

For the purpose of quality control of data collection, the supervisors regularly performed random visits of the interviewed households to conduct a short supervisors' questionnaire to check whether enumerators had followed the required methodology. In the first week of data collection, supervisors conducted one random visit for each enumerator. In the following weeks, each supervisor conducted one follow-up random visit in each EA.

In addition, during the fieldwork the supervisors held daily debriefing sessions with interviewers to discuss any problems. EQI conducted remote data monitoring during data collection. Discrepancies or inconsistencies in the data were verified or corrected by interviewers and supervisors in daily debriefs with EQI and the Research Coordinator.

2.1.7 Data Cleaning and Analytic Strategy

Data cleaning was conducted on the final women and men's data sets, and survey weights were generated to account for differential probability of respondent inclusion in the study (for further details on sample weighting, see Annex III: Statistical Appendix). Parallel analyses were conducted on the women and men's data. Weighted and unweighted descriptive statistics were generated for key variables (only weighted estimates are reported). Bivariate associations, accounting for survey weights and cluster sampling, were estimated between the primary outcome and key variables of interest. Final multivariable binomial regression models were estimated for risk and protective factors associated with women's and men's reports of physical and/or sexual IPV victimisation and perpetration respectively. To conduct

multivariable models, we first estimated the bivariate association between each item and the outcome of past year experience (women) and perpetration (men) of physical and/or sexual IPV. Factors which were significant at the .15 level were included in the multivariable analysis. Within each domain, we used a forward stepwise variable selection algorithm to arrive at the final model. Both the bivariate and multivariable analyses were weighted based on each respondent's probability of selection. All quantitative analyses were conducted in STATA 16.0 and SAS 9.4.

2.2 Qualitative Study

2.2.1 Study Design, Sampling and Population

The multi-method qualitative arm of the baseline study was conducted in February 2019. One-on-one interviews were conducted with four key groups:

1. Community members from SPV intervention sites (15 men and 15 women);
2. SPV Programme staff members (5 in total);
3. VAs from any SPV intervention sites (5 in total); and
4. Community leaders from any SPV intervention sites (5 in total)

Unlike the quantitative component where respondents were randomly selected, respondents for the qualitative component were purposively selected with assistance from the SPV Programme staff based on set selection criteria.

A total of 15 in-depth interviews were conducted with community women and 15 with community men. Community members were eligible to be interviewed if they were aged 15-49, currently living with their partner in a stable relationship, and their partner was not participating in the study. Community members selected also could not reside in the same house as a VA, could not have participated in any survey or interview in the past three months (to avoid overlap with the KSDIS), and had to be living in an SPV intervention site where they were likely to be exposed to messages shared by VAs through the SPV programme. The community interviews will be conducted with the same respondents at midline and endline, to generate longitudinal qualitative data for the impact evaluation. Thus, respondents had to be

willing to participate in three interviews across the course of the impact evaluation, with baseline serving as the first interview.

Due to ethical and safety considerations, the women and men community member respondents were selected from separate sites located far apart on South Tarawa. Based on advice from SPV Programme staff, these intervention sites from which the community members were drawn were similar to each other in terms of size and degree of urbanisation, and therefore, allowed for comparison. Community members were approached by members of the SPV team and invited to be interviewed.

Five key informant interviews were conducted with community leaders and influencers (two women and three men). This group of community leaders included members of the *unamane* (male elders of the community), church leaders, and local government leaders (mayor and vice-mayor). Finally, semi-structured interviews were conducted with five SPV programme team members (three women and two men) and five VAs (two women and three men).

2.2.2 Instrument development

Semi-structured in-depth interview guides were developed for all three types of qualitative interviews: community interviews, key informant interviews and interviews with SPV programme staff and VAs.

The objectives of each type of qualitative interview is described in Table 1. The community interviews with women and men asked about participants' perspectives of community gender roles, relations and norms; couple communication with respect to the participant's intimate partnership; household decision-making patterns; income generation activities; and any experiences of partnership conflict. Key informant interviews with community leaders asked about the individual's position and work in their community; typical partner relations in their community; perspectives on couple quarrelling and violence; and perspectives on violence prevention. Interviews with SPV staff and VAs asked them to describe the SPV

intervention and their position within the programme; perspectives on gender roles in their community; perspectives of violence against women; and anticipated changes as a result of the SPV programme.

Table 1: Objectives of in-depth interviews with baseline participants

INTERVIEW TYPE	OBJECTIVE(S)
<i>In-depth interviews with community women and men</i>	<ul style="list-style-type: none"> To explore at baseline the types of violence known by (and/or perpetrated and experienced by) and perceptions of community norms around gender, power and violence against women among this cohort of community women and men.
<i>Key informant interviews with community leaders and influencers</i>	<ul style="list-style-type: none"> To map the cultural context and justification of beliefs, perceptions and attitudes regarding issues of gender, power and violence against women. To explore how key community influencers deal with, promote, challenge and/or avoid actions, discussions and incidents pertaining to gender, power and violence against women in their communities (including perceptions of what resources exist for women who experience abuse).
<i>In-depth interviews with SPV staff and VAs</i>	<ul style="list-style-type: none"> To explore how the SPV team and community activists understand norms around gender, power and violence against women in their own lives and communities. To document how the SPV team and community activists understand and engage with the intervention programme messages.

2.2.3 Interviewer training and fieldwork

EQI staff members administered one week of interviewer training in February 2019. The training covered the following topics: background information on the SPV programme; background information on the impact evaluation (including methodology); gender and power concepts; gender-based violence; and research ethics and safety. The training also covered practical information relevant to the qualitative data collection process, including: use of audio recording devices, quantitative and qualitative research concepts, and interview techniques.

2.2.4 Interview data collection

Data collection was completed over a one-week period in February 2019. With logistical support provided by the SPV programme staff, the team of interviewers conducted 45 interviews in total. All interviews were conducted in Kiribati language. The average length of the interviews was 50 minutes. In total, 36 hours of audio recording was collected.

Male respondents were interviewed by male interviewers and female respondents were interviewed by female interviewers. Interviews were audio-recorded to enable transcription and translation of the full interview into English, for purposes of data analysis. Interviewers also documented brief field-notes in writing at the end of each interview to assist with transcription, translation, and analysis.

For every interview, interviewers sought verbal consent from respondents after explaining the aims of the interview, confidentiality, anonymity, the voluntary nature of the interview and the sequence of the interview process. All 45 respondents consented to partake in the interview.

The longitudinal cohort of 30 community members were informed that they will be approached again for interviews at the 2020 (mid-line) and 2022 (endline). A small gift, a canvas tote bag, was provided to community member respondents as an incentive for them to participate in the coming years. No incentives, gifts, or remuneration were offered to the other respondents.

2.2.5 Analytic Strategy

Interviews were transcribed verbatim and translated into English. Translations were checked and unclear text was clarified with translators. Transcripts were entered into NVivo 12. Data were closely read to identify relevant themes. A codebook was developed based on initial review of the transcripts. The codebook was used to code the entire data set. We then reviewed coded segments by code, and developed in-depth, thick descriptions of major emergent themes. Themes were analysed in

reference to the quantitative data results to provide in-depth exploration of key findings from the survey data analysis.

2.3 Ethics and Safety

The study received ethics approval from the University Research Office of the University of South Pacific in December 2018. The baseline study is guided by the by the World Health Organization recommendations for intervention research on violence against women.³⁵ Figure 3 below summarises the key points regarding ethics for all research conducted as part of the evaluation. Further details on the ethics and safety guidelines informing the baseline study, including internal lines of reporting for ethical incidents that could arise during study implementation, can be found in Annex II.

Figure 3: Ethics and safety guidelines for global research on VAW

ETHICS AND SAFETY GUIDELINES FOR GLOBAL RESEARCH ON VIOLENCE AGAINST WOMEN

1. The safety of respondents is paramount.
2. The Safe Name must be used in all communication, documents, and discussions related to the surveys during the research periods.
3. No male or female person younger than 15 may be interviewed.
4. No information about respondents or their answers may be shared outside the research team.
5. No photographs may be taken of respondents or their families.
6. Interviews must take place in spaces where no other parties can overhear or interrupt.
7. All participation must be voluntary and respondents must be aware of their right to refuse to answer any question.

2.4 Strengths and Limitations

Limitations of this study

In late 2018, EQI were informed that another study, the Kiribati Social Development Indicator Survey (KSDIS), that contained similar questions around IPV, was also being

³⁵ Hartmann, M. and Krishnan, S. (2016) *Ethical and safety recommendations for intervention research on violence against women*. Geneva: WHO. These recommendations build on lessons from WHO (2001) *Putting women first: Ethical and safety recommendations for research on domestic violence against women*.

conducted in South Tarawa at the same time as this Study. Due to ethical considerations around potentially exposing respondents to similarly sensitive questions within a short timeframe, and the methodological risk of having two different survey teams working in a small area at the same time, the decision was made to delay our study until early 2019, when data collection for the other study would be finished. While this move mitigated a number of potential challenges for our study, it also led to some unforeseen limitations. While in October 2018, we were able to secure 45 enumerators and supervisors, when we returned in February 2019 only 28 of these were still available. Having fewer researchers meant that data collection took longer than originally planned. The revised data collection timing also coincided with rainy season and a period of significant flooding, which caused delays and increased the refusal rate.

The present study is not a representative sample of the population of Kiribati, and thus prevalence estimates from this study are not generalisable to the broader i-Kiribati population, outside of South Tarawa. Instead, the study goal is to capture impact of the SPV intervention, rather than estimate national prevalence rates of IPV. Overall, this study provides baseline estimates of IPV and key associated factors, from which to evaluate change in prevalence over time, as a result of the SPV intervention. As the data from this Study is not nationally-representative, it is important to note that women's experiences and men's perpetration are not directly comparable. While reports on men's perpetration and women's experiences of IPV are similar, the questions about sexual violence are worded somewhat differently and therefore caution should be taken when directly comparing prevalence estimates. Rather, the findings from men and women should be thought of as validating and supporting each other rather than being equivalent. The data from this research is also not directly comparable to the national data from the 2009 *Family Health and Safety Study* (FHSS) and the recent *Kiribati Social Development Indicator Survey* (KSDIS), as both of those studies were nationally-representative, and the KSDIS used a different methodology. However, we can compare estimates from this study with the 2009 FHSS data from South Tarawa.

Strengths of this study

The Study adhered to rigorous ethical and safety guidelines, including providing extensive training for enumerators and interviewers, as well as having mechanisms in place to mitigate potential ethical issues when asking women and men about sensitive issues. Partnering with a local service provider (KWCSC), who guided the study's safety and support plan, further strengthened the rigor of our ethics and safety mechanisms. The KWCSC's involvement in both rounds of enumerator and supervisor training, as well as their input on key decisions around ethics and safety, was one of the strengths of this study.

Another strength of this evaluation is the mixed-method design, which provides a much more complete and nuanced picture of the situation than if we had relied on only one type of research. For example, as discussed in Chapter 5, the quantitative and qualitative data on the association between household decision making and IPV were quite different. If we had relied on the survey items only, we would have concluded that household decision-making patterns are not relevant to IPV. However, the qualitative data showed that household decision-making patterns actually reflect broader gender inequalities which are known underlying causes of IPV.

The quantitative survey component of the study was adapted from WHO and UN surveys which have been successfully implemented in the Pacific region in the past. We can, therefore, be confident in the validity of the results. The inclusion of a survey with men also means that this study provides not only victimisation data, but also the first quantitative data on perpetration of violence against women in Kiribati.

The longitudinal qualitative component of this study, in which the same 30 community members will be interviewed at baseline, midline and endline, will allow this evaluation to map individual narratives and trajectories of change in beliefs and attitudes around gender, power and violence. It will also help us understand sites of tension, contradiction, challenge, acceptance and debate with respect to change in attitudes and norms at both the individual and community levels. There is currently

limited application of longitudinal qualitative research in violence prevention evaluation research, however, longitudinal qualitative approaches are valuable tools for examining the mechanisms through which social norm change occurs and understanding non-linear social change processes.

This evaluation also sought to develop the local research capacity in South Tarawa. MWYSSA staff and i-Kiribati researchers were actively engaged in various components of the field work preparation, data collection, and findings validation with the aim of building local capacity in areas such as: gender equality, understanding violence against women, qualitative and quantitative research methods, research ethics, conducting research on sensitive topics.

Chapter 3: Sample Demographics of Survey Respondents

3.1 Survey response rates

Overall, 897 and 858 households were sampled for the women and men's study, respectively (Table 2). A total of 96 percent of women in eligible households completed surveys. A total of 93 percent of men in eligible households completed surveys. Individual response rates were calculated as the total completed surveys over the total number of eligible households. Ineligible households (for example, ones in which the dwelling was vacant, the household was not reachable, or there was a language barrier, etc.) were not included in the estimation for individual response rate.

Table 2: Response rates for female survey

SURVEY	TOTAL HOUSEHOLDS SAMPLED	TOTAL NUMBER OF ELIGIBLE HOUSEHOLDS	TOTAL COMPLETED SURVEYS	INDIVIDUAL RESPONSE RATE (PERCENT)
Women	897	665	638*	96
Men	858	596	556	93

*Nine surveys deleted during data cleaning due to data entry error and incomplete responses. The final number of women's surveys included in the analysis was 629.

3.2 Sample demographic characteristics

A total of 629 women and 556 men completed surveys and provided basic demographic information (Table 3). The average age for women and men was 30. Among the sample, 95 percent of men and 93 percent of women had ever attending any school. The majority of women and men had completed secondary school. One in ten (91 percent) women and 84 percent of men reported ever being married, cohabiting or dating an opposite sex partner.

More women (71 percent) than men (66 percent) were currently married or cohabiting with a partner at the time of the survey. Women who had given birth reported an average of 1.9 total births, with a range from 0 to 13. Women and men

respectively reported an average of 1.85 and 2.27 children under age 18 living at home with them at the time of the survey.

Table 3: Weighted sample demographic characteristics, women (n= 629) and men (n=556) aged 15-49 South Tarawa, Kiribati, 2019*

	WOMEN	MEN
Demographic characteristic	Percent (%) or Mean (m)	Percent (%) or Mean (m)
Age, mean	29.72 (m)	29.90 (m)
Ever any education, percent	93%	95%
Highest level of schooling attainment, percent		
Primary school incomplete	5%	8%
Primary school complete	6%	6%
Junior secondary school incomplete	7%	21%
Junior secondary school complete	8%	13%
Secondary school incomplete	32%	18%
Secondary school complete	17%	14%
University/college incomplete	8%	2%
University/college complete	5%	5%
Vocational education incomplete	2%	1%
Vocational education complete	2%	6%
Relationship status, percent		
Currently married/cohabiting with a man/woman	71%	66%
Ever married/cohabiting with a man/woman	76%	69%
Ever married/cohabiting/partnered with a man/woman	91%	84%
Number of total births, mean	1.90 (m)	N/A
Number of children <18 years living at home, mean	1.85 (m)	2.27 (m)
Owns property** jointly or alone	79%	86%
Worked or earned money in past 12 months	43%	61%
Earnings per month (among women and men who worked/earned in past 12 months)		
Less than AUD \$30	5%	1%
AUD \$31-100	24%	15%
AUD \$101-500	55%	55%
AUD \$501-1000	10%	19%
AUD \$1001-3000	2%	5%
AUD \$3001 or more	1%	2%
*Weighted descriptive estimates take into account sampling probability weights and clusters		
**Property includes land, house, company, animals, produce/crops, canoe, boat or car		

The majority of women (79 percent) and men (86 percent) reported ownership of some property, either alone or jointly with someone else. Fewer women (43 percent) compared to men (61 percent) reported working or earning money in the past 12

months. Among respondents who had earned income in the past year, around half of both women and men (55 percent) earned between \$101-500 Australian dollars per month.

3.3 Respondent's feelings after survey interview

Overall, both women and men reported positive feelings after the survey interview was completed (Table 4). Among women who responded to the question, 95 percent reported feeling good or better after completing the survey, and 5 percent reported feeling the same or no different. No women reported feeling bad or worse. Almost all men who responded to the question (95 percent) reported feeling good after completing the survey, and 4 percent reported feeling neither good, nor bad.

Table 4: Feelings of respondents after the interview

WOMEN (n=367)		
	number	percent
Good/better	348	95%
Bad/worse	0	0%
Same/no difference	19	5%
MEN (n=504)		
	number	percent
Good	480	95%
Bad	6	1%
Neither good nor bad	18	4%

Chapter 4: Intimate Partner Violence against Women

Perpetration and Victimisation

KEY FINDINGS

- All forms of IPV are common, based on both women's and men's reports. Among ever-partnered women, 38% report any past year physical and/or sexual violence by any intimate male partner. This is similar to the 2009 *Family Health and Safety Study* which found that 36% of ever-partnered women had experienced physical and/or sexual violence from an intimate partner in the previous 12 months.
- Among ever-partnered men, over half (57%) reported perpetration of any physical and/or sexual abuse against a female intimate partner in the past year. This is the first study in Kiribati to measure men's reports of physical and/or sexual IPV perpetration.
- By both women and men's reports, most physical violence is severe and frequent. The majority of women (74%) and men (68%) reported experience or use (respectively) of severe forms of physical IPV, including hitting women with fists, kicking, choking, burning or using a weapon against the woman.
- In the study, we find higher rates of men's perpetration of IPV, compared to women's experiences of IPV, for all types of violence. One possible reason for this is that men's use of violence against women is normalised and there is widespread impunity around men's use of violence in this context. At the same time, there appear to be perceptions of shame for women around experiencing IPV, which may reduce their disclosure of violence.

Chapter 4 provides results related to women's victimisation and men's perpetration of all forms of IPV. The goal of the SPV intervention is to reduce rates of IPV in the intervention communities. Thus, these estimates serve as the baseline against which change over time in rates of IPV will be measured. These estimates are not nationally representative estimates for Kiribati, but rather are representative of the selected communities of South Tarawa where the study was conducted.

4.1 Emotional IPV

Among ever-partnered women, a total of 28 percent reported experiencing any past year emotional abuse by a current or past male partner (Table 5). The most commonly reported types of emotional abuse were insulting her or making her feel bad about herself (15 percent) and saying or doing something that made her feel humiliated in front of other people (15 percent).

Among ever-partnered men, a total of 57 percent reported perpetration of at least one act of emotional abuse against a current or past female partner in the last 12 months (Table 4.1). Men most commonly reported insulting a partner or deliberately making her feel bad about herself (37 percent) and doing things to scare or intimidate his partner on purpose (34 percent).

Table 5: Emotional intimate partner violence

Among women 15-49 who have ever married/cohabited/had male partner (n=552)	
<i>In the past 12 months, has any male husband/partner ever...</i>	Percent
Insulted you or made you feel bad about yourself	15%
Said or did something that made you feel humiliated in front of other people?	15%
Destroyed things that are important to you?	13%
Did things that made you feel scared or intimidated?	14%
Threatened to harm you or someone you care about?	10%
Reported experience of at least one act of emotional abuse by an intimate partner in the last 12 months	28%
Among men 15-49 who have ever married/cohabited/had a female partner (n=481)	
<i>In the past 12 month, have you ever...</i>	Percent
Insulted a partner or deliberately made her feel bad about herself	37%
Belittled or humiliated a partner in front of other people	22%
Done things to scare or intimidate a partner on purposes, for example by the way you looked at her, by yelling and smashing things	34%
Threatened to hurt a partner	13%
Hurt people your partner cares about as a way of hurting her, or damaged things of importance to her	10%
Reported perpetration of at least one act of emotional abuse against an intimate partner in the last 12 months	57%

4.2 Economic IPV

A total of 31 percent of ever-partnered women reported any experience of economic IPV in the past year (Table 6). When separated by item, the most commonly reported form of economic IPV was that their husbands prohibited them from getting a job, going to work or earning an income (20 percent). The second most common type of economic IPV was being thrown out of the house (18 percent).

Among ever-partnered men, over half (52 percent) reported perpetration of at least one form of economic IPV in the past year. Men most commonly reported keeping money from his earnings for personal items when he knew that his partner was finding it hard to afford household expenses (33 percent). Similarly to women, the second most common form of economic IPV that men reported perpetrating was throwing his female partner out of the house (20 percent) (Table 6)

Table 6: Economic intimate partner violence

Among women 15-49 who have ever married/cohabited/had male partner (n=552)	
<i>In the past 12 months, has any male husband/partner ever...</i>	Percent
Prohibited you from getting a job, going to work, trading, earning money or participating in income generation projects	20%
Taken your earnings from you against your will	9%
Refused to give you money you needed for household expenses even when he has money for other things (such as alcohol or cigarettes)	11%
Thrown you out of the house	18%
Reported experience of at least one act of economic abuse by an intimate partner in the last 12 months	31%
Among men 15-49 who have ever married/cohabited/had a female partner (n=481)	
<i>In the past 12 months, have you ever...</i>	Percent
Prohibited a partner from getting a job, going to work, trading or earning money	10%
Taken a partner's earnings against her will	15%
Thrown a partner out of the house	20%
Kept money from your earnings for alcohol, tobacco or other things for yourself when you knew your partner was finding it hard to afford the household expenses	33%
Reported perpetration of at least one act of economic abuse against an intimate partner in the last 12 months	52%

4.3 Physical IPV

Among ever-partnered women, 30 percent reported experiencing one or more act of physical IPV in the past year (Table 7). The most common form of physical abuse was slapping or throwing something at her that could hurt her (21 percent), followed by hitting with fists or another item (18 percent).

In comparison, among ever-partnered men, 42 percent reported perpetrating one or more act of physical IPV against a current or former female partner in the previous 12 months (Table 7). Slapping (24 percent) and pushing or shoving (24 percent) his partner were the most commonly reported forms of physical abuse perpetrated by men.

Table 7: Physical intimate partner violence

Among women 15-49 who have ever married/cohabited/had male partner (n=552)	
<i>In the past 12 month, has any male husband/partner ever...</i>	Percent
Slapped you or thrown something at you that could hurt you?	21%
Pushed you or shoved you or pulled your hair?	17%
Hit you with his fist or with something else that could hurt you?	18%
Kicked you, dragged you or beaten you?	14%
Choked or burnt you on purpose?	3%
Threatened you with, or actually used, a knife or other weapon against you?	8%
Reported experience of at least one act of physical violence by an intimate partner in the last 12 months	30%
Among men 15-49 who have ever married/cohabited/had a female partner (n=481)	
<i>In the past 12 month, have you ever...</i>	Percent
Slapped a partner or thrown something at her that could hurt her?	24%
Pushed or shoved a partner or pulled her hair?	24%
Hit a partner with a fist or with something else that could hurt her?	22%
Kicked, dragged, or beaten a partner?	11%
Choked or burned a partner on purpose?	2%
Threatened to use or actually used a knife or other weapon against a partner?	4%
Reported perpetration of at least one act of physical violence against an intimate partner in the last 12 months	42%

4.4 Sexual IPV

A total of 24 percent of women reported experiencing one or more acts of sexual IPV in the past twelve months (Table 8). Sixteen percent reported that they had sex with

their husband/partner when they did not want to because they were afraid of the consequences. Another commonly reported type of sexual IPV was being forced to do something sexual she did not want to, or that she found degrading or humiliating (16 percent).

Among men, a total of 37 percent reported perpetrating one or more acts of sexual IPV in the past twelve months (Table 8). In addition, 42 percent of men reported that, in the past year, they had sex with a current or previous wife or girlfriend when she did not want to but he believed she should agree because she was his wife/partner. Further, 27 percent of men reported forcing a current or previous partner to have sex when she did not want to (Table 8). Similarly to the results in the women’s survey, 16 percent of men reported forcing their current or previous wife or girlfriend to do something else sexual that she didn’t want to do.

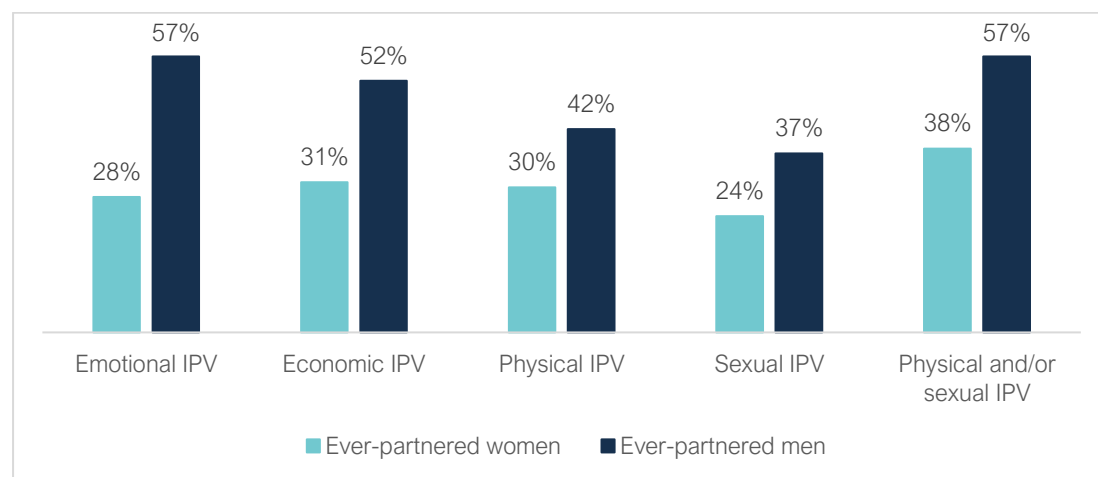
Table 8: Sexual intimate partner violence

Among women 15-49 who have ever married/cohabited/had male partner (n=552)	
<i>In the past 12 months, has any male husband/partner ever...</i>	Percent
Forced you to have sex when you did not want to, for example by threatening you or holding you down?	12%
Had sex when you did not want to because you were afraid of what your husband/partner might do if you refused	16%
Forced you to do anything else sexual that you did not want to or that you found degrading or humiliating?	16%
Reported experience of at least one act of sexual violence by an intimate partner in the last 12 months	24%
Among men 15-49 who have ever married/cohabited/had a female partner (n=440)	
<i>In the past 12 months, have you ever...</i>	Percent
Forced your current or previous partner (wife or girlfriend) to have sex (sexual intercourse) with you when she did not want to?	27%
Forced your current or previous wife or girlfriend to watch pornography when she didn't want to?	14%
Forced your current or previous wife or girlfriend to do something else sexual, other than sexual intercourse, that she did not want to do?	16%
Reported perpetration of at least one act of sexual violence against an intimate partner in the last 12 months	37%

4.5 Physical and/or sexual IPV

Among women, 38 percent reported any experience of physical and/or sexual IPV in the past year. This prevalence estimate combines the proportion of women who reported physical and sexual abuse, and accounts for women who may have experienced either or both forms of violence. Men report higher overall prevalence, with 57 percent³⁶ of ever-partnered men reporting perpetration of physical and/or sexual IPV in the past 12 months (**Figure 4**). The rate is calculated the same way as the prevalence for women.

Figure 4: Women's experiences and men's perpetration of different types of intimate partner violence, in the past 12 months, among ever-partnered women and ever-partnered men



4.6 Experience and perpetration of multiple forms of IPV

There was considerable overlap in the different types of IPV reported by both women and men in the survey. Overall, 14 percent of men reported perpetrating all forms of IPV. Comparatively, only 6 percent of women and 9 percent of men reported experiencing or perpetrating, respectively, only emotional forms of IPV (Table 9). Of the 265 women who experienced any form of IPV in the past 12 months, 69 percent

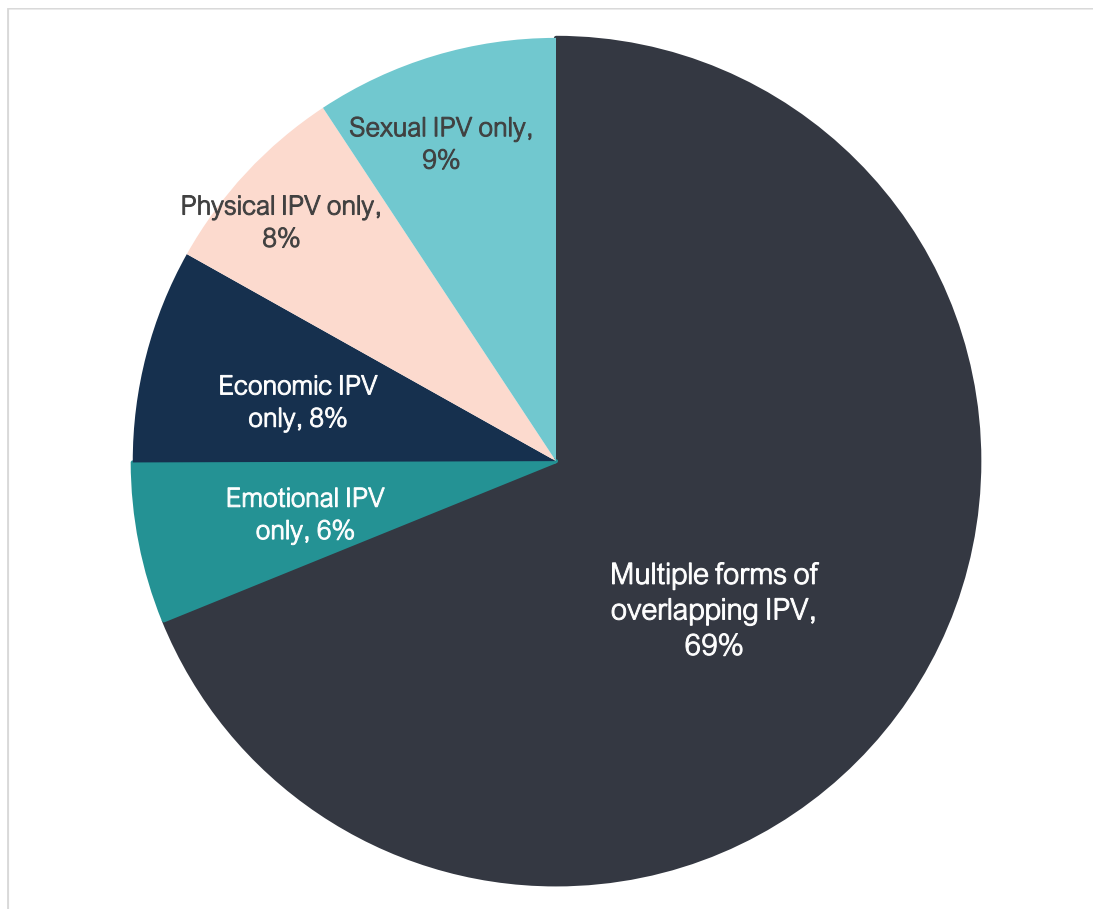
³⁶ Note: The composite percentage of physical and/or sexual IPV for men's perpetration does not include the data from men who reported having had sex with his current or previous wife or girlfriend when he knew she did not want it but he believe she should agree because she was his wife/partner (question 915b). The reason for this omission is because the results from this question appear to reflect general social norms about women's expected availability for sex, rather than the forceful or violent nature of the act.

(n=179) experienced two or more forms of violence, while 21 percent (n=59) experienced all four forms of violence (Figure 5).

Table 9: Overlaps in types of IPV, among ever-partnered women (n=577) and ever-partnered men (n=482)

Forms of Intimate Partner Violence	Women		Men	
	number	weighted percent	number	weighted percent
Economic, emotional, physical and sexual	59	21.1%	55	13.7%
Emotional only	15	6.1%	34	8.9%
Emotional and economic only	11	6.3%	38	10.3%
Emotional and physical only	18	5.9%	20	5.6%
Emotional, physical and sexual only	9	3.8%	9	3%
Emotional and sexual only	6	1.5%	16	3.8%
Economic only	26	8.2%	23	7.7%
Economic, emotional and physical only	24	9.8%	76	18.4%
Economic, emotional and sexual only	12	3.1%	20	5.9%
Economic, physical and sexual only	11	4.7%	8	2.2%
Economic and sexual only	8	3.9%	11	3.1%
Physical only	20	7.6%	16	3.7%
Physical and economic only	14	6.1%	8	2.4%
Physical and sexual only	7	2.7%	7	2.6%
Sexual only	25	9.3%	30	8.9%
Any form of IPV	265	100%	371	100%

Figure 5: Women's experiences of various types of violence and multiple forms of violence



4.7 IPV by demographic characteristics

No significant differences in key demographic characteristics were found between women who experienced physical and/or sexual IPV and women who did not (results not shown). Men who reported past year perpetration of physical and/or sexual IPV were slightly older, owned more property and were more likely to work or earn money in the past 12 months, compared to men who did not report perpetrating this violence (Table 10).

Table 10: IPV by demographic characteristics among men

Demographic characteristics	No physical and/or sexual violence perpetration (n= 206)		Physical and/or sexual violence perpetration (n=276)		p-value
	Percent (%) or Mean (m)	Standard Error (SE)	Percent (%) or Mean (m)	SE	
Age, M	28.85m	0.70	31.37m	0.60	**
Owns property jointly or alone	83%	3	90%	2	*
Worked or earned money in past 12 months	54%	4	70%	3	**

*p<0.05 ** p<0.01 *** p<0.001

4.8 Severity and frequency of physical and/or sexual IPV

Physical IPV items were categorised into “moderate” and “severe” violence, in which the distinction was based on the likelihood of physical injury.³⁷ Moderate includes women who reported experiencing, and men who reported perpetrating, moderate types of physical IPV. The severe category includes any women who reported any experience, and men who reported any perpetration, of a severe act of violence. Figure 6 shows the breakdown of moderate and severe physical IPV victimisation and perpetration among women and men, respectively. Over half of men (68 percent) reported perpetrating any severe physical abuse while three-fourths of women (74 percent) reported experiencing this. By comparison, only one-third (32 percent) of men reported perpetrating only moderate forms of physical violence and only one quarter (26 percent) of women reported experiencing this.

³⁷ Moderate items included: slapped or thrown something, or pushed or shoved the victim. Severe items included: hit with a fist, kicked/dragged/beaten, choked or burnt, or used weapons.

Figure 6: Moderate versus severe experiences of women's experiences (n=162) and men's perpetration (n=199) of physical intimate partner violence

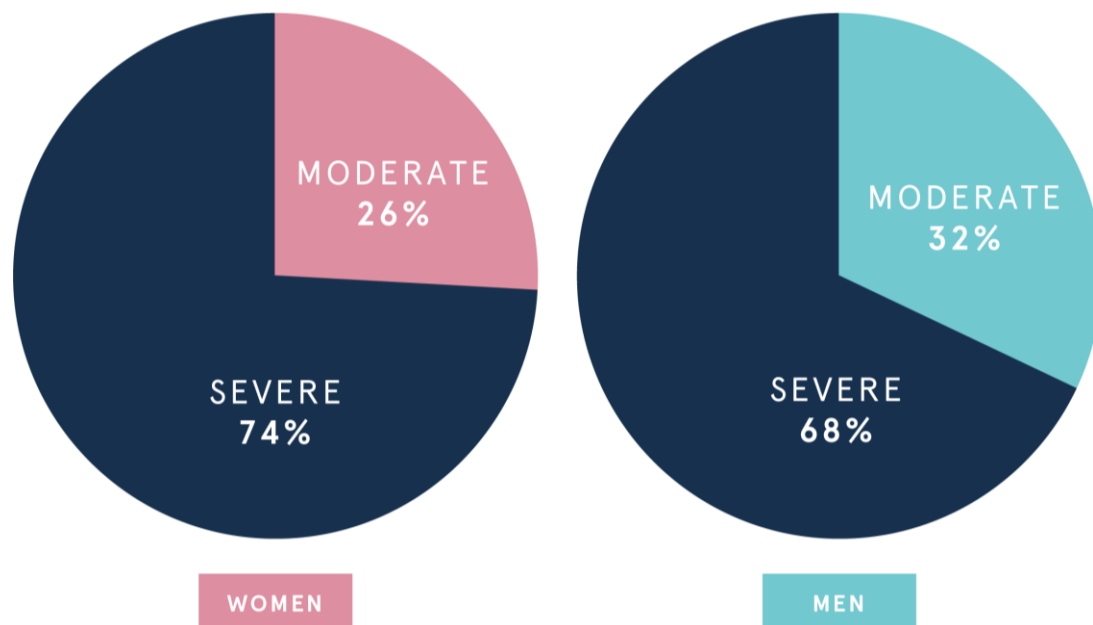


Figure 7 describes patterns of frequency with which women experienced physical, sexual and physical and/or sexual IPV, while Figure 8 presents this data for men's perpetration³⁸. Overall, 32 percent of women experienced an act of physical IPV one time, 30 percent experienced an act 2-4 times and 38 percent of women experienced acts of physical IPV more than 5 times in the past year. A similar pattern is observed with physical and/or sexual IPV. Most women (45 percent) experienced sexual violence between 2-4 times in the past year. Among men, almost half (48 percent) reported perpetrating physical IPV many times in the past year, and over half (53 percent) reported perpetrating sexual IPV many times in the past year. In total, 59 percent of men reported perpetrating an act of physical and/or sexual violence over five times in the past year.

³⁸ To calculate the frequency of each type of IPV, a score was created for each respondent, summarizing whether he or she had perpetrated or experienced a particular act of violence one time, a few times, many times, or not at all. Response categories were recoded to range from 0-3 (0 = never, 1 = once, 2=few and 3=many). Individuals were categorized as experiencing IPV once if they had a score of 1, several times if they had a score between 2-4, and many times if they had a score greater than 5. Thus, a score of 2, for example, could indicate a woman who experienced two different acts one time each, or one act a few times. Similarly, a score of over 5 could indicate a man who perpetrated five acts one time each, or one act many times and one act a few times.

Figure 7: Frequency of women's experiences of intimate partner violence, among women who had ever experienced physical, sexual violence or both (n=213)

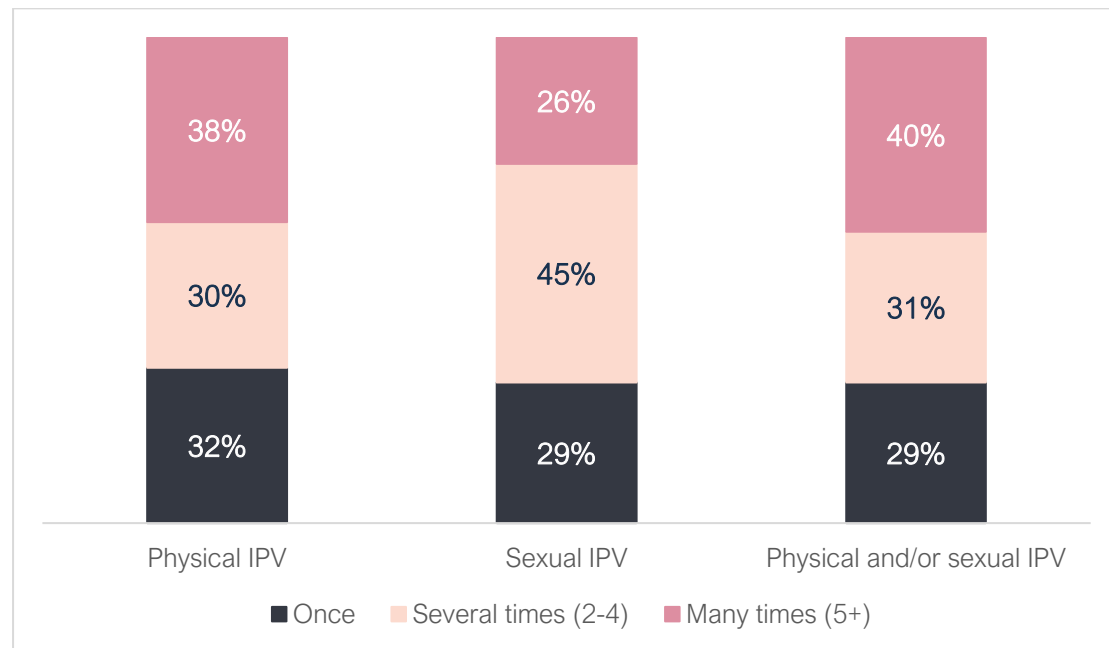
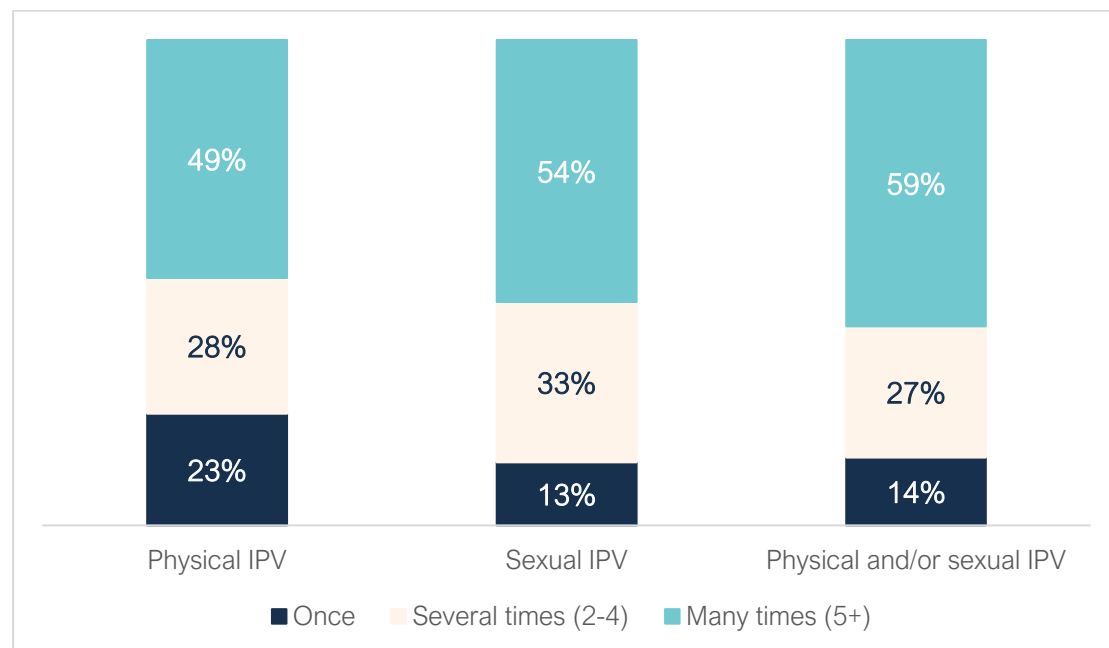


Figure 8: Frequency of men's perpetration of intimate partner violence, among men who had ever perpetrated physical, sexual violence or both (n=276)



4.9 Discussion

Overall, the study finds that all forms of IPV are common, based on both women and men's reports. Among ever-partnered women, more than one-third (38 percent) report any past year physical and/or sexual violence by any intimate male partner. Among ever-partnered men, over half (57 percent) reported perpetration of any physical and/or sexual abuse against a female intimate partner in the past year. This is the first study in Kiribati to measure men's reports of physical and/or sexual IPV perpetration. However, the high prevalence of women's reports of IPV is comparable with previous studies on violence in Kiribati. The 2009 FHSS found that, nationally, 32 percent of ever-partnered women reported experiencing current physical IPV, 34 percent reported current sexual IPV and 36 percent reported experiencing physical and/or sexual IPV.³⁹ The prevalence estimates provided in this report are only for South Tarawa, and not for other parts of the country. Further, the sites included in this study were only SPV intervention sites, and thus are not representative of South Tarawa as an island.

Results from the qualitative component of the baseline study provide a further in-depth look at perceptions and experiences of IPV in South Tarawa. Physical violence, in particular, tended to be framed as men's discipline of women, should they fail to fulfil certain responsibilities, such as providing dinner for their husbands, or if they engaged in activities (such as playing bingo) without receiving their husband's permission. One woman simply described what happens when a woman does not do her duties or chores:

"What else but get a beating. She cops one on her face and falls down."

- Female community member

Violence was also discussed in the context of men's (and to a lesser extent women's) drinking and a loss of control that results in quarrelling which could lead to physical abuse. Finally, physical violence was often evoked as a consequence of men's anger

³⁹ SPC, 2010.

and temper, and blame was often placed on women for causing men to lose their tempers. For example, one community man reflected,

“If I have some issues, I just don’t talk about it. Sometimes I just walk away. But when I walk away, my wife would come after me and sometimes she would hit me on the head or somewhere, that is when I lose my temper and then I start hitting her....she had lost a few teeth as a result of our fights.”

– Male community member

In the study, we find higher rates of men’s perpetration of IPV compared to women’s experiences of IPV for all types of violence. There are a few possible reasons for this. First, men’s use of violence against women is normalised and there is widespread impunity around men’s use of violence in this context. Across all qualitative interviews – from key informants to community women and men – participants discussed couple conflict as something that, albeit being a problem, occurs often in their communities. In particular, community women and men described witnessing, experiencing or perpetrating various forms of IPV. One male community member described violence as part of the “Kiribati lifestyle”. He said,

“[Couple conflict] is the Kiribati lifestyle. We love watching fights and listening. Sometimes when a bus comes across a fight like that, the bus would stop and watch. The bus driver would watch and his passengers got the chance to watch and listen too. It is great entertainment for everyone.”

– Male community member

At the same time that violence is normalised, women’s qualitative interviews suggest that there may be perceptions of shame around experiencing IPV. A community leader described,

“There was one time I severely bashed my wife, she had a black eye. I regretted doing what I did, I felt so guilty and I pitied my wife because she seemed to have lost her dignity amongst her fellow women at work and within the

village... Being a victim of domestic violence is very heart-breaking. It destroys women mentally, physically and also it ruins their reputation and dignity in society. It degrades their worth amongst their peers and colleagues, leading victims to be ashamed in society."

– Male community leader [CL02]

When violence is considered part of the normal way of things, the use of violence is also often tied to men's notions of masculinity, or what it means to be a man. Many qualitative interviewees – both male and female – described men as the heads of the household, in charge of the decision-making and leadership at home and in the community. As such, when men's authority is challenged, women may face retaliatory violence. This common attitude about men's authority in the household reinforces the community perception that women experience violence because they fail to fulfil expectations of their role in society. A male community member says that,

"[The community] might judge that the woman was beaten up because she was being disobedient to her husband." – Male community member

In the qualitative data, men also described instances of economic abuse (although these were less often mentioned in women's interviews). Economic forms of violence included withholding money from women, and stealing women's money in order to pay for alcohol or other personal needs. For example, one community man said,

"Some examples include men drinking and also taking money to buy alcohol or kava without their wives' permission despite knowing that the money is needed for the family's needs. I have been guilty of this myself when I used to drink and often my wife, once she found out what I have done, she would follow me and make me return home or get the rest of the unspent money from me. [Interviewer: Why do men do these things without their wives approval?] Men know that their wives would not approve of the drinking or taking money for kava because of the negative consequences on the family. So they strategise by sneaking away without asking permission from their wives."

– Male community member

A few participants also described emotional forms of abuse, such as threatening women with harm or destroying household items, such as furniture or walls. Like physical violence, psychological forms of abuse tended to be seen as a result of couple quarrelling. One women described an instance when she refused to follow her husband's instructions,

“That’s when he got enraged, that’s the one fight that made us leave him. He didn’t hit us or anything, he didn’t tell us to leave but he was hitting things around the house [...] He couldn’t hit me, like he said, ‘I can’t hit you , I can’t... but I will just do things that will make you angry’. He hit the house, he hit our big fan, he smashed it broken ...he hit the laptop, he was so angry [...] he was very upset with me because I was not listening to him, over something small like setting up the mosquito net.” – Female community member

Notably, few women and men described instances of sexual violence in the qualitative interviews, in part perhaps because talking openly about sex may be shameful. However, a few women did describe a transition into their intimate relationships in which young people stayed out later than considered appropriate, or the couple stayed together overnight, and had to become a formal partnership as a result. That is, once a couple is perceived to have slept together, they are considered to be intimate partners by their families and communities (even if they did not actually have sex). In these narratives, some women described some agency and choice in going with her boyfriend. In others, women described coercive or forced behaviours by their boyfriend that left them with little choice than to marry him.

By both women and men's reports, most physical violence is severe and frequent. This means that more women are in circumstances where they face violence that is likely to have severe consequences, and results in greater burden on the health sector, and economic consequences for families, communities and the national economy.

In the qualitative data, when asked about couple conflict, participants most commonly equated IPV with physical abuse. With respect to physical violence, participants used words like “bashing,” “beating,” “hitting,” and “smacking” to describe perpetration of abuse. This language – and the consequences of violence described – signals the range of moderate to severe forms of physical abuse that women face. However, it is notable that participants – and particularly male community members – perceived a distinction between appropriate and inappropriate use of force. One community man describes hitting his wife with the palm of the hand, but assures the interviewer that he does not use his fist. Another participant, a community leader, notes when hitting his wife,

“It all becomes clear that you’ve taken it too far, especially when you see many people gathering around your house, so when you walk out of your house, those observing would clear your way or else they’ll be caught between you and your wife. But, I never hit my wife until she’s unconscious, I have never done that. I would only hit her once or twice, but I don’t recall beating my wife until she’s unconscious, nor have I kicked her.”

– Male Community Leader

In this example, “going too far” was considered beating a woman unconscious, while hitting once or twice was not seen as problematic.

Overall, in qualitative interviews, women and men describe couple conflict as a frequent occurrence in their communities. Some believe that violence has decreased in recent years, others believe that it has increased, often explained due to the ready availability of alcohol and women’s greater involvement in public life. Women’s greater participation in public life may also be connected to broader perceptions of women not fulfilling expectations around their domestic responsibilities, and the role of violence in policing these behaviours. That is, as women begin to move more freely around society, the perception may be that this increased mobility is driving greater rates of violence, as women are both becoming more visible and also not fulfilling expectations of women at home, caring for the household.

Chapter 5: Intimate partner and relationship characteristics

KEY FINDINGS

- Some aspects of relationship dynamics in South Tarawa reflect greater equality between women and men, and others demonstrate considerable power imbalances within the family.
- Women report greater decision-making around their own health (81%), whereas men tend to report that decisions around women's health are made jointly (51%). However, both women and men report that major household purchases are decided jointly.
- Women who reported less positive relationship practices and lower couple communication were more likely to report past year experiences of physical and/or sexual IPV, compared to women who reported more positive relationship practices and higher levels of communication.
- Controlling behaviour was also associated with IPV. Of the women who experienced IPV in past 12 months, 80% also experienced controlling behaviour, while, for women who did not experience IPV in past 12 months, only 28% of them experienced controlling behaviour. Men who report violence perpetration are also more likely to agree or strongly agree with this series of relationship control behaviours.
- Women who report experiencing past year physical and/or sexual IPV were more likely to report that their husbands controlled their sexual and reproductive health, compared to women who do not experience IPV.
- Interviews revealed many respondents believed that jealousy – particularly around relations with the opposite-sex – was a primary driver of IPV. Interviews also uncovered community attitudes seeking to justify and excuse IPV or shift blame away from perpetrators.

Chapter 5 describes patterns of intimate partner and relationship dynamics in South Tarawa. These results are important to evaluate how successful the SPV intervention will be over time. The SPV intervention aims to promote more peaceful family relationships and equal power dynamics between women and men. The results presented here provide evidence on household decision-making patterns, couple relationship dynamics and communication. Thus, these results provide a baseline

against which to evaluate how gender norms in intimate partner relationships may change in South Tarawa after completion of the SPV intervention.

5.1 Household decision-making

Women and men's reports of household decision-making patterns are largely consistent between surveys (Table 11). Women report greater decision-making around their own health (81 percent), whereas men tend to report that decisions around women's health are made jointly (51 percent). However, both women and men report that major household purchases are decided jointly (50 percent of women and 63 percent of men). Similarly, 59 percent of women and 65 percent of men report that decisions on visiting relatives are made together. Women are more likely to report that they decide how the money they earn will be used (50 percent) compared to men, with respect to men's income (28 percent).

Table 11: Household decision-making behaviours among ever-partnered women and men

SURVEY QUESTION	WOMEN (n=429)			MEN (n=378)		
	Mainly you	Mainly husband	Jointly	Mainly you	Mainly wife	Jointly
<i>Who makes decisions regarding:</i>	percent	percent	percent	percent	percent	percent
Women's health in the family	81%	3%	17%	17%	32%	51%
Major household purchases	19%	31%	50%	26%	11%	63%
Visits to your family or relatives	30%	11%	58%	28%	7%	65%
How the money you* earn will be used	50%	11%	40%	27%	33%	40%

* This references to woman in women's survey and man in men's survey

To assess the link between household decision-making behaviours and women's experiences and men's perpetration of IPV, we created a new variable: whether or not women/men were ever included in any household decision-making. We did not find a significant association between either women's inclusion in household decision-making or men's inclusion in household decision-making with their experiences or perpetration of past year physical and/or sexual IPV, respectively (results not shown).

5.2 Couple relationship features and communication

The survey asked both women and men questions about the nature of their relationship, daily communication patterns between partners, and whether partners discussed topics related to sexual and reproductive health. Table 12 provides a summary of women's responses, while Table 13 shows men's responses. Overall, women reported high levels of respect from partners (75 percent), and involvement of their partners in housework (76 percent) and childcare (72 percent). The nuances and caveats around these survey findings on sharing housework are discussed in section 5.4. Fewer women said that they express appreciation for the work their partner does around the home (30 percent) or outside the home (34 percent). In general, these patterns hold for men as well, although men report that they show more appreciation for their spouse. Most men report feeling respected by their wife (84 percent) and the majority report that they regularly help her with both housework (79 percent) and childcare (79 percent). However, around three-fourths of men, over twice as many as women, report that they show appreciation for the work that their wife does inside (78 percent) and outside (73 percent) the home.

Three-fourths of men and women report that they discuss various things with their spouse, including things that happen during the day and their worries and feelings. With respect to sexual and reproductive health conversations, only 25 percent of women and 34 percent of men openly asked their partner what he/she likes during sex. However, over half of women (66 percent) and men (66 percent) felt like they could refuse sex with their partner if they did not feel like it. Overall, discussions around condom use and other contraception use were low among both women and men. For example, only 13 percent of women and 14 percent of men reported that they had initiated a conversation about condom use with their partner.

Table 12: Nature of couple relationship and communication, among ever-partnered women (n=577)

Relationship scale	Yes	
<i>In past 12 months...</i>	number	percent
Have you felt respected by husband/partner or most recent husband/partner	447	75%
Has your husband/partner or most recent husband/partner regularly helped with any of the household work	446	76%
Has your husband/partner or most recent husband/partner regularly helped take care of the children, like feeding or bathing them	375	72%
Have you shown appreciation for the work your husband/partner or most recent husband/partner does inside the home	160	30%
How many times have you shown appreciation for the work your husband/partner or most recent husband/partner does outside the home?	187	34%
Discussion scale		
<i>In past 12 months, do/did you and your husband/partner or most recent husband/partner discuss the following topics together:</i>		
Things that happen to you during the day	431	73%
Things that happened to him during the day	417	70%
Your worries or feelings	418	72%
His worries or feelings	414	71%
Sex conversations scale		
<i>In the past 12 months have you...</i>		
Openly asked your husband/partner or most recent husband/partner about what he likes during sex?	148	25%
Openly told your husband/partner or most recent husband/partner what you like during sex?	171	29%
Felt you could refuse to have sex with your husband/partner or most recent husband/partner if you did not feel like it?	394	66%
Initiated a discussion about condom use with your husband/partner or most recent husband/partner?	84	13%
Has your husband/partner or most recent husband/partner initiated a conversation about condom use with you?	67	10%

Table 13: Nature of couple relationship and communication, among ever-partnered men (n=482)

Relationship scale	Yes	
<i>In past 12 months have you...</i>	number	percent
Felt respected by wife/partner or most recent wife/partner?	416	84%
Regularly helped wife/partner or most recent wife/partner with any of the household work?	397	79%
Regularly helped wife/partner or most recent wife/partner take care of the children?	367	77%
Showed appreciation for work your wife/partner or most recent wife/partner does inside the home?	389	78%
Showed appreciated for the your wife/partner or most recent wife/partner does outside the home?	356	72%
Discussion scale		
<i>In past 12 months, do/did you and your wife/partner or most recent wife/partner discuss the following topics together:</i>		
Discussed things that happen to your during the day?	327	64%
Discussed things that happened to her during the day?	350	68%
Discussed your worries or feelings?	359	72%
Discussed her worries or feelings?	364	74%
Sex conversations scale		
<i>In the past 12 months have you...</i>		
Openly asked your wife/partner or most recent wife/partner about what she likes during sex?	175	34%
Openly told your wife wife/partner or most recent wife/partner what you like during sex?	182	36%
Felt you could refuse to have sex with wife/partner or most recent wife/partner if you did not feel like it?	326	66%
Initiated a discussion about condom use with your wife/partner or most recent wife/partner?	72	14%
Has your wife/partner or most recent wife/partner initiated a conversation about condom use with you?	55	11%
Discussed how many children you would like to have, if any?	257	50%

To analyse the linkages between couple partnership features and IPV, we created three scales for different sets of questions on:

- 1) general couple relations (relationship scale);
- 2) couple discussion behaviours (discussion scale); and
- 3) a couple's reported conversations around sexual and reproductive health issues (sex conversation scale) (Table 14).

The relationship scale included items related to respect, appreciation and assistance in housework. The relationship scale was split into three groups of women – those

who reported low, medium and high levels of these positive relationship dynamics. For men, the relationship scale was split into only low and high levels, given the distribution of the results. The discussion scale included items asking about how often partners talked about their days or their worries or feelings. This scale was divided into two groups: women who reported low levels of couple discussion and women who reported high levels. The sex conversation scale included items related to discussions around sex and contraception use. Similar to the discussion scale, higher scores indicated more communication, and lower scores indicate less communication on sexual issues within the partnership. We tested the associations between individual women's and men's categories on each scale (e.g. high, medium or low) with physical and/or sexual IPV (Table 14 below for women; Table 15 for men).

Overall, women who reported low levels of positive relationship dynamics were 69 percent more likely to report past year experiences of physical and/or sexual IPV, compared to women who reported higher levels. Similarly, women who reported medium levels of positive relationship dynamics were 45 percent more likely to report past year physical and/or sexual IPV than women who reported highly positive relationship dynamics. No significant difference was found in exposure to past year IPV between women who reported low versus medium levels of positive relationship dynamics.

Women who report low couple communication through discussion were 87 percent more likely to report past year physical and/or sexual IPV, compared to women who reported high levels of couple discussions. Unexpectedly, women who reported low levels of conversations about sex with their spouse were 28 percent *less* likely to report past year physical and/or sexual IPV, compared to women who had more open past year discussions about sex.

A slightly different picture emerges from the men's survey (Table 15 below). There is no significant difference between men who report low versus high positive relationship dynamics (e.g. expressing gratitude and collaborating in housework) with respect to their past year perpetration of physical and/or sexual IPV. Similarly, men

who report low levels of discussion with their partner are not more or less likely to perpetrate past year IPV, compared to men who report high levels of discussion between partners.

Table 14: Bivariate association between couple relationship sub-scale scores and women's reports of past year physical and/or sexual IPV, among ever-married women (n=577)

Sub-scales	Crude Risk Ratio (RR)	Lower 95% Confidence Interval (CI)	Upper 95% Confidence Interval (CI)	p-value
Relationship dynamics scale				
Low vs High	1.69	1.29	2.21	<0.0001
Low vs Med	1.16	.91	1.49	.23
Med vs High	1.45	1.09	1.93	.01
Discussion scale (low vs high)	1.87	1.53	2.30	<0.0001
Sex Conversation scale (low vs. high)	.72	.58	.89	<0.0001

However, as was found in the women's data, men who report lower levels of conversation around sex and reproductive health decisions are less likely to perpetrate past year physical and/or sexual IPV compared to men who report greater conversation with their partner around sex.

Table 15: Bivariate association between couple relationship sub-scale scores and men's reports of past year perpetration of physical and/or sexual IPV, among ever-married men (n=482)

Sub-scales	Crude RR	Lower Confidence Level	Upper Confidence Level	p-value
Relationship score (Low vs Hi)	1.156	.987	1.354	.072
Discussion (low vs high)	.949	.806	1.117	.530
Sex conversation scale (low vs. high)	.809	.699	.937	.005

5.3 Controlling behaviours in relationships

Questions around controlling behaviours within intimate partner relationships captured the degree to which men attempted to control or dominate their partner. The women's survey used a seven-item scale of controlling behaviours perpetrated by a current or past husband or partner (Table 16). The most common forms of

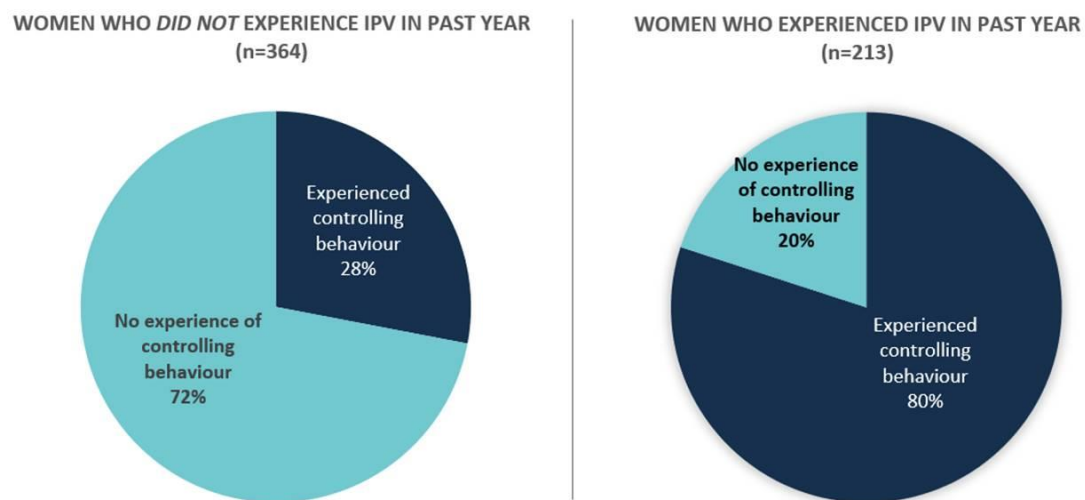
controlling behaviours by their partners, as reported by women, were being suspicious that she was unfaithful (27 percent), becoming angry if she talked to other men (25 percent) or insisting on knowing where she was at all times (25 percent).

Table 16: Proportion of women who report controlling behaviours by experience of physical and/or sexual IPV, among ever-partnered women

SURVEY QUESTIONS	All women n=577	Women who report no past year physical and/or sexual violence n=364	Women who report past year physical and/or sexual violence n=213	p-value
<i>Does your current or most recent husband/partner generally do any of the following?</i>	percent	percent	percent	
<i>Stop you from seeing female friends?</i>	16%	10%	33%	<0.0001
<i>Restrict your contact with your family?</i>	18%	8%	42%	<0.0001
<i>Insist on knowing where you are (at all times) in a way that made you feel controlled/afraid?</i>	22%	10%	50%	<0.0001
<i>Stop you from getting health care?</i>	6%	1%	18%	<0.0001
<i>Use mobile technology to check where you are?</i>	13%	7%	29%	<0.0001
<i>Becomes angry if you talk to other men?</i>	22%	8%	53%	<0.0001
<i>Is often suspicious that you are unfaithful?</i>	23%	8%	59%	<0.0001
<i>Any controlling behaviour by partner</i>	48%	28%	80%	<0.0001

Of the women who experienced IPV in past 12 months, 80 percent of these women also experienced controlling behaviour, while, for women who did not experience IPV in past 12 months, only 28 percent of them experienced controlling behaviour (**Figure 9**). This difference was statistically significant. As shown further in Table 16, women who report past year physical/and or sexual violence report higher rates of experiencing all different forms of controlling behaviours, compared to women who report not past year physical and/or sexual IPV.

Figure 9: Association between experiencing partner's controlling behaviours and experiences of physical and/or sexual IPV in past twelve months, among ever-partnered women



The men's survey asked the extent to which men agreed to a series of items related to controlling behaviours (Table 17). The majority of men reported that they agreed (83 percent) that they want to know where their partners are at all times. Similarly, 74 percent of men agreed that he had more say about important decisions that affect the couple.

Table 17: Relationship control scale, among ever-partnered men (n=482)

SURVEY QUESTIONS	Agree/strongly agree		Disagree/strongly disagree	
	number	percent	number	percent
When I want sex, I expect my partner to agree	337	66%	109	23%
I won't let my partner wear certain things (clothes, jewellery or makeup to make her look attractive)	184	38%	269	53%
I have more to say than she does about important decisions that affect us	361	74%	73	13%
I tell my partner who she can spend time with	183	37%	258	51%
When my partner wears things to make her look beautiful, I think she may be trying to attract other men	123	25%	328	65%
I want to know where my partner is all of the time	414	83%	43	9%
I like to let her know she isn't the only partner I could have	117	24%	332	67%

Approximately one-quarter of the ever-partnered men (24 percent) reported that he likes to let his partner know she isn't the only partner he could have.

To assess the link between men's controlling behaviours and their use of physical and/or sexual IPV, we created a single scale comprised of all survey questions about men's beliefs around control in the relationship. Overall, the mean relationship control scale score among men was 16 (range of 7-24). Lower scores indicate more agreement with controlling behaviours in relationships. Men who reported past year physical and/or sexual IPV had statistically significant lower mean score (15.8) compared to men who did not report violence (16.4) (Table 18). That is, men who report violence perpetration are also more likely to agree or strongly agree with this series of relationship control behaviours.

Table 18: Bivariate association between relationship control scale and perpetration of physical and/or sexual IPV in past twelve months, among ever-partnered men

	All men (n=482)		Men who report no physical and/or sexual violence perpetration (n=206)		Men who report physical and/or sexual violence perpetration (n=276)			
	Mean score	SE	Mean score	SE	Mean score	SE	p-value	alpha
Relationship control scale score	16.06	2.67	16.39	2.73	15.83	2.61	*	0.628

† p<0.1 *p<0.05 ** p<0.01 *** p<0.001

The survey also asked about women's experiences of controlling behaviours around their sexual and reproductive health by their partners (Table 19). Among all ever-partnered women, one-fifth (19 percent) reported that their partner had ever refused to use a contraception method or tried to stop her from using a contraception method. Similarly, 21 percent of women reported that a partner had ever inhibited her access to or use of contraception. The bivariate results presented in this table show that women who report experiencing past year physical and/or sexual IPV report higher percentages of controlling behaviours around their sexual and reproductive

health, compared to women who do not experience IPV. The final multivariate analysis, including factors related to couple relationship practices, is located in Chapter 6 (see Table 23).

Table 19: Experience of controlling behaviour around sexual and reproductive health by experience of physical and/or sexual IPV, among ever-partnered women

SURVEY QUESTIONS	All women n=577	Women who not report experiencing physical and/or sexual IPV n =364	Women who report experiencing physical and/or sexual IPV n=213	P-value
Has your current/most recent husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	19%	15%	29%	0.002
Has your current/most recent husband/partner ever refused to use a condom?	14%	11%	22%	0.004
Have you ever hidden birth control from your current/most recent husband/partner because you were afraid of what he might do if he knew you were using it?	10%	9%	14%	0.084
Has your partner ever told you not to use contraception, blocked you from getting a method, or hid or taken away your contraception?	21%	16%	31%	0.001
Has your partner ever tried to force you or pressure you to become pregnant when you did not want to?	17%	10%	32%	<0.001
Has your partner ever made you have sex without using contraception so that you would become pregnant?	28%	23%	40%	<0.001

5.4 Discussion

Overall, some aspects of relationship dynamics in South Tarawa reflect greater equality between women and men, and others demonstrate considerable power imbalances within the family. Couple communication patterns and controlling

behaviours all emerged as significantly associated with women and men's reports of physical and/or sexual IPV in the bivariate models. It is notable that, after adjusting for men's anti-social behaviours (discussed in the following chapter), no relationship characteristics emerged as significant in the multivariable models, signalling that it may be men's behaviours, rather than internal characteristics of a couple's relationship, that are important when considering why some women are at greater risk of experiencing IPV. As the qualitative data illustrates below, positive couple dynamics are still an important area for preventing IPV, as this will support changes in community norms around women and men's power in relationships.

Overall, both women and men tend to report joint decision-making on most items related to household decision making. However, women report higher sole decision-making around her health and her income, whereas men tend to report that decisions around wives health and income are made jointly. These results are consistent with the qualitative interviews. Across women and men's qualitative interviews, participants gave varied responses with respect to equality versus sole decision-making in the relationship. That is, some community women and men reported more equitable decision-making in their relationships, where others described scenarios in which men were the sole arbitrators of family decisions. For example, one community man describes greater decision-making by his wife, and in general describes equal contribution of both himself and his wife to their family:

Interviewer: *What may happen if you decide to do something without consulting your wife first?*

Male community member: *The women should be angry because they are ...they ...in charge.. they are bosses in the family, they control your money, your pay cheque etc. They will be angry if you buy something without their knowledge and...they should have the first say.*

– Male community member

In contrast, other men and women describe greater power held by men. As one community woman noted,

“The man is the head of the home, and whatever he does is final.”

– Female community member

Notably, a key finding that emerged in the qualitative analysis was that women’s sole decision-making – particularly when made without first consulting her husband – was considered a primary cause of IPV. For example, one community woman was asked what would happen if she made decisions without checking with her husband. She simply responded, *“A fight might happen.”* This theme emerged even in interviews with men who described more equitable patterns of decision-making and women’s autonomy:

“I don’t make decisions or threaten her to obey my decisions, but only when I’m angry. If that is to happen and she notices that our argument is leading to an extreme level, then she should stop it. However, I don’t require her to obey my every decision.”

– Male Community Leader

Here, the responsibility falls on the woman to avoid conflict, which may involve allowing her husband’s final word to stand. Overall, social expectations of women to be obedient to their husbands appeared to shape both women and men’s perceptions of decision-making in the home. Yet, shifts toward more equitable patterns of decision-making may emerge as result of the SPV programme. As one SPV programme staff member described:

“What we are used to seeing, everyone expects women to be compliant, obedient and someone to exercise authority over [...]. That happens in my relationship with my husband, and after my training, I always try and make him understand... He believes he is the man and I try to explain to him, “You need to understand, yes that’s right you are the man and who am I? I am the woman and in our relationship who am I? I am your wife and you need to remember that I am not your rival/enemy. You need to remember that I am your partner

in making decisions about things. If you have a problem, share it with me, if you have an idea, share it with me. It is very important when you are angry with me; share it with me, so we can both talk about it". We have this kind of dialogue until he understands and accept that that is the right way."

– Female SPV Team member

In South Tarawa, a high percentage of women and men felt respected by their partner, and most women and men reported high levels of involvement of both partners in household work and childcare. When the survey findings related to household work were discussed with i-Kiribati researchers and SPV project team members during the validation session, there was strong agreement among the group that these findings likely over-stated the equal sharing of housework between couples. It is worth noting that the survey questions on the sharing of household chores - *'Has your husband/partner regularly helped with any of the household work?'* and *'Has your husband/partner regularly helped take care of the children, like feeding or bathing them?'* - do not detail the definition of 'regularly' and, thus, the question is open to respondents' interpretation. The findings around equal sharing of household chores, should, therefore, be interpreted with caution as they do not necessarily present an accurate record of work who actually does the housework.

Overall, women who had experienced past year physical and/or sexual IPV reported lower levels of appreciation and respect, as well as fewer couple discussions around general matters. This signals that when women are in relationships in which there are negative relationship dynamics (e.g. lower levels of couple communication), they are at higher risk of IPV. However, unexpectedly, both women and men who had experienced or perpetrated IPV (respectively) also reported significantly greater levels of discussion around sex and contraceptive use compared to women and men who did not experience or perpetrate IPV (respectively). These results stand in contrast to women's reported experiences of husbands controlling behaviours with respect to their sexual and reproductive health, which were found to be strongly associated with IPV experience.

When the above findings were discussed at the validation session, there was agreement that the survey findings on couples' discussions about sex stood in slight contrast with local gender norms about decision-making between couples around sex and contraceptive use. The feedback from validation questioned whether many women really felt they could refuse sex with their husband/partner and whether the women were really in a position to say 'no'. The group at validation felt that these survey findings may be more a reflection of the level choice people wished they had, rather the level of choice they actual had when it came to sex and contraception. Given this context and the prevalence of women's experiences of their partners controlling their sexual and reproductive health, it may be that open conversation around sex creates conditions in which couple conflict and abuse is more likely to happen. For example, initiating a discussion about condom or contraceptive use may frequently be linked to men's controlling behaviour, such as refusing to use a condom or refusing to let his female partner use contraception, and these conditions may put women at greater risk of IPV.

The study also found a significant bivariate association between women's reports of partner's controlling behaviours and her experience of past year physical and/or sexual IPV. That is, women who reported that her husband had tried to control her actions (such as insisting on knowing where she was), were more likely to report past year IPV. In the qualitative interviews, men's efforts to control their wives' lives and interactions with others were often framed in terms of his jealousy and fears around her infidelity. This is consistent with results from the women's survey, in which the two most often reported types of controlling behaviour by male partners were "becomes angry if you talk to other men" (25 percent) and "is often suspicious that you are unfaithful" (27 percent). Throughout the qualitative interviews, participants expressed their belief that jealousy – particularly around relations with opposite-sex people – was a primary driver of IPV.

"The most dominant [cause] is the jealousy...like sometimes they only get drunk during pay days and that's when the couples had a fight...However, in daily life, the jealousy is always there. From the morning till night. It can't be stopped."

– Community Leader

This jealousy around infidelity – actual or perceived – often, in turn, led to greater attempts on the husband's part to control his wife's daily living or to acts of physical violence, as the following quote illustrates:

"I hit my wife because I was getting jealous. This happened a year ago. You see [...] my wife sells local home brew and there were many men who came here for a drink and she was mingling with them while I was lying here on this bed. She flirted with the young men in front of me and they flirted back. [...] then I started to feel angry so I got up and hit her. That only happens when someone gets jealous. If you weren't jealous, you wouldn't have done anything like that. But if there is a jealous trait and have been manipulated, then you lose your mind and you get angry.

– Male community member

Notably, jealousy often went both ways, with women describing their jealousy of other women as much – if not more – as men describing their efforts to control their wives interactions with other men. The qualitative data also uncovered a troubling belief among some community members, both male and female, that jealousy and the violence which 'resulted from jealousy' was a sign of love.

"[After I hit my wife] the people would talk behind my back calling me a jealous man. I felt ashamed and embarrassed. But that was in the past. It was because I still loved my wife."

– Male community member

A female community member, who had experienced severe violence at the hand of her husband who was having an affair, described how she felt after a beating:

"When my husband bashed me, I was very happy. [...] [The other woman] said [...] to my husband, 'I told you not to bash her, and you still bashed her, you are jealous of her because you love her', and my husband replied, 'Yes, she

made me jealous”, and myself at that time [...] I was pleased when I got the bashings, for I wanted to annoy that woman, I wanted to show it to her that my husband would feel jealous and would bash me.”

– Female community member

The views expressed above seek to justify and excuse IPV, allowing blame to shift away from perpetrators.

Chapter 6: Men's anti-social behaviour and substance use

KEY FINDINGS

- This Study found that alcohol abuse is a primary risk factor of IPV in South Tarawa. Close to a third (31%) of women reported that their husband frequently drank alcohol, and 66% frequently saw their husbands drunk. Men's drinking habits were associated with women's experiences of IPV, with women who reported past year physical and/or sexual IPV far more likely to also report frequent alcohol use by their partner (41%) compared to women who did not experience violence (23%). Alcohol also emerged as a recurring theme in the qualitative narratives of women and men who described their own experiences with couple conflict.
- Both women and men report high levels of men's anti-social behaviours. Among ever-partnered women, one-third (32%) reported that their current or most recent partner had ever been involved in a physical fight with another man, and almost half (47%) reported that their partner had been engaged in concurrent relationships with other women.
- Men who reported physical and/or sexual IPV perpetration were more likely to be involved in fights, be involved in a gang and report any transactional sex or sex with a sex worker, compared to men who did not report perpetration.

6.1 Partner substance use and abuse

The survey included items on men's substance use and abuse in order to assess patterns of alcohol and drug consumption and associations with physical and/or sexual IPV. In the women's survey, respondents reported on their husband/partner's alcohol and drug use. In the men's survey, respondents reported on their own alcohol and drug use. Table 20 provides results from the women's survey. Overall, 31 percent of women reported that their husband frequently drank alcohol, 66 percent frequently saw their husbands drunk and 35 percent reported problems related to their husband's drinking. Frequent drinking was measured as weekly or daily drinking. A higher proportion of women who reported past year physical and/or sexual IPV

reported frequent alcohol use by their partner (41 percent) compared to women who did not experience violence (23 percent). Three-fourths of women who experienced past year physical and/or sexual IPV reported that they saw their husbands drunk at least weekly, compared to only 60 percent of other women. Similarly, 59 percent of women who experienced physical and/or sexual IPV reported that they experienced money or family problems due to their husband's drinking, compared to only 22 percent of women who don't experience IPV. These differences were statistically significant. Women's reports of husband's drug use were very low and almost the entire sample reported that their husbands never used drugs (90 percent, results in Supplementary Table 8 in Annex III).

Table 20: Bivariate association between husband's alcohol consumption and past 12 month victimisation of physical and/or sexual IPV, among ever-partnered women

	All women (n=540)¹	Women who report no physical and/or sexual violence victimisation (n=315)	Women who report physical and/or sexual violence victimisation (n=210)	p-value
Husband frequent alcohol use	31%	23%	41%	***
Frequently seen husband drunk	66%	60%	75%	*
Problems related to husband's drinking	35%	22%	59%	***
† p<0.1 *p<0.05 ** p<0.01 *** p<0.001				
¹ Only women who responded about husband's alcohol consumption.				

Alcohol use in the men's survey was measured using a modified AUDIT⁴⁰ scale. Men were assigned a score based on their responses to five questions related to alcohol consumption. Scores could range from 0 – 14, with lower scores indicating fewer problem drinking behaviours. The mean AUDIT score among all men was 3.6. However, men who reported physical and/or sexual IPV perpetration had statistically significant higher mean scores (4.1) compared to men who did not (3.1) (Table 21).

⁴⁰ The Alcohol Use Disorders Identification Test (AUDIT) scale is a screening tool developed by the WHO to evaluate alcohol consumption, drinking behaviours and alcohol-related problems.

Table 21: Bivariate association between AUDIT score and past 12 month perpetration of physical and/or sexual IPV, among ever-partnered men

	All men (n=474) ¹		Men who report no physical and/or sexual violence perpetration (n=211)		Men who report physical and/or sexual violence perpetration (n=256)		p-value
	Mean score	SE	Mean score	SE	Mean score	SE	
AUDIT score	3.58	0.23	3.09	0.33	4.08	0.34	*
† p<0.1 *p<0.05 ** p<0.01 *** p<0.001							
¹ Only men who responded to all items on alcohol use and abuse							

Men's own reported drug use was marginally higher than women's reports of men's drug use, but overall the majority of the sample reported no drug use (83 percent) (results not shown). Bivariate associations between drug use and past year physical and/or sexual IPV perpetration were not significant (results not shown).

6.2 Men's sexual activities and anti-social behaviours

Both women and men report high levels of men's anti-social behaviours. Table 6.2a shows that among all ever-partnered women, one-third (32 percent) reported that their current or most recent partner had ever been involved in a physical fight with another man, and almost half (47 percent) reported that their partner had been engaged in concurrent relationships with other women. However, it is notable that these rates were much lower for women who did not experience past year physical and/or sexual IPV, compared to women who did experience IPV. For example, only 20 percent of women who reported no past year IPV said that their partners had ever been involved in a physical altercation, compared to 49 percent of women who did experience past year physical and/or sexual IPV.

Among men, 16 percent reported that they had ever been involved in fights with weapons and 16 percent reported that they had ever been involved in a gang. Six percent of all men reported ever having sex with a sex worker, although this was significantly higher (9 percent) for men who reported physical and/or sexual IPV perpetration, compared to men who did not (1 percent). Men who reported physical and/or sexual intimate partner violence perpetration were more likely to be involved

in fights (20 percent), be involved in a gang (21 percent) and report any transactional sex or sex with a sex worker (76 percent), compared to men who did not report perpetration (9 percent, 8 percent and 66 percent respectively) (Table 22).

Table 22: Descriptives and bivariate associations between women's partner's antisocial behaviours and sexual behaviours with victimisation of physical and/or sexual IPV, among ever-partnered women

	All women (n=577)	Women who report no past year physical and/or sexual violence victimisation (n=364)	Women who report past year physical and/or sexual violence victimisation (n=213)	p-value
	percent	percent	percent	
Partner ever involved in physical fight with another man	32%	20%	49%	<.0001
Partner had a relationship with other women while with you	47%	33%	68%	<.0001
Descriptives and bivariate associations between men's reported antisocial behaviours and sexual behaviours with perpetration of physical and/or sexual IPV, among ever-partnered men				
	All men (n=482)	Men who report no physical and/or sexual violence perpetration (n=206)	Men who report physical and/or sexual violence perpetration (n=276)	p-value
	percent	percent	percent	
Ever involved in fights with weapons	16%	9%	20%	<.0001
Ever involved in a gang	16%	8%	21%	<.0001
Ever any sex with a sex worker	6%	1%	9%	<.0001

6.3 Multivariable analysis of intimate partner relationship characteristics and men's anti-social behaviours

The multivariable model below (Table 23), evaluates the relative importance of different risk factors related to partner relationship characteristics and men's anti-social behaviours to women's experiences of physical and/or sexual IPV. The final

model only includes significant results. Overall, low levels of day-to-day couple discussion and communication, husband's frequent alcohol use,⁴¹ fighting with other men or having a relationship with another women while her husband was with her, were all risk factors for women's reports of physical and/or sexual IPV in the past twelve months. For example, women who reported that their husbands frequently drank alcohol were 20 percent more likely to report past year physical and/or sexual IPV, even after accounting for all other factors in the model. Women who reported that their partner had ever been involved in a fight with another man were 67 percent more likely to report past year physical and/or sexual IPV, compared to women whose husband had not been involved in a fight with another man.

Table 23: Multivariable binomial regression model of risk factors related to couple relationship practices and family dynamics associated with past twelve month physical and/or sexual IPV among ever-partnered women (n=577)

Variable	Adjusted risk ratio	Lower 95% CI	Upper 95% CI	p-value
Low level of relationship discussion	1.55	1.27	1.90	<0.0001
Partner frequently used alcohol	1.20	1.03	1.40	.02
Partner had an affair	1.41	1.17	1.71	<0.0001
Partner was involved in physical fight with another man	1.67	1.34	2.07	<0.0001
<i>Final model includes only significant covariates⁴²</i>				

Comparatively, among men, in the final multivariable models, only fights with weapons and involvement in a gang emerged as significantly associated with past year perpetration of physical and/or sexual IPV. Results in Table 24 show that men who report ever being involved in fights with weapons were 29 percent more likely to report past year physical and/or sexual IPV, accounting also for lifetime gang involvement.

⁴¹ Husband's frequent alcohol drinking was classified as men who drank alcohol every day, nearly every day or once or twice a week, as reported by their wives.

⁴² For women, the other variables included in model building were: couple discussion scale, couple relationship scale and couple sex conversations sub-scale. Once accounting for all other variables in Table 23, the three sub-scales were no longer significantly related to the outcome, and were removed from the final model.

Table 24: Multivariable binomial regression model of men’s anti-social behaviours and past twelve month perpetration of physical and/or sexual IPV among ever-partnered men (n=482)

factor	Adjusted risk ratio	Lower 95% CI	Upper 95% CI	p-value
Ever in a fight with weapons	1.286	1.094	1.512	.002
Ever in a gang	1.346	1.146	1.580	.000
<i>Final model includes only significant covariates</i>				

6.3 Discussion

Both the qualitative and survey results underscore that alcohol abuse is a primary risk factor of IPV in South Tarawa. Bivariate associations between men’s drinking habits and women’s reports of IPV find that a higher proportion of women who experience past year physical and/or sexual IPV report husband’s frequent alcohol use have frequently seen their husband drunk, compared to women who did not experience IPV. These results remain significant in the multivariable models, which show that – even accounting for other relationship dynamics and practices – men’s frequent alcohol drinking is a risk factor for women’s experiences of past year physical and/or sexual IPV. In the men’s data, men’s reported alcohol abuse was significantly associated with their perpetration of IPV. However, once adjusting for other anti-social behaviours, alcohol abuse was no longer significantly associated with the outcome, signalling that men’s problematic drinking is less of a driver of men’s use of violence than other anti-social behaviours.⁴³ Throughout the in-depth qualitative interviews, alcohol use was cited as major driver of IPV. As one VA noted,

“Couples fight as the man is drunk and got into a fight for something bad [...], like I explained before. Most of the time, a man is drunk and becoming aggressive and fights with his wife.”

– Village Activist

⁴³ One explanation for the discrepancy in the association of men’s alcohol use with IPV experience and perpetration is because we are adjusting for different measures in the two surveys, meaning that the items in each multivariable model are not exactly the same. Additionally, the women’s survey captures women’s perceptions of their husband’s drinking, not the husband’s own reports. It may be differential reporting of alcohol abuse and misuse between the men and women that contributes to the difference between the multivariable models.

Participants described conflict around both women and men's use of alcohol. For example, in response to a question on what caused a dispute between herself and her husband, one community woman responded,

"It's to do with alcohol. [...] We don't usually argue, but when we do, it's to do with alcohol. When he drinks I get mad or when I drink he gets mad."

– Female community member

Alcohol emerged in two main ways in the narratives of women and men who described their own experiences with couple conflict, or described witnessing the experiences of others. In some cases, the use of alcohol appeared to exacerbate stress around finances and income. For example, in this low-resource context, men's use of limited household funds to purchase alcohol or kava often precipitated violence.

"The man probably wants to buy some alcohol. The woman might say there is not enough to spend on alcohol or something else, it's just enough for food. He gets angry and says, 'I'm going to beat you, you're so controlling of my child's money' and the woman runs away to the maneaba."

– Male community leader

A second way that alcohol use emerged from the qualitative data was men's anger when they came home drunk, or experiencing illness after drinking, and they perceive that their wives do not adequately care for them. Participants described expectations that women should serve a husband food if they came home late from drinking with friends, or that they should care for their husbands the next day.

"For example, if a man goes out drinking and comes back home at late hours, and then the next day, he would be grumpy when woken up by his wife because of his lack of sleep. He will then take his anger out on his wife by being grumpy or worse, bash up his wife."

– Female community member

Notably, both major themes with respect to the link between alcohol and IPV are upheld by gender norms in the community that expect women to be obedient to their husbands' wishes, and serve their husbands' needs. The qualitative in-depth data, thus, highlights how gender inequality is an underlying cause of women's risk of IPV, and alcohol may serve as a contextual risk factor in some cases.

Notably, a number of SPV staff and VAs interviewed believed that alcohol reduction was a key prevention strategy to reduce IPV in their communities. Alcohol consumption was generally described in a negative way, as a problem or a sign of irresponsibility. Alcohol was not only linked to men's use of violence against women, but also men's use of violence against other men. As one VA noted,

"A training must be conducted to them. Something like that. Or like increasing awareness to them. Those doings like bashing the wife, right. So, beating her up. If not beating her, he went out to drink alcohol and blamed the alcohol and their problems, so he went out to drink alcohol and like ah he beat her up because he's drunk. Her fault is this and this, right. Or like he harmed her because of this and this."

– Village Activist

Overall, with respect to drug use, *kouben* was mentioned often in the qualitative interviews, but when asked about use of drugs in the survey, very few men and women reported men's use of drugs (including *kouben*). This may indicate disagreement over whether *kouben* is a drug, or not, which was also a point of discussion within the research team during the process of translating the questionnaire.

Men's involvement in violence outside the home was also associated with IPV, even after controlling for other risk factors. For example, women's reports of their partners' engagement in physical fights with other men was associated with women's risk of IPV, after accounting for couple communication, husbands' extra-marital affairs, and husbands' alcohol use. Among the male sample, men's reported

involvement in fights with weapons or involvement in gangs were both significantly associated with past year perpetration of physical and/or sexual IPV, adjusting for other types of violence outside the home. These results underscore how men's involvement in violence outside the home is linked to their perpetration of violence within the home. These factors reflect models of manhood or masculinity that stress strength, toughness and dominance over other men. This is supported by other literature that shows that alongside gender inequality, violence against women is driven by such models of masculinity.⁴⁴

Men's behaviours within the relationship – both in terms of day-to-day communication with their wives, as well as their engagement in affairs with other women – are significantly associated with women's experiences of IPV. That is, when couples communicate less with each other about their lives, worries and feelings, women are more likely to experience IPV. Similarly, women whose husbands had an affair with another woman were 41 percent more likely to have experienced physical and/or sexual IPV, compared to women whose husbands had not been with another woman at the same time as with them. These results point to the importance of healthy relationship practices across multiple domains of the partnership, such as communication and trust.

⁴⁴ Fulu et.al., 2013.

Chapter 7: Harsh parenting and child abuse

KEY FINDINGS

- The majority of survey respondents reported positive approaches to child discipline. Women who reported any harsh parenting of any children were not more likely to also experience IPV. However, men who reported harsh parenting were more likely to report perpetration of IPV.
- Over half of women and men reported that they had been beaten at home with a belt or stick or whip when they were children.
- Among women, 55% reported experiencing childhood physical abuse or neglect, 26% reported childhood sexual abuse and 28% reported that she had witnessed her mother being abuse by a partner.
- Men's reports of child abuse were slightly higher. 68% reported experiencing childhood physical abuse and neglect, 36% reported childhood sexual abuse and 34% had witnessed his mother being beaten by a partner.
- The bivariate analysis of the data found significant associations between all childhood trauma measures and past year IPV for both women and men, and most of these associations remained in the multivariate analysis. This is consistent with existing literature on the consequences of childhood adversity for adult exposure to and perpetration of violence.

7.1 Harsh parenting beliefs and practices

Women and men were asked whether they believed that physical punishment was necessary to bring up a child properly. Only one quarter of women and men (26 percent) reported agreement with this statement (Table 25).

Table 25: Beliefs about harsh parenting practices

Do you believe that in order to bring up, raise or educate a child properly, the child needs to be physically punished?	All women (n=629)		Women with children under 18 living with them (n=327)	
	Yes		Yes	
	number	percent	number	percent
	166	26%	96	27%
	All men (n=556)		Men with children under 18 living with them (n=374)	
	Yes		Yes	
	number	percent	number	percent
	138	26%	98	29%

The majority of women and men did not support harsh physical punishment practices for child discipline, and these beliefs generally align with women and men's reported behaviours. Supplementary Table 9 (in Annex III) presents self-reported use of various discipline practices among male and female respondents who live with a child under 18 at home. Among all respondents living with children, 26 percent of women and 39 percent of men report use of any harsh parenting practice (any spanking or hitting a daughter and/or son). Men who reported perpetration of past year physical and/or sexual IPV were more likely to perpetrate harsh physical punishment against children, but no other significant differences between use of harsh parenting practices and victimisation of IPV were observed for women (Annex III, Supplementary Table 9). In general, the most common form of child discipline reported by both women and men was to talk to daughters and sons when they misbehave (results not shown).

Ever-partnered men who agreed that harsh punishment was necessary to bring up a child were 29 percent more likely to also report past-year perpetration of physical and/or sexual IPV (Table 26). There was no significant association among women who believed in harsh discipline practices, with respect to their risk of IPV (data not shown). Multivariable results of child discipline are presented with other attitudes toward violence in Chapter 8.

Table 26: Bivariate binomial association between men's beliefs of child punishment and men's perpetration of past year physical and/or sexual IPV, among ever-partnered men (n=482)

	crude RR	lowerCL	upperCL	p_value
Believes that children should be physically punished in order to be brought up properly	1.291	1.106	1.506	.001

7.2 Childhood trauma

The survey used a childhood trauma scale to measure exposure to emotional abuse and neglect, physical and sexual abuse before age 15. The survey also included a final self-administered question on sexual abuse at the end of the survey using a face tool.⁴⁵ Table 27 and Table 28 present the prevalence of childhood abuse by type of abuse and by reported victimisation and perpetration of physical and/or sexual IPV.

Among women, 67 percent reported experiencing childhood emotional abuse and neglect, 55 percent reported experiencing any childhood physical abuse or neglect, 26 percent reported childhood sexual abuse and 28 percent reported that she had witnessed her mother being abused by a partner. With the exception of witnessing abuse of her mother, these rates differed significantly for all forms of child abuse, based on whether women experienced past year physical and/or sexual IPV. For example, 36 percent of women who experienced past year IPV reported experiencing child sexual abuse compared to only 20 percent of women who did not report past year IPV.

Among men, reports of child abuse were slightly higher. Overall, 80 percent of men reported experiencing childhood emotional abuse and neglect, 68 percent reported experiencing childhood physical abuse and neglect, 36 percent reported childhood sexual abuse and 34 percent had witnessed his mother being beaten by a partner. Men who reported past year physical and/or sexual IPV also reported significantly

⁴⁵ Prior to the completion of the interview, women and men were asked a single question about whether anyone had ever touched them sexually or made them do something sexual that they did not want to before the age of 15. Respondents selected a happy face if this had never happened and a frown, crying face if it had. Respondents entered their answer directly in the survey table to ensure confidentiality of their response, even from the interviewer. Childhood sexual abuse was measured as responding positively to the childhood trauma scale items OR the self-administered face tool.

higher rates of all forms of childhood abuse, compared to men who did not perpetrate past year IPV. Supplementary Table 10 in Annex III provides details on specific prevalence per item of the child abuse scale.

Table 27: Bivariate associations between women's experiences of childhood trauma and any past year victimisation of physical and/or sexual IPV, among ever-partnered women

	All ever-partnered women (n=577)	Women who report no physical and/or sexual violence victimisation (n=364)	Women who report physical and/or sexual violence victimisation (n=213)	p-value
Childhood emotional abuse and neglect	67%	61%	77%	<0.01
Childhood physical abuse and neglect	55%	48%	66%	0.0001
Childhood sexual abuse	26%	20%	36%	<0.0001
Witness of a mother abused by her partner	28%	24%	34%	not significant

Table 28: Bivariate associations between men's experiences of childhood trauma and any past year perpetration of physical and/or sexual IPV, among ever-partnered men

	All men (n=482)	Men who report no physical and/or sexual violence perpetration (n=206)	Men who report physical and/or sexual violence perpetration (n=276)	p-value
Childhood emotional abuse and neglect	80%	76%	84%	0.05
Childhood physical abuse and neglect	68%	60%	74%	<0.001
Childhood sexual abuse	36%	29%	41%	<0.01
Witness of a mother abused by her partner	34%	29%	38%	0.04

7.3 Multivariable analysis of childhood trauma and IPV

Multivariable analysis finds significant associations between different forms of childhood trauma and abuse and past year physical and/or sexual IPV victimisation (women) and perpetration (men), after accounting for all other types of childhood abuse. For example, (Table 29) women who report experiencing childhood sexual abuse are 45 percent more likely to experience past year physical and/or sexual IPV, compared to women who never experienced sexual abuse during childhood, accounting for childhood physical and emotional trauma as well. Significant associations were found also for emotional abuse and neglect and physical abuse, taking into account all other forms of child abuse. Among women, witnessing abuse of a mother was not significant after adjusting for other forms of child abuse, and so was dropped from the final model.

Table 29: Multivariable binomial regression model of risk factors related to childhood trauma associated with past twelve month physical and/or sexual IPV among ever-partnered women (n=577)

Label	Adjusted RR	Lower 95% CI	Upper 95% CI	p-value
Experienced childhood emotional abuse	1.353	1.016	1.801	.039
Experienced childhood physical abuse	1.378	1.080	1.757	.010
Experienced childhood sexual abuse	1.454	1.182	1.787	<0.0001
<i>Final model includes only significant covariates</i>				

In comparison, for men, (Table 30) only childhood physical and sexual abuse were associated with perpetration of physical and/or sexual IPV, once accounting for all other types of childhood trauma. For example, men who reported childhood physical abuse were 30 percent more likely to report past year physical and/or sexual IPV perpetration against a partner, compared to men who had never been physically abused during childhood. Similarly, men who had experienced childhood sexual abuse were 21 percent more likely to have reported perpetrating physical and/or sexual IPV than men who were never sexually abused as children. Childhood emotional abuse

and neglect and witnessing the abuse of his mother were not significantly associated with perpetration in the multivariable analysis, and were dropped from the final model.

Table 30: Multivariable binomial regression model of risk factors related to childhood trauma associated with past twelve month physical and/or sexual IPV perpetration among ever-partnered men (n=482)

Label	Adjusted RR	Lower 95% CI	Upper 95% CI	p-value
Experienced childhood physical abuse	1.296	1.073	1.565	.007
Experienced childhood sexual abuse	1.207	1.040	1.402	.014
<i>Final model includes only significant covariates</i>				

7.4 Discussion

The survey asked women and men questions about their use of harsh parenting practices, as well as their own experiences of childhood trauma. Overall, women and men who reported any harsh parenting of any children (irrespective of gender) were not more likely to also experience or perpetrate IPV. However, men who perpetrated physical and/or sexual IPV did report greater use of harsh parenting practices against sons, specifically.⁴⁶ Overall, the majority of survey respondents reported positive approaches to child discipline, and generally did not believe that harsh measures were necessary for child discipline.

However, the childhood trauma scale results paint a different picture of adult men and women's past experiences as children. The vast majority of women and men reported some form of childhood abuse or trauma before the age of 15. Some forms of childhood trauma may be related to general conditions of poverty and economic instability (such as the high percentages of women and men who reported that they did not have enough to eat or lived in different households). However, over half of women and men reported that they had been beaten at home with a belt or stick or

⁴⁶ Results should be interpreted with caution as standard errors are large. This could indicate imprecise estimates.

whip. The discrepancy between women and men's current reports of positive child discipline and their own experiences of harsh discipline as children may be due, in part, to intergenerational change in parenting practices as a result of campaigns and awareness around child maltreatment. General agreement emerged from the validation session that, while there had been widespread awareness raising campaigns to discourage the use of corporal punishment in Kiribati, many parents were probably still resorting to corporal punishment as a disciplinary measure but now were reluctant to openly admit their own use of physical punishment against children.

Overall, we see significant associations between all childhood trauma measures and past year IPV for both women and men, which is consistent with existing literature on the consequences of childhood adversity for adult exposure to and perpetration of violence. These significant associations remain in multivariable models, accounting for all other forms of childhood trauma, suggesting that, irrespective of other experiences of child abuse, each individual form of abuse is a major risk factor for IPV victimisation (women) and perpetration (men). This highlights the need to prevent all forms of abuse in childhood and adolescence, and to promote positive family environments as a strategy to end violence against women.

Chapter 8: Gender attitudes and social norms around intimate partner violence

KEY FINDINGS

- Survey results indicate similarities between women's and men's reported gender attitudes and beliefs. The majority of women (85%) and men (81%) agreed that people should be treated the same whether they are male or female. However, a large majority of women (90%) and men (93%) also agreed that a woman should obey her husband.
- While 77% of women and 87% of men agreed that physical violence against a partner is never acceptable, at the same time, 88% of women and 70% of men agreed that wife-beating was justifiable under at least one condition. The condition under which wife-beating was most commonly justified was if a woman neglected the children. Notably, across all conditions, women agreed more often than men that wife-beating was justified.
- Men who reported less gender equitable attitudes were significantly more likely to have perpetrated past-year physical and/or sexual IPV, compared to men who reported more gender equitable attitudes.
- 68% of women and 62% of men agreed that it is acceptable for women to refuse sex with her husband when she does not feel like it. However, over half of women (58%) and men (62%) believe that it is not acceptable for a married woman to ask her husband to use a condom.
- Qualitative interviews revealed highly ridged gender norms and roles within the community. Men were described as heads of households, responsible for supporting and providing for their families. Women's roles were largely relegated to the domestic sphere and involved childcare and housework. Often, these gendered roles and responsibilities were upheld through the threat or use of violence, if women did not fulfil household responsibilities and perceived normative roles in the partnership and family.

Chapter 8 describes women's and men's reported gender attitudes and social norms around intimate partner violence in the South Tarawa communities where the study was conducted. The SPV intervention activities aim to promote power sharing in

relationships and more gender equitable norms around women and men's roles and responsibilities in the family, community and broader society. The intervention also aims to reduce attitudes that condone violence as a normal part of intimate partner relationships. The results below provide women's and men's baseline gender attitudes and perceptions of social norms. Over time, we will be able to evaluate whether women and men in South Tarawa report more or less equitable and non-violent attitudes as a result of the intervention.

8.1 Gender relations scale

A 14-item context-specific gender relations scale was used to measure women's and men's beliefs around gender norms. All women and men answered these questions. The majority of women (85 percent) and men (81 percent) agreed that people should be treated the same whether they are male or female (Table 31). However, a large majority of women (90 percent) and men (93 percent) also agreed that a woman should obey her husband and over half of women (62 percent) and men (70 percent) agreed that a man should have final say in all family matters. In terms of IPV, 77 percent of women agreed that physical violence against a partner is never acceptable. Men reported similar results (87 percent). The majority of both women (90 percent) and men (78 percent) agreed that a woman should be a virgin when she gets married. However, fewer women (11 percent) than men (27 percent) agreed that violence does not affect children. Just over one-fifth of women (21 percent) and close to one-quarter of men (23 percent) agreed that a woman is to blame if her husband uses violence against her. A larger proportion of women (30 percent), compared to men (16 percent), agreed that women should tolerate violence to keep the family together.

Table 31: Gender relations scale - responses of women and men

	Women (n=629)				Men (n=556)			
	Agree/strongly agree		Disagree/ strongly disagree		Agree/strongly agree		Disagree/ strongly disagree	
INDICATOR	number	percent	number	percent	number	percent	number	percent
People should be treated the	529	85%	89	14%	443	81%	105	18%

same whether they are male or female								
A woman should obey her husband	578	90%	45	9%	522	93%	25	5%
A man should have the final say in all family matters	395	62%	226	37%	386	70%	158	28%
Men should share the work around the house with women such as doing dishes, cleaning and cooking	574	92%	52	8%	546	99%	7	1%
A woman cannot refuse to have sex with her husband	204	31%	379	61%	238	44%	249	43%
When a woman is raped, she is usually to blame for putting herself in that situation	247	37%	348	58%	196	37%	312	54%
A woman should be a virgin when she gets married	559	90%	59	9%	434	78%	92	16%
If a man/husband is violent towards his wife, it does not affect their children	70	11%	554	89%	149	27%	398	71%
The woman is to blame if their husband uses violence against her	136	21%	487	78%	124	23%	413	74%
A woman should tolerate violence from her partner to keep her	181	30%	436	69%	89	16%	449	81%

family together								
Physical violence against a partner is never acceptable	486	77%	114	19%	479	87%	67	11%
Friends would respect a man who makes decisions jointly with his wife	616	98%	9	2%	513	93%	25	4%
If a wife is beaten by her husband, it is ok for her to tell other people	393	65%	212	31%	323	57%	213	40%
If a husband beats his wife, other people outside of the couple should intervene	557	88%	64	11%	517	94%	30	5%

A gender relations score was created for each survey participant, based on how many items in the scale they agreed with. Higher scores indicate more equitable beliefs. Table 32 below shows that the average gender relations score for men was significantly lower among men who reported past year physical and/or sexual IPV (39), compared to men who did not report past year IPV (40). No significant differences emerged among women.

Results from bivariate binomial regression analysis further elaborate on the association between men's inequitable attitudes and their perpetration of past-year IPV. Using the gender relations score described above, men were categorised as having low, medium or high, gender equitable attitudes. In Table 33 below, we see that men who reported low gender equitable attitudes were 37 percent more likely to have perpetrated past-year physical and/or sexual IPV compared to men who score in the highest category of the gender relations scale.

Table 32: Gender relations scores and how this relates to women's experiences of and men's perpetration of IPV

	All women (n=629)		Women who report no physical and/or sexual violence victimisation (n=364)		Women who report physical and/or sexual violence victimisation (n=213)		
	Mean	SE	Mean	SE	Mean	SE	p-value
Gender relations score	39.12	3.97	39.20	4.05	39.00	3.87	0.586
	All men (n=556)		Men who report no physical and/or sexual violence perpetration (n=206)		Men who report physical and/or sexual violence perpetration (n=276)		
	Mean	SE	Mean	SE	Mean	SE	p-value
Gender relations score	39.36	3.88	40.01	3.84	38.92	3.85	0.005

Table 33: Bivariate binomial regression analysis of risk factors related to gender relations attitudes and men's perpetration of past 12 month physical and/or sexual IPV (n=482)

	Crude risk ratio	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p- value
Gender Score				
Low vs Hi	1.365	1.122	1.660	.002
Low vs Med	1.148	.960	1.374	.131
Med vs Hi	1.189	.957	1.476	.118

8.2 Sexual autonomy items

Table 34 presents results of women and men's attitudes toward sex and sexual autonomy. Overall, 68 percent of women and 62 percent of men agreed that it is acceptable for women to refuse sex with her husband when she does not feel like it. Further, almost all women (92 percent) and almost three-quarters of men (71 percent) did not believe that a married man needs other women, even when things are fine with his wife. However, over half of women (58 percent) and men (62 percent) believe that it is not acceptable for a married woman to ask her husband to use a condom. This is confirmed by the low rates of couples' discussion around condom use presented in the previous chapter. Finally, with respect to sexual behaviours, 42 percent of ever-partnered men also reported that they had had sex with a current or

previous wife or girlfriend in the past year when he knew she did not want to but he believed she should agree because she was his partner (results not shown).

Table 34: Women and men's beliefs around sex and sexual autonomy

	WOMEN (n=629)	MEN (n=556)
<i>In your opinion...</i>	Percent yes	Percent yes
Is it acceptable if a married woman refuses to have sex with her husband if she doesn't feel like it?	69%	62%
Is it true that a married man needs other women, even if things are fine with his wife	6%	21%
Is it acceptable for a married woman to ask her husband to use a condom	34%	27%

In order to assess the link between women's and men's sexual attitudes and their risk of experiences (women) or perpetration (men) of IPV, we created a scale based on the above three questions and categorised participants into low, moderate or high, with respect to their equitable attitudes around sexual relations. Greater scores indicate higher equitable scores.

Table 35: Bivariate binomial regression analysis of risk factors related to gender relations attitudes and women's experiences of past 12 month physical and/or sexual IPV (n=577)

	Crude risk ratio	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Women's sexual attitudes scale				
Low vs Hi	.562	.406	.776	<0.0001
Low vs Med	.726	.528	.998	.049
Med vs Hi	.774	.619	.967	.024

Table 35 shows that women who report less equitable sexual attitudes (e.g. believe that it is not acceptable for a married woman to refuse sex with her husband if she doesn't feel like it) are less likely to experience past year physical and/or sexual IPV. For example, women with the least equitable attitudes are 46 percent less likely to experience past year physical and/or sexual IPV, compared to women with the most equitable attitudes around sex. This pattern is consistent in comparison between all categories of attitudes (low, medium and high). No significant results emerged from

the men's data. That is, men who reported low versus medium versus high equitable attitudes around sexual relations were not more or less likely to report past year perpetration of physical and/or sexual IPV (data not shown).

8.3 Justification of wife beating

A 12-item scale was used to evaluate where women and men believed that wife-beating was justifiable under a series of conditions. Overall, 88 percent of women and 70 percent of men agreed that wife-beating was justifiable under at least one condition (Table 36). Table 8.3a provides a breakdown by condition. The most commonly agreed upon condition under which wife-beating was justified was if a woman neglected the children (71 percent of women and 59 percent of men). The lowest proportion of women agreed that abuse was justified if she failed to prepare the tea (22 percent), although this was still almost one-quarter of the sample. Similarly, only 10 percent of men agreed that wife beating was justified if a woman failed to prepare the tea. It is notable that across all conditions, men agreed less often than women that wife-beating was justified. For example, 66 percent of women reported that wife abuse is justified if a woman spends time talking to other men, compared to only 47 percent of men.

Table 36: Percentage of women and men who agree that a husband is justified to beat his wife under certain conditions

<i>In your opinion, is a husband justified in hitting or beating his wife in the following situations:</i>	WOMEN (n=629)		MEN (n=556)	
	Frequency	percent yes	Frequency	percent yes
If she goes out without telling him	383	61%	266	47%
If she neglects the children	439	71%	332	60%
If she argues with him	302	48%	183	34%
If she refuses to have sex with him	226	34%	104	19%
If she burns the food	169	26%	73	12%
If she fails to prepare tea	141	22%	55	10%
If she doesn't complete housework to his satisfaction	309	50%	202	37%
If she doesn't manage money well	403	65%	271	49%
If she spends time talking to other men	416	66%	270	47%
If she looks at other men	311	49%	200	35%
If she wears revealing clothes	318	52%	150	29%
If she comes home late	268	43%	221	40%

As illustrated in Table 37, a higher proportion of men who reported physical and/or sexual IPV justified wife abuse under one or more conditions (80 percent) compared to men who did not perpetrate violence (70 percent). No significant differences emerged between women who experienced abuse and those who did not. However, justification of wife-beating across both women and men's samples was very high.

Table 37: Bivariate association between any justification of wife beating and victimisation/perpetration of physical and/or sexual IPV

	All women (n=629)	Ever-partnered women who report no physical and/or sexual violence victimisation (n=364)	Ever-partnered women who report physical and/or sexual violence victimisation (n=213)	
	Percent	Percent	Percent	p-value
Any justification of wife abuse	88%	88%	88%	not significant
	All men (n=556)	Men who report no physical and/or sexual violence perpetration (n=206)	Men who report physical and/or sexual violence perpetration (n=276)	
	Percent	Percent	Percent	p-value
Any justification of wife abuse	70%	70%	80%	0.019

8.4 Value of women and men in community item

A single item captured women's and men's beliefs around gender equality in the future. Overall, 64 percent of women and 76 percent of men reported that they believed women and men in their communities will one day be valued as much as each other. Only 11 percent of women and 13 percent of men reported no, and 21 percent of women and 9 percent of men reported maybe (Table 38).

Table 38: Value of men and women in the community

	WOMEN (n=629)			
	Yes	No	Maybe	Don't Know/Don't Remember
	percent	percent	percent	percent
Do you think that one day women and men in your community will be valued as much as each other?	64%	11%	21%	5%
	MEN (n=556)			
	76%	13%	9%	3%

8.5 Multivariable analysis of men and women's attitudes toward gender, sexuality and violence

We ran multivariable analyses to evaluate the relative associations between all factors related to men's and women's attitudes toward gender, sexuality and violence, and their experiences and perpetration of IPV. Overall, no factors were significant in multivariable models in the women's data set. In comparison, Table 39 presents the multivariable model for the men's data set. Men's beliefs around harsh child discipline and their reported gender attitudes were both significantly associated with men's reported past year perpetration of physical and/or sexual IPV. Men who believed that children need to be physically punished in order to be brought up properly were 19 percent more likely to report past year physical and/or sexual IPV perpetration. For each one unit increase in men's score on the gender relations scale (i.e. one unit increase in men's reported equitable beliefs), ever-partnered men were 2.3 percent less likely to report past year physical and/or sexual IPV.

Table 39: Multivariable binomial regression analysis of men's attitudes and beliefs around gender and violence and men's perpetration of physical and/or sexual IPV, among ever-partnered men (n=482)

Factor	Adjusted RR	Adjusted lower CL	Adjusted upper CL	Adjusted p_value
Children should be physically punished (yes vs. no)	1.188	1.004	1.404	.044
Gender Score (continuous)	0.977	0.960	0.996	0.015
<i>Only significant covariates included</i>				

8.6 Discussion

Women and men reported similar scores on the gender relations scale, signalling similarities between women's and men's reported gender attitudes and beliefs. Scores ranged from 14 – 64 (lower scores indicating greater inequality), and the mean score for women and men was 39. Men who reported perpetration of physical and/or sexual IPV had significantly lower gender relations scores (i.e. less equitable gender attitudes) compared to men who did not report perpetration of IPV. This signals that men who hold more gender inequitable attitudes about gender roles, relations between women and men, and men's use of violence against women, were more likely to perpetrate IPV. We did not see a similar significant association in the women's survey. That is, there was no significant difference in gender relations scores between women who experienced physical and/or sexual IPV and those who did not. This may, in part, be due to women's lower power in society, such that their attitudes on gender equity do not necessarily play a role in whether or not they experience violence. In comparison, for men, gender inequitable attitudes may frame his understanding of violence as something he can use in intimate partnerships, based on norms in his community. Further, even if women hold more gender equitable views, she may not perceive her experiences of abuse as related to gender norms in her society, but, rather, as a personal experience unrelated to the broader social environment.

We also evaluated the links between women and men's attitudes toward sexual autonomy and experiences and perpetration of IPV. Women with the least equitable

attitudes about sex were less likely to experience IPV than women with more equitable ideas about sex. This mirrors the findings of the 2009 FHSS, which found that women with more equitable attitudes toward sexual autonomy were also more likely to experience past year IPV. For example, in the FHSS, women who believed a wife could refuse sex with a husband were more likely to experience IPV than women who thought that wives could never refuse sex.⁴⁷ Combined with the finding in our baseline study that lower levels of couple communication about sex was associated with lower rates of IPV experience and perpetration, this suggests that women's sexual autonomy is seen as transgressing gender norms and, as other studies have found, men may use retaliatory violence to reinforce male authority and maintain the status quo.⁴⁸

Justification of wife-beating was very high in both the women's and men's samples. These results signal widespread normalisation of wife-beating in South Tarawa society. Notably, as we saw with respect to gender relations, there were no significant differences in the proportion of women who justified wife abuse between women who did and did not report past year physical and/or sexual IPV. However, men who reported past year physical and/or sexual IPV perpetration reported significantly greater justification of wife-beating (80 percent), compared to men who did not perpetrate IPV (70 percent). As with the above discussion on gender attitudes, it appears that men's justifications of wife-beating are intricately linked to their use of violence, while women's ideas about justifications for violence do not influence whether or not they experience violence.

Evidence from the qualitative interviews helps to contextualise these results. Generally, men were described as heads of households, responsible for supporting and providing for their families. Women's roles were largely relegated to the domestic sphere and involved childcare and housework, although a number of participants also described women's roles in the community, such as fundraising for churches or being involved in neighbourhood clean-up activities. As one man noted,

⁴⁷ SPC, 2010.

⁴⁸ Jewkes et.al., 2002; Counts et.al., 1992.

“The woman...she is the heartbeat of the home; and the man belongs outside [e.g. labours outdoors of the home].” – Male community member

Often, these gendered roles and responsibilities were upheld through the threat or use of violence, if women did not fulfil household responsibilities and perceived normative roles in the partnership and family. As one community leader noted,

“Men are like boss and women just like...if you don’t obey them [men], they’ll get mad.” – Community Leader

However, many women and men – despite describing inequitable gender relations, use of force or violence, or agreement with gender inequitable beliefs in their narratives – also expressed their desire for greater gender equality in their relationships and community. For example, many community women suggested that an ideal relationship is one in which the husband and wife are in harmony, and mutually involved in the household work and labour. This was often framed in terms of providing a safe and loving home for children:

“My hope is that us, husbands and wives will collaborate better in their decision making processes in the home and family and that equality between men and women will be achieved.” – Male community member

There was some acknowledgement throughout the interviews that women have greater access to education and employment (and thus, perceived positions of power) than they used to. For example, women were described as being more involved in leadership positions in the *maneaba*, parliament, law enforcement and other previously male-dominated spaces. One VA described,

“In the past, women were subservient to men. Now men and women are equal, both are bosses of each other. [...] the change happens because there is an increasing level of understanding. In the past, there was ignorance but now people are more knowledgeable.” – Village Activist

However, despite this acknowledgement of greater opportunities for women in society, the normative roles described for women remained largely linked to the domestic sphere, and were characterised by subservience to husbands.

Chapter 9: Consequences of experiences of IPV

KEY FINDINGS

- Among women who experienced past-year IPV, 35% reported that they had ever been injured as a result of this violence and only 22% reported that they ever received health care for those injuries.
- Among all women who experienced past year physical and/or sexual IPV, 41% reported that the violence impacted their mental and physical health.
- 34% of women who experienced past year IPV did not tell anyone about the incident. When they did disclose, the most common people to whom women disclosed abuse were parents, siblings and friends. No woman reported disclosing abuse to doctors or healthcare workers, counselors, or local NGOs or women's organisations.
- Of the women who reported experiencing IPV in the past year, a total of 30% sought help from some formal source. Among women who did *not* seek help from a formal source, the primary reasons were that she perceived the violence as not serious, or that it was normal and did not warrant help-seeking
- Among women who experienced IPV in the past twelve months and lived with children under the age of 18, 47% reported that children were present or overheard the abuse.

Women reported a number of consequences as a result of experiencing IPV. This chapter presents results on injury and health consequences, income-related consequences and the effect on the woman's family. Only women were asked questions of consequences of intimate partner violence and, thus, the results presented here are women's reports only.

9.1 Injuries

Among women who experienced past-year physical and/or sexual IPV, a total of 35 percent reported that they had ever been injured as a result of this violence and only 22 percent reported that they ever received health care for those injuries (Figure 10). The most common types of reported injuries included sprains and dislocations (89 percent), scratches, abrasions and bruises (70 percent) and cuts, punctures or bites

(60 percent). Although not as common, more serious injuries were also reported, including fractures and broken bones (37 percent) and broken eardrums or eye injuries (28 percent). Most women experienced injuries once (33 percent) or between 2-5 times (40 percent), although one in four (23 percent) women reported that they were injured many times as a consequences of physical and/or sexual IPV (Figure 11). These rates confirm the findings presented in Chapter 4 on the severity of abuse that women experience. Among all women who experienced past year physical and/or sexual IPV, 41 percent reported that the violence impacted their mental and physical health (Supplementary Table 12 in Annex III).

Figure 10: Percentage of women who have been injured as a consequence of physical and/or sexual IPV in the past 12 months (n=213) and, of those (n=76), percentage who have ever received healthcare for those injuries

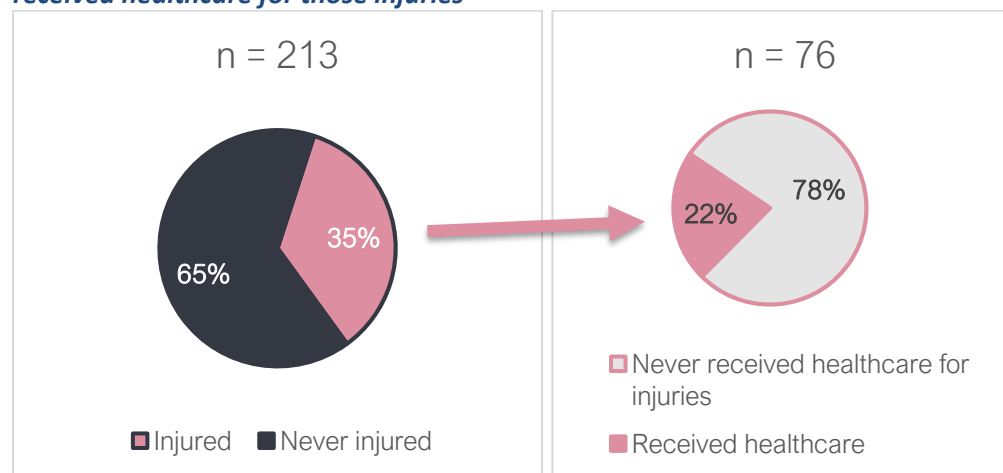
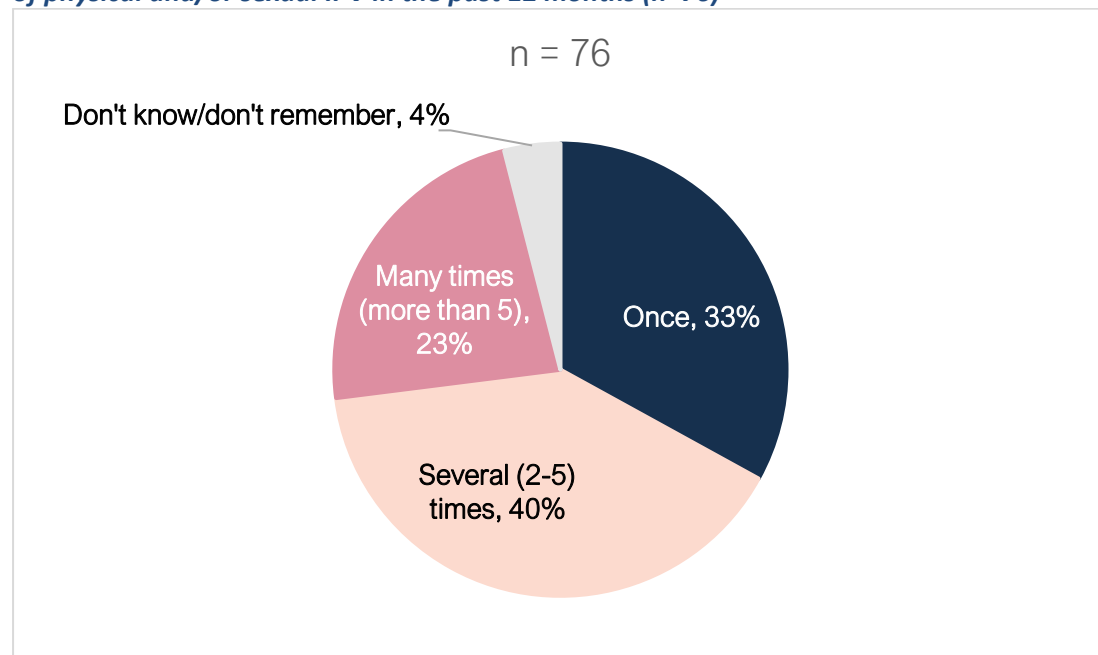


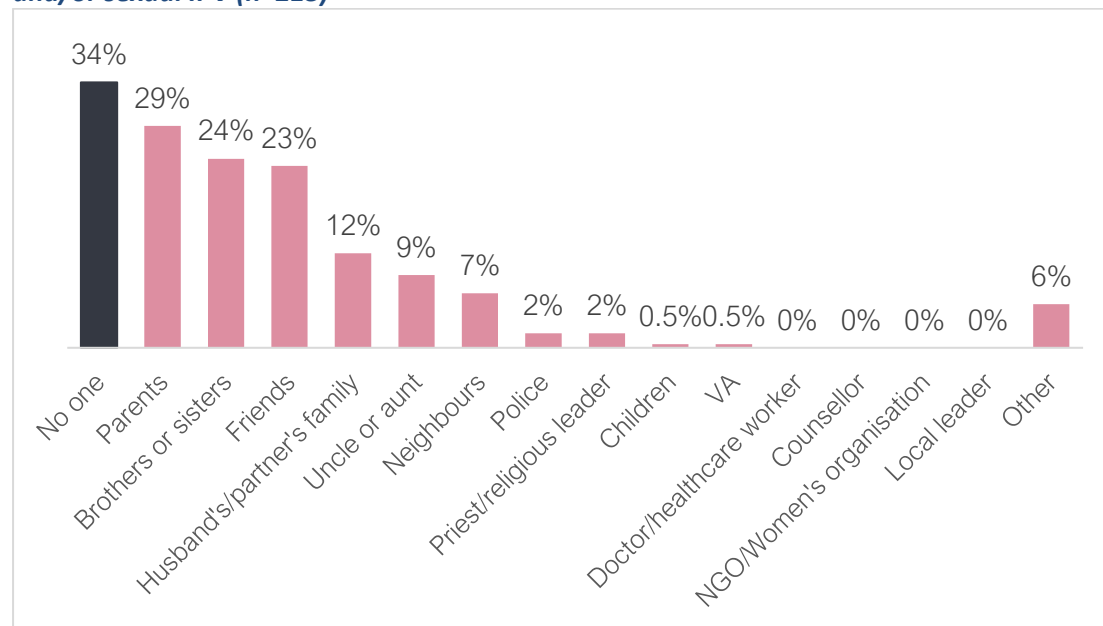
Figure 11: Frequency of injuries, among women who have been injured as a consequence of physical and/or sexual IPV in the past 12 months (n=76)



9.2 Help-seeking behaviours

One in three women (34 percent) who experienced physical and/or sexual past year IPV did not tell anyone about the incident. The most common people to whom women disclosed abuse were parents (29 percent), siblings (24 percent) and friends (23 percent) (Figure 12). No woman reported disclosing abuse to doctors or healthcare workers, counsellors, or local NGOs or women's organisations.

Figure 12: Who women disclosed abuse to, among women who had experienced physical and/or sexual IPV (n=213)



Among women who reported physical and/or sexual IPV, a total of 30 percent sought help from some formal source (Supplementary Table 14). Among women who sought help from a formal source, the top reasons that she did so (Table 40) were that she could not endure the violence any longer (30 percent), she was encouraged by friends or family (16 percent), or she was badly injured (16 percent). Among women who did *not* seek help from a formal source, the primary reasons were that she perceived the violence as not serious, or that it was normal and did not warrant help-seeking (Table 41). Five percent of women were afraid that seeking help would end the relationship. A large minority of women (41 percent) described other responses, including perceptions that the violence was her fault, she was afraid her husband would leave her, and she was concerned about the impact on her children if she separated from her husband as a result of help-seeking.

Table 40: Top three reasons to go for help, among women who seek help (n=63)

	number	percent
Could not endure more	19	30%
Encouraged by friends/family	10	16%
Badly injured	10	16%

Table 41: Top three reasons that women do not go for help, among women who do not seek help (n=150)

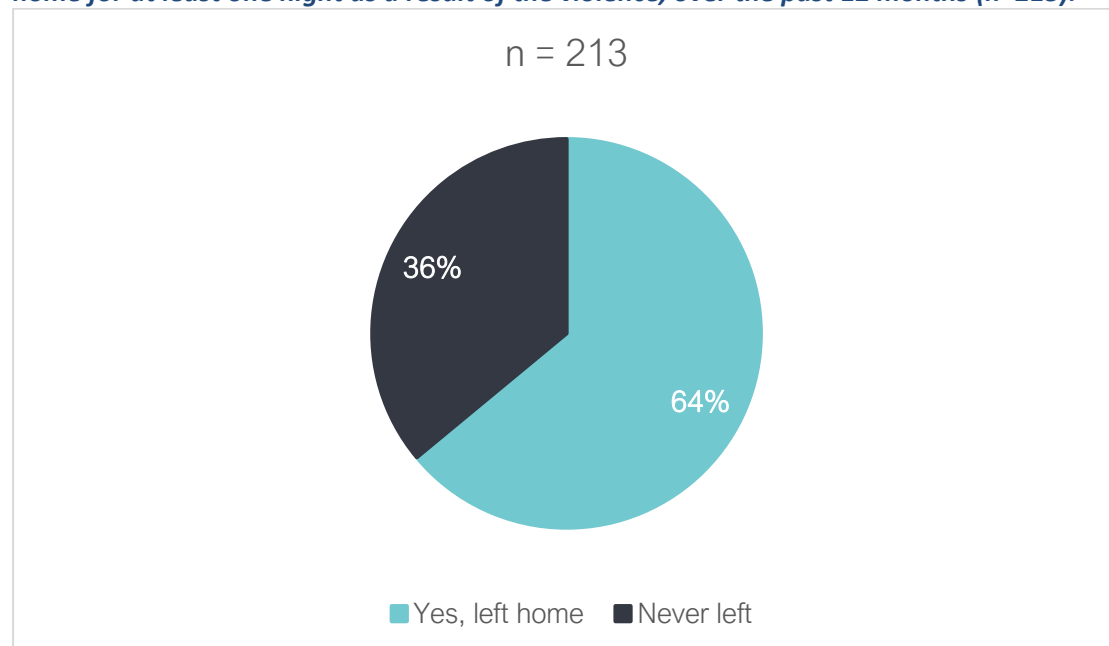
	number	percent
Violence normal/not serious	50	33%
Afraid it would end relationship	8	5%

Alongside women's own actions, community members played a role in the response to incidents of violence. Thirty-five percent of women reported that someone from their community stepped in to help during an incident of abuse. When women did receive help from the community, the most common sources of intervention were her husband/partner's family (41 percent) and neighbours (39 percent) (Supplementary Table 15 in Annex III). The most common type of action that these community members took was separating the fighting couple (62 percent), followed by informing the police (18 percent) and talking to the man afterwards and telling him that violence is never acceptable (13 percent) (Supplementary Table 16 in Annex III).

9.3 Leaving

Among women who experienced past-year physical and/or sexual IPV, 64 percent reported that they had ever left home for at least one night as a result of the violence (Figure 13). The average length of stay away from home was one night, with a reported range of 1 to 3 nights (data not shown).

Figure 13: Proportion of women experiencing physical and/or sexual IPV who had ever left home for at least one night as a result of the violence, over the past 12 months (n=213).



Women most often reported that they went to their relatives' house (78 percent). The top three reasons that women gave for leaving home, among those who did, was that they could not endure the violence anymore (25 percent), that they were thrown out of the home (8 percent) or "other" reasons (58 percent) (table not shown). When women were asked what kinds of other reasons, the most common response was that her partner was drunk or brought over drunken friends, had affairs, wanted to fight and she didn't, or did not want her children to witness her abuse or their father's drunkenness. The survey asked women why they returned home. The most common responses included that she forgave her partner (28 percent), that she didn't want to leave the children (22 percent) or "other" reasons (28 percent). Other reasons included conflict resolution between the couple, husband stopped drinking, or that she was forced to return by her family (Table 42).

Among women who did not leave for at least one night, the top three reasons were that she loved him (26 percent), she didn't want to leave her children (23 percent), or she perceived the violence as normal or not serious (19 percent) (Table 43).

Table 42: Top three reasons women return home, among women who experience physical and/or sexual IPV and leave home for at least one night (n=130)

	number	percent
Forgave him	36	28%
Other reason	36	28%
Didn't want to leave the children	28	22%
Loved him	20	16%
He asked her to go back	20	16%
Thought he would change	20	16%

Table 43: Top three reasons women do not leave home, among women who experience physical and/or sexual IPV and do not leave home for at least one night (n=77)

Reason	number	percent
Didn't want to leave the children	18	23%
Loved him	20	26%
Violence normal/not serious	15	19%

9.4 Impact on family

Couple conflict also had serious consequences on the whole family. Among women who experienced physical and/or sexual IPV in the past twelve months and lived with children less than 18 years old, 47 percent reported that children were present or overheard the abuse. Some women also reported responding in self-defence to men's violence once (19 percent), several (9 percent) or many (5 percent) times, although the majority did not (66 percent) (Table 44).

Table 44: Effect of abuse on family and couple relationship, among women who experience physical and/or sexual IPV

Effect of abuse	Percent
Children present during abuse or overheard women being abused (among women who report living with child(ren) under age 18, n = 134)	47%
<i>Women responded with physical self-defence (n=213)</i>	
Never	66%
Once	19%
Several times	9%
Many	5%
<i>Effect of physical self-defence on abuse (among women who responded with self-defence) (n=77)</i>	
No change/no effect	19%
Violence became worse	16%
Violence became less	58%
Violence stopped	5%

Among women who physically fought back, over half (58 percent) reported that the violence became less, 19 percent reported that the violence stayed the same and 16 percent reported that it became worse. Only 5 percent of women who fought back reported that the violence stopped altogether.

9.5 Discussion

Women described considerable negative consequences of physical and/or sexual abuse for themselves and their families. Most women do tell someone else about their experiences of violence. The high rates of disclosure in South Tarawa, compared to other places, may be due to the normalisation of violence in this context. The study findings suggest that strong informal support systems are in place, primarily through family and friend networks. A potential reason for women's greater likelihood of reaching out to family and friends, may be due to overall trust in individuals with whom they are closely connected. That is, women are more likely to reach out to family and friends who they trust to act in their best interests. Women experience severe and frequent abuse but they tend to be able to get away from their husbands or partners for a few nights, if needed. The qualitative data also illustrates that women tended to go to their families or to friends if they needed a place to stay:

“He got fired up, and I got fired up too! And he tried to smack me. I ended up running away. I ran to the road side or I went to my family.”

– Female community member

In the survey, 35 percent of women reported that someone from their community intervened in an incident of violence. In the qualitative interviews, many participants noted that it was common for no one to intervene in the abuse. Respondents reported that family or household members were responsible for breaking up fighting couples. The justifications for non-intervention included fears of safety, hesitancy to involve oneself in private affairs or fears that they will make things worse.

“When married couples fight, it is very difficult to get involved because that may incite further fighting. When they are fighting and you interfere, you are burning the fire more strongly.” — Male community member

Some men reported reluctance to intervene in an abusive incident due to concerns that the perpetrator might perceive the man who intervenes as having a sexual relationship with his wife. Fears of safety were particularly acute for women. If there were no other men present, women described themselves as reluctant to intervene for fear of also being beaten:

“They do nothing. Why is it that no one tries to stop the fight? The normal saying was, “It is a couple’s fight; it has nothing to do with us.” Me too. When we got back here and my husband hit me, no one wanted to stop the fight. My family here didn’t want to interfere. It’s a couple’s fight. What if I had died, right? No one did ... I came out and asked them, “How come you didn’t stop him from hitting me?”... “Oh it’s your affair”[they said]. And when they saw me the next day, and my forehead was swollen, my eyes black. Then they felt sorry for me. Your being sorry was too late, because I could have died and it is always what you say [...] it is a married couple’s fight, leave them be. Nothing was done.”

— Female community member

However, many participants did agree that when abuse became severe, they – or someone else – were more likely to step in and help. This was considered a last resort, however, due to the above mentioned barriers for outside involvement.

“If there is a fight that you witness at some home, for me, personally I believe I have no business to be involved [...] only when you know that the woman is very desperately hurt from the beating, in my opinion, when she is desperately hurt, maybe she is crying out in pain at the hands of the man. For me, that’s when you will, you must go and help her, right? [...] Because she is your fellow woman in a pitiful situation, right?”

— Female community member

In some cases, women and men described instances in which couples had to pay a fine, or provide a community meal, as a penalty for disrupting the peace of the village through their conflict. Overall, very few women appear to access formal services – such as counselling or healthcare services or police.

In the qualitative interviews, partner violence was usually discussed as men's abuse against women. While some participants noted women's use of physical abuse (e.g. hitting) against men, the vast majority of narratives around partner violence framed men as the perpetrators and women as the victims. In general, it was agreed that men's use of violence against women led to more severe consequences, and was the more serious social problem. Often women's use of violence (e.g. hitting her husband when she found him drinking with friends) was a precursor to men's retaliatory use of violence, which was often more severe. As one VA noted with respect to women and men's use of physical violence,

“Strength in this context involves physical strength, maybe when they argue, and if couples get physically violent then the women will suffer more since the man is stronger than her....It is often the case that women suffer more when couples fight because we all know that men are stronger than women.”

– Village Activist

Chapter 10: Community responses to VAW

KEY FINDINGS

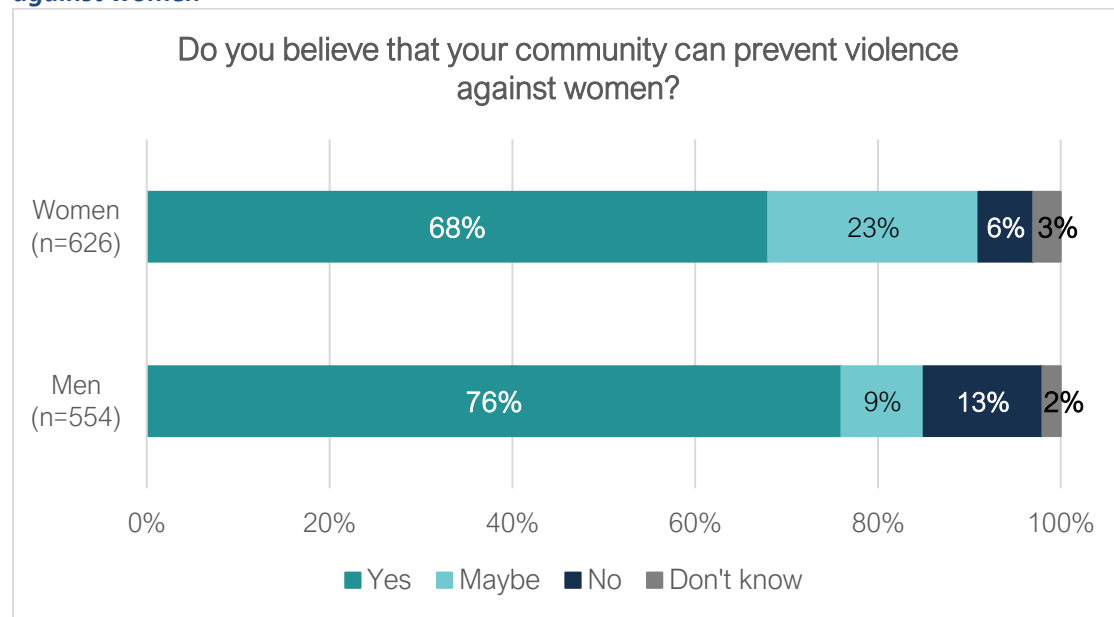
- Most survey respondents (68% of women 76% of men) believed that their communities can prevent violence against women. The desire to live in more peaceful and equitable communities was also strongly reflected in the in-depth interviews.
- However, levels of speaking out or knowing of violence prevention activities were very low. While 52% of women and 76% of men had heard about ways to reduce violence in the community, only 5% and 10% respectively had ever spoken out or taken specific action.
- Over three-quarters of survey respondents reported that they knew a place where a girl or women could go if someone hit her. The most commonly listed places where the police, Kiribati Women and Children's Support Centre, and a shelter.
- The qualitative interviews revealed that some community members choose not to intervene in cases of domestic violence due to this type of violence being highly normalized in the community and also a reluctance of individuals to become involved in private affairs of others.

A core objective of SPV is to change harmful social norms around violence against women and promote non-violent and peaceful communities. This chapter presents data from the women and men's surveys, and qualitative research, on community responses to all violence against women, although focused largely on IPV.

10.1 Beliefs of whether communities can prevent violence against women

The majority of both women (68 percent) and men (76 percent) believe that their communities can prevent violence against women (Figure 14).

Figure 14: Women and men's beliefs on whether their community can prevent violence against women



10.2 Witnessed/helped with abuse

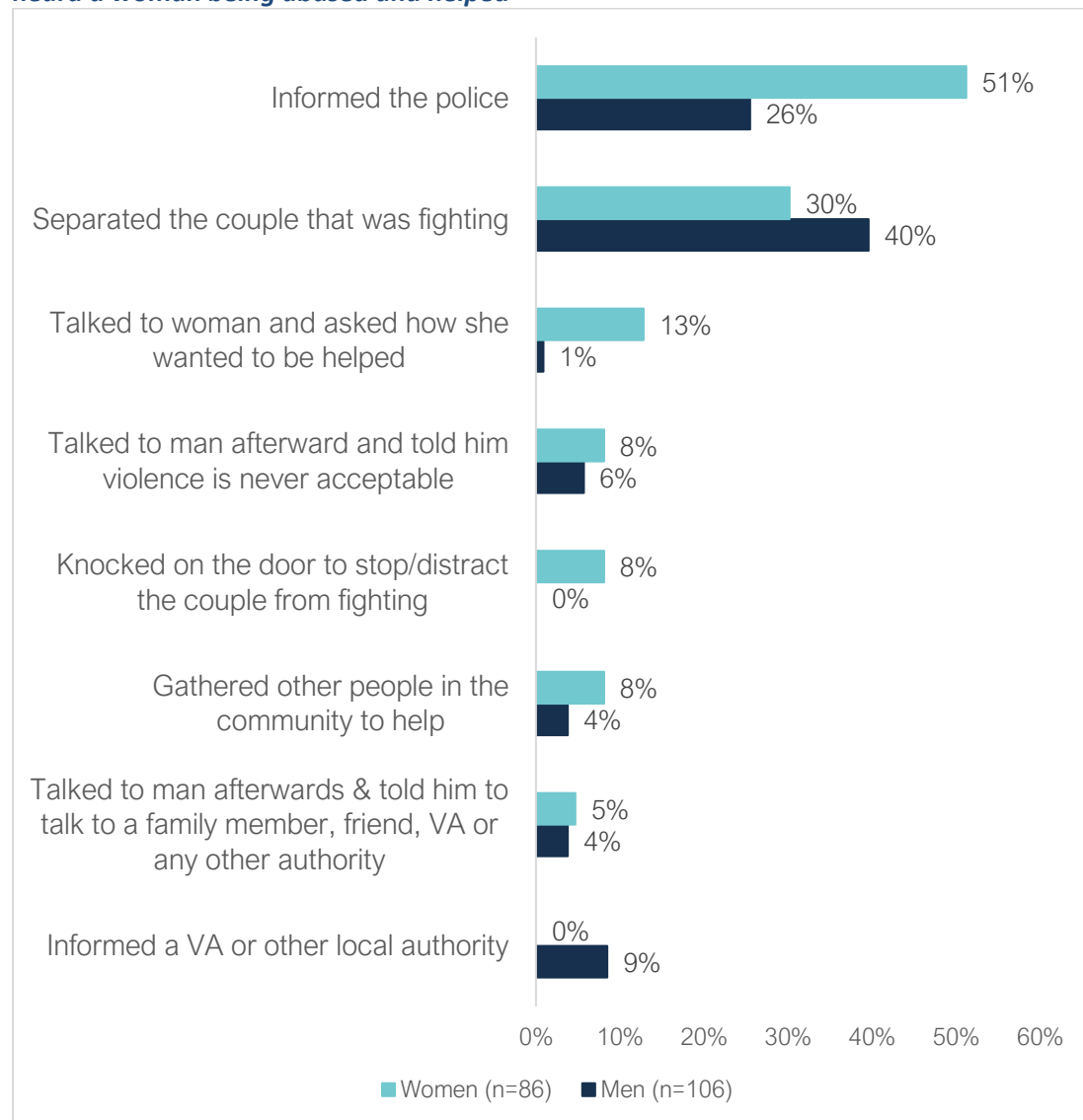
Among all women and all men, about half reported that they had not witnessed or heard a woman being abused by her husband in their village (53 percent women and 48 percent men). Among women, 14 percent did witness abuse and stepped in to help and 31 percent witnessed abuse but did not step in to help (Table 45). The main ways that women reported helping other women who they saw being abused included informing the police (51 percent) and separating the couple that was fighting (30 percent). A similar pattern emerged from the men's data with 19 percent of men reporting that they witnessed abuse and helped, and 32 percent reporting that they witnessed abuse but did not help (Table 45). The most commonly reported ways that men described helping (among those who did) was to separate the couple (40 percent) or call the police (25 percent) (

Figure 15). Both men and women reported a number of other ways that they helped. Women often sent other people to intervene, such as their husbands or other household members, or helped the woman hide. Other ways that men reported helping with an abusive incident were more actively physical, including restraining the abusive man or engaging with him (verbally or in a physical altercation) to stop the violence.

Table 45: Witnessed/helped with abuse

<i>In the past 12 months:</i>	Among women (n=621)			Among men (n=554)		
	Yes and helped	Yes and did not help	No	Yes and helped	Yes and did not help	No
Have you witnessed or heard a woman being abused by her husband in your village	14%	31%	53%	19%	32%	48%
Has any woman in your community told you that she has experienced violence?	15%	9%	75%	19%	1%	91%

Figure 15: Types of help provided among women (n=86) and men (n=106) who witnessed or heard a woman being abused and helped



Overall, the majority of women (75 percent) and men (91 percent) reported that a woman had never told them that she had experienced violence. In contrast, 15 percent of women and 7 percent of men reported that a woman in their community had told them about her experiences of violence and they helped. Very few women and men (9 and 1 percent respectively) were told by a woman that she had experienced violence and did not help (Table 45).

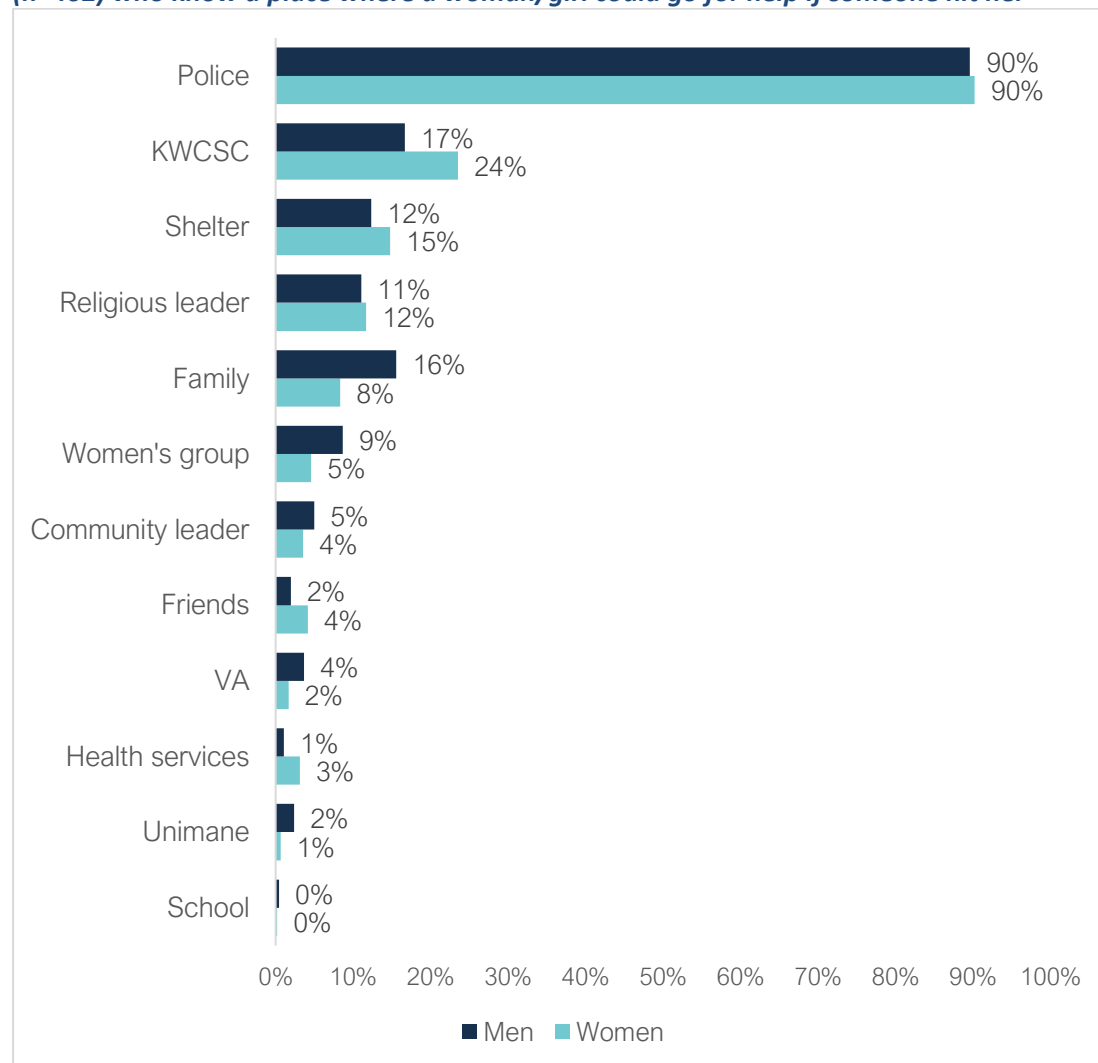
10.3 Knowledge of support services

Over three-quarters of women (78 percent) and men (82 percent) reported that they knew a place where a girl or women could go if someone hit her (Table 46). The most commonly listed places where a woman could go for support were the police (91 percent of women and 90 percent of men), KWCSC (24 percent women and 17 percent men) and a shelter (15 percent women and 12 percent men) (Figure 16 below and Supplementary Table 18 in Annex III).

Table 46: Knowledge of support services among women and men

Know a place a girl/woman could go for help if someone hit her?	Yes		No	
	WOMEN (n=621)			
	percent	number	percent	number
	78%	480	19%	126
	MEN (n= 554)			
	percent	number	percent	number
	82%	462	17%	84

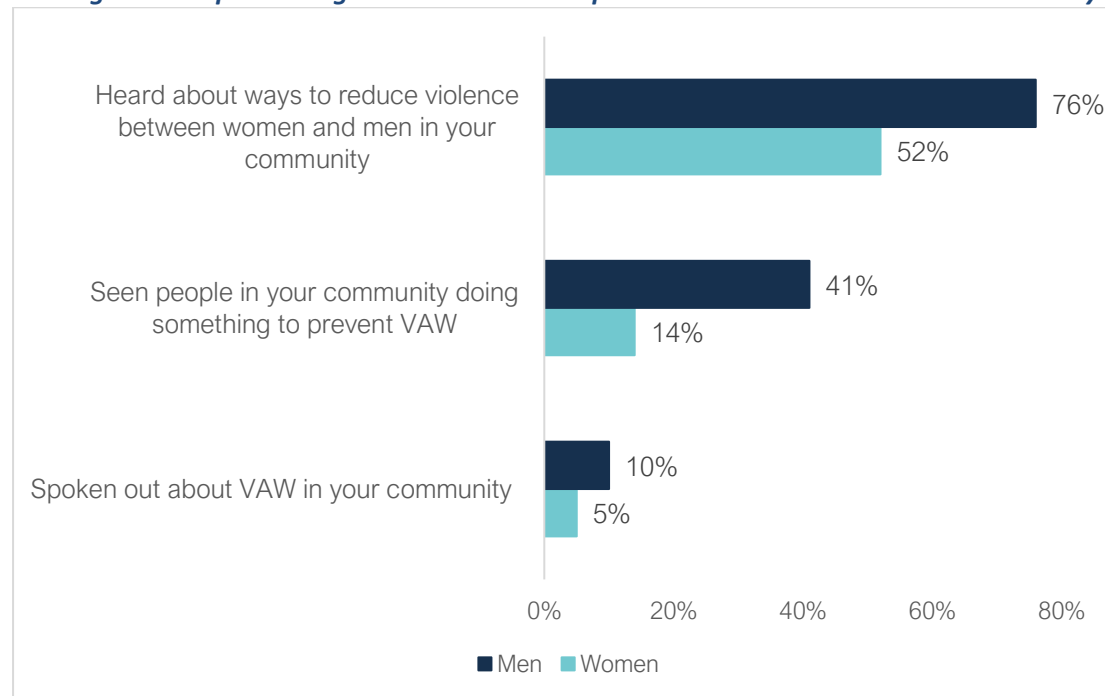
Figure 16: Types of support services known about, among women (n=480) and men (n=462) who know a place where a woman/girl could go for help if someone hit her



10.4 Witnessed/participated in VAW prevention activities

Self-reported involvement in violence prevention activities was low among both women and men, although many respondents reported hearing ways to reduce violence in their communities. Among women, only 5 percent reported that they had spoken out about VAWG in their communities. However, 14 percent reported that they had seen people in their community doing things to prevent VAW and 52 percent had heard of ways to reduce violence between women and men in their communities. Men's reports were higher for all items. Among men, 10 percent reported that they had spoken out about VAW in their communities, 41 percent had seen people engaging in prevention activities and 76 percent had heard of ways to reduce violence (Figure 17).

Figure 17: Percentage of all women (n=629) and men (n=556) who have had exposure to messages about preventing VAW or who have spoken out about VAW in their community



Among women who had heard about ways to reduce violence, the primary mediums were through radio (39 percent), community leaders (23 percent) and neighbours (19 percent). Among men, police (29 percent) and radio (29 percent) were the most common ways in which they heard these messages, followed by neighbours (19 percent) and religious leaders (12 percent) (table not shown).

10.5 Discussion

Participants in the survey generally described a positive approach to violence prevention, and most people believed that their community could become less violent. However, levels of taking action, speaking out, or knowing of violence prevention activities were very low. This suggests that general awareness raising programmes are unlikely to lead to behavioural change, unless they move beyond awareness raising to helping community members support women. Therefore, greater active involvement of community members may be an important way to improve the results of prevention activities in South Tarawa.

Most women and men in the survey knew of a place where a woman or girl could go if she was physical abused, and the most commonly reported place to go was the police. However, as noted above in Chapter 9, women themselves very rarely report to formal mechanisms, such as the police. In qualitative interviews with community men and women, police were often called in response to domestic disputes by neighbours, rather than women themselves reporting violence to the police or calling in.

“People may telephone the policemen when they see that the woman is getting badly hurt; once they see this they begin to assist, someone may telephone the police, some may go and stop the man when they see he is getting very aggressive; they overpower him.”

– Male community member

Yet, even calling the police and getting law enforcement involved in domestic disputes was limited, due to people’s reluctance to get involved with private matters.

“One of the things that I disagree with regarding our cultural values is that people shouldn’t interfere or come between couples fighting. ‘Let them be, it’s their own problem’. Additionally, it’s to do with fear, you’re scared to call the police because people will judge you. After witnessing that incident, I felt helpless and didn’t want to interfere in their dispute, you feel like it’s best not to get involved and hence, you distance yourself from them. Because, it occurred to me that if I come between the couples fighting, then I am putting myself at risk and the husband may blame me or want to fight with me. It’s like you want to do something but you can’t.

– Community leader

In the qualitative interviews, participants often described situations in which community women and men would watch a man beat his wife, but not intervene. As noted above, this was largely due to reluctance to become involved in private affairs. However, a few participants also noted that this was a normal part of Kiribati culture

– to observe domestic violence. One man, who did not let his wife go and watch couple conflict, said,

“I think the reason for them coming or going over to watch the fight was not to help but just to hear what was happening. Why did they argue, or fight? What was the reason for the argument? They only went over to get the story. They are reporters. It was a topic for their own discussion. It was like updating their news. Once the fight was over, they all went back to their homes.They go home and tell their household what the fight was. It becomes a story, some form of entertainment. They love it. I don’t want my wife to become like them; a reporter.”

– Male community member

Despite a limited community response to prevent and mitigate IPV, the qualitative data suggests that women and men in South Tarawa do desire to live in more peaceful and equitable communities. Many community women and men ended their in-depth interviews with statements expressing their desire for non-violence between couples, healthy and safe living environments, and a good future for their children.

Among SPV staff and VAs – who were trained on SPV messaging and training materials related to violence prevention and gender equality – a number expressed their hopes for the SPV intervention, with respect to improved lives for the people of South Tarawa. As one SPV staff member concluded,

“My hope and goal from the work of this [SPV] Project is that it will happen once the segregation between the man and woman is avoided. The hope is when that happens then peace and harmony will be a permanent thing. Peace will be in the village. Peace will improve, as well as other things; the abuse of women and children will diminish. The women will be more appreciated and treated better, that is what I see as the goal of this Programme. It hopes to minimise the bad treatment but how can that diminish by what we are doing?

We have to start at the prevention so that this does not happen, we cannot let it happen and then do something about it.”

– SPV Team member

At the same time, backlash to efforts to prevent and respond to IPV through social norm change is inevitable. In some qualitative narratives, participants described their own beliefs – or their perceptions of beliefs in the community – that prevention and response programming and policies are creating negative situations or harmful new social norms that deviate from the way life used to be. For example, one qualitative participant described how people push back against increased protections for women who experience abuse:

...Because of [women’s] so-called protection, they have no limits now... they are really showing off now. For example, if I beat a woman and don’t really mean it, however because I have laid hands on a woman and when she files a complaint and she [says], “I am not happy with this man.” And then she accuses you of beating her [...], Women are over their limits sometimes. Right? They go over their limits because there’s a protection for them. [...] From the government, there’s a rule, a united rule that if you beat a woman and, depending on the damage you did to the woman, then the court will weigh your fine regarding that. But we all know that if you beat a woman, from lowest, is 7 years [...] So, there’s a common joke now that saying, “Ah you want to be in for 7 years,” something like that [...] And what if no such law existed [to protect women]. Like it will be all equal.

– Male Village Activist

Quotes such as the one above signal the inevitable resistance and backlash that occur in communities where we see momentum toward greater equality and protections for women who experience abuse, thus, in some respects, backlash and resistance can be positive signs of progress. However, at the same time, these results signal the need for prevention interventions to be attuned to the possible backlash they may face in their own programming efforts, and to identify strategies to mitigate against the potential negative effects of such backlash.

Chapter 11: Conclusions and Recommendations

In this chapter, we provide concluding remarks and recommendations based on the SPV Impact Evaluation Baseline Study results. As these recommendations are derived from this baseline study, they are meant to inform programme design, focus, and implementing strategies of the SPV intervention. Thus, these recommendations are targeted at the programme level, and are not focused on the broader Kiribati national level or toward other programmes.

Results from this baseline survey indicate that women experience and men perpetrate high levels of IPV in South Tarawa, and IPV is often severe and frequent. As described in Chapter 4, estimates of IPV reported by women in this sample are similar to survey results using comparable methods conducted in 2009. This study also – for the first time in Kiribati – measured men’s reports of IPV perpetration. Men’s reported perpetration of IPV was higher than women’s reported victimisation, which likely reflects widespread impunity for men’s use of violence, and experiences of shame and silencing which may reduce women’s disclosure of IPV. The high levels of violence found by the study signal the importance of community-based interventions, such as the SPV programme, to reduce the prevalence of IPV in this context.

This baseline report also provides results on factors linked to women’s experiences and men’s perpetration of IPV, which can inform the implementation of the SPV programme. Below, we highlight specific conclusions and recommendations, based on the results described in this baseline report.

Intimate Partner and Relationship Characteristics

Chapter 5 of this report describes major trends and patterns with respect to women’s and men’s reported partner and relationship dynamics. Overall, women and men report high levels of respect, communication and shared decision-making in their intimate partnerships. These findings signal that many women and men have positive

experiences in marital unions or partnerships. However, the high rates of IPV reported by both women and men signal that healthy relationship practices, with respect to decision-making and communication, are, on their own, not adequate to prevent VAW in South Tarawa.

The study also finds that women who experience coercion or controlling behaviour from their husbands are significantly more likely to experience physical and/or sexual IPV in the past year. This suggests that women's ability to exercise choice around their sexuality and reproductive health is limited.

RECOMMENDATION 1: SPV Programme messaging will need to move beyond healthy relationship practices, and address directly the high rates of IPV and harmful relationship practices experienced by women and perpetrated by men in this context. In particular, SPV should find ways to address women's limited ability to make choices around their reproductive health, not just in terms of HIV and violence prevention, but also in terms of family planning, birth spacing and norms around men's control of women's sexuality.

The study found higher rates of IPV in relationships where there is more conversation about sex, and found an association between women's experiences of IPV and their partners' controlling behaviour around her sexual and reproductive health. These findings suggest that women talking about sex or contraception may be viewed as challenging rigid gender norms and systems of control, which puts them at higher risk of violence.

RECOMMENDATION 2: The SPV Programme should first focus on shifting norms around women's sexual autonomy, particularly working on this with men, before encouraging couples to communicate more openly about sex and contraception. See Recommendation 7.

Men's antisocial behaviour and substance abuse

Chapter 6 describes connections between men's antisocial behaviour, substance abuse and IPV. Men who report higher use of alcohol are more likely to report perpetration of IPV. Similarly, women who report their partner's alcohol abuse are more likely to report experiencing IPV, and this remains significant even after adjusting for other risk factors in multivariable models. In qualitative narratives, alcohol is perceived as an important social problem in the community and a *cause* for couple conflict and IPV.

RECOMMENDATION 3: In programming efforts, SPV will need to incorporate discussions of how alcohol acts as a trigger – rather than a cause – of IPV. Increasing understanding of how alcohol serves as a circumstantial trigger for men's use of violence – rather than an underlying cause – will be important to reinforce the message that many factors contribute to women's and men's risk of IPV victimisation and perpetration, respectively.

Men's other antisocial behaviours are also linked to higher risk of IPV. For example, men's involvement in gangs, physical fights and fights with weapons are all associated with men's perpetration of higher rates of IPV. Men's involvement in fights with other men emerged as a significant risk factor of women's experiences of past year physical and/or sexual IPV in multivariable models, adjusting for other risk factors. These results are consistent with global evidence on the links between men's perpetration of general community violence and men's perpetration of IPV against female partners.⁴⁹

RECOMMENDATION 4: SPV programming can emphasise how the reduction of all forms of violence is good for everyone in the community. The connection between men's involvement in community violence and IPV can also reinforce the message that VAW and IPV are everyone's problem. This can be a useful strategy when speaking with people who believe that VAW is not a pertinent issue to them, because

⁴⁹ Fleming et al. 2015. Men's violence against women and men are inter-related: Recommendations for simultaneous intervention. *Social Science & Medicine*, 146:249-256.

it does not happen in their homes. Rather, these results show how preventing IPV and VAW is related to the reduction of violence across the community.

As discussed in sections 4.9 and 6.3, men's use of violence is often related to notions of 'what it mean to be a man,' specifically, harmful modes of masculinity, which are widely accepted and normalised in the community.

RECOMMENDATION 5: SPV programming can focus on encouraging men (and women) to examine, deconstruct, and challenge the harmful modes of masculinities which are prevalent within their community. Communities could then identify and promote positive, alternative notions of masculinities which could serve in place of the existing, harmful types of masculinities. Engaging younger men in this process will be particularly crucial.

Harsh parenting and child abuse

Women's and men's reports of harsh parenting practices, as well as their own experiences of child abuse, are presented in Chapter 7. Women and men reported high levels of childhood trauma, particularly emotional abuse and neglect, and physical child abuse. Overall, men's and women's experiences of childhood trauma were linked to IPV perpetration (among men) and IPV victimisation (among women). These results are consistent with Asia-Pacific regional evidence on the links between childhood abuse and adult experiences of violence in intimate partner relationships.^{50,51} Still, many respondents reported positive discipline with their own children. This may signal changing norms around child discipline, or reporting bias if women and men believe that they should answer questions around childhood maltreatment in certain ways due to the increase in anti-child abuse campaigns and programs.

⁵⁰ Fulu et al. 2017. 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. *Lancet Global Health*, S:e512-22.

⁵¹ Fry, McCoy and Swales. 2012. The Consequences of Maltreatment on Children's Lives: A Systematic Review of Data From the East Asia and Pacific Region. *Trauma, Violence & Abuse*, 13(4):209-33.

RECOMMENDATION 6: Given the study found significant correlation between men's and women's experiences of childhood trauma and IPV perpetration and victimisation, in order to effectively prevent VAW in the long-term, SPV programming could include messages and activities which promote positive, non-violent methods for child discipline. The programme may also seek to improve SPV staff and VAs' awareness of the link between IPV and childhood abuse.

Gender attitudes and social norms around IPV

Men's and women's attitudes toward gender relations, violence and sexuality appear to be related to perpetration (among men) and victimisation (among women) of IPV. However, some of these results emerge in a direction opposite to what might be expected. For example, women who report less equitable attitudes toward sexual relations between women and men are also at lower risk of past year physical and/or sexual IPV by their partners. This may be a reflection of a situation in which women who are sexually empowered are viewed as deviating from gender norms dictating that men hold power with respect to sexual decision-making in relationships. Thus, displaying less equitable attitudes about sexual relations may minimise women's risk of retaliatory violence.

Among men, attitudes toward gender relations were more important as a risk factor for perpetration of IPV. Men who held less gender equitable beliefs were more likely to report perpetration of past year physical and/or sexual IPV, accounting for beliefs toward other forms of violence.

RECOMMENDATION 7: SPV messaging and activities should focus on promoting gender equitable norms, particularly among male participants. This will be a key pathway through which to lower the risk of IPV perpetration. As raised in the findings, it is important to be aware of the potential backlash against women if normative expectations of women's and men's sexual roles in the relationship are challenged. Therefore, the programme may consider working with couples or with both men and women separately to unpack and challenge norms related to women's

sexual autonomy and what consent and healthy sexual relationships can look like. The aim is to challenge rigid gender stereotypes that limit women's ability to negotiate sex. Taking this approach will likely minimise the potential for backlash and harm.

Consequences of IPV for women

Chapter 9 describes the many social, economic and health consequences that women face when they experience IPV. Over half of women experienced injury as a result of IPV, which, in turn, has wider-ranging potential impacts on the economy (e.g. her ability to work or not work) and existing health services (e.g. her use of health clinics, hospitals, etc.). Women also rarely sought formal services, but tended to seek help and support from informal support networks for temporary refuge.

RECOMMENDATION 8: *SPV should continue to find ways to strengthen informal support networks (e.g. friends, family, neighbours), while also facilitating women's access to formal services (e.g. health clinics, police, KWCSC, etc.). SPV messaging can also discuss the broader impact of poor health and inability to work among women who experience IPV, to indicate how VAW negatively affects the broader community, not only the woman and her family.*

Community Responses to VAW

Chapter 10 presents data on community responses to VAW, particularly IPV. Overall, community awareness of VAW as an issue is moderate, but men and women report high levels of awareness of ways to help women who experience IPV. Men tend to report greater exposure to, and involvement in, community violence prevention messaging and activities. Backlash or negative reactions to efforts to prevent and respond to VAW at the community level also emerged in the qualitative data. The community environment of moderate to high awareness of IPV and ways to support women is a positive context in which to be starting the SASA! programming through SPV.

RECOMMENDATION 9: It will be key to evaluate the programme intervention strategies and achievements in the Support and Action phases (i.e. moving beyond the awareness phase, given the adequate levels of awareness in the community).

RECOMMENDATION 10: SPV should also develop strategic approaches to ensure that the SPV programme meaningfully reaches women and girls, alongside men and boys.

RECOMMENDATION 11: SPV staff and implementing partners will need to consider how to mitigate against the inevitable backlash of the programme messaging and intervention activities, in order to reduce the risk of regression, the erosion of progress and even backslide.

Other considerations

In recent decades, there has been growing acknowledgment and understanding around the intersections between gender inequality and climate change. Across the globe, the impacts of climate change affect women and men differently.⁵² When it comes to the impacts of climate change, Kiribati is one of the world's most vulnerable countries. As a low-lying, small island nation, some projections forecast that large parts of Kiribati could be underwater in the coming decades. By 2050, the World Bank predicts rising sea tides and increasing storm surges will swallow half of Bikenibeu, one of the SPV intervention sites, which is home to 6,500 people.⁵³

While the topic of climate change was not touched on in this study, the realities of this urgent and existential threat to Kiribati are difficult to ignore. The impact of climate change – destructive flooding, violent storm surges, and the associated costs to communities' health, safety and wellbeing – was evident during field work for this study and even impacted on the data collection process for the baseline.

⁵² International Union for Conservation of Nature, <https://www.iucn.org/resources/issues-briefs/gender-and-climate-change>

⁵³ World Bank, <http://siteresources.worldbank.org/INTPACIFICISLANDS/Resources/4-Chapter+4.pdf>

RECOMMENDATION 12: *Future research could investigate the links between gender and climate change in Kiribati, specifically how climate change may be linked to violence against women.*

References

- Abramsky, T., K. M. Devries, L. Michau, J. Nakuti, T. Musuya, L. Kiss, N. Kyegombe and C. Watts. 2016. "Ecological Pathways to Prevention: How Does the Sasa! Community Mobilisation Model Work to Prevent Physical Intimate Partner Violence against Women?". *BMC Public Health* 16:339. doi: 10.1186/s12889-016-3018-9.
- Abramsky, Tanya, Karen Devries, Ligia Kiss, Leilani Francisco, Janet Nakuti, Tina Musuya, Nambusi Kyegombe, Elizabeth Starmann, Dan Kaye, Lori Michau and Charlotte Watts. 2012. "A Community Mobilisation Intervention to Prevent Violence against Women and Reduce Hiv/Aids Risk in Kampala, Uganda (the Sasa! Study): Study Protocol for a Cluster Randomised Controlled Trial." *Trials* 13(96):1-22.
- Breiding, M. J., M. C. Black and G. W. Ryan. 2008. "Prevalence and Risk Factors of Intimate Partner Violence in Eighteen U.S. States/Territories, 2005." *Am J Prev Med* 34(2):112-8. doi: 10.1016/j.amepre.2007.10.001.
- Campbell, Jacquelyn C. 2002. "Health Consequences of Intimate Partner Violence." *Lancet* 359:1331-36.
- Clark, C. J., G. Ferguson, B. Shrestha, P. N. Shrestha, J. M. Oakes, J. Gupta, S. McGhee, Y. F. Cheong and K. M. Yount. 2018. "Social Norms and Women's Risk of Intimate Partner Violence in Nepal." *Soc Sci Med* 202:162-69. doi: 10.1016/j.socscimed.2018.02.017.
- Counts, D.A., Brown, J.K. and Campbell, J.C. (eds). 1992. *Sanctions and sanctuary: Cultural perspectives on the beating of wives*. Oxford: Westview Press.
- Secretariat of the Pacific Community (SPC). 2010. "Kiribati Family Health and Support Study: A Study on Violence against Women and Children." South Tarawa, Republic of Kiribati: Ministry of Internal and Social Affairs.
- Devries, K. M., J. Y. T. Mak, C. García-Moreno, M. Petzold, J. C. Child, G. Falder, S. Lim, L. J. Bacchus, R. E. Engell, L. Rosenfeld, C. Pallitto, T. Vos, N. Abrahams and C. H. Watts. 2013. "The Global Prevalence of Intimate Partner Violence against Women." *Science* 340:27-28. doi: 10.1126/science.1240937.
- Ellsberg, Mary, Henrica A. F. M. Jansen, Lori Heise, Charlotte H. Watts and Claudia García-Moreno. 2008. "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* 371:1165-72. doi: 10.1016/s0140-6736(08)60522-x.
- Fleming et al. 2015. Men's violence against women and men are inter-related: Recommendations for simultaneous intervention. *Social Science & Medicine*, 146:249-256.
- Fry, Deborah, Amalee McCoy and Diane Swales. 2012. "The Consequences of Maltreatment on Children's Lives: A Systematic Review of Data From the East Asia and Pacific Region." *Trauma, Violence & Abuse*, 13(4):209-33.
- Fulu, Emma, Rachel Jewkes, Tim Roselli and Claudia Garcia-Moreno. 2013. "Prevalence and Risk Factors for Male Perpetration of Intimate Partner Violence: Findings from the Un Multi-Country Cross-Sectional Study on Men and Violence in Asia

- and the Pacific." *Lancet Global Health* 1(1):187-207. doi: 10.1016/S2214-109X(13)70074-3.
- Fulu, Emma, Stephanie Miedema, Tim Roselli, Sarah McCook, Ko Ling Chan, Regine Haardorfer, and Rachel Jewkes. 2017. "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." *Lancet Global Health*, S:e512-22.
- García-Moreno, Claudia, Henriette Jansen, Mary Ellsberg, Lori Heise and Charlotte Watts. 2005. "WHO Multi-Country Study on Women's Health and Domestic Violence against Women." Geneva: World Health Organization.
- Hartmann, M. and Krishnan, S. (2016) *Ethical and safety recommendations for intervention research on violence against women*. Geneva: World Health Organization.
- International Union for Conservation of Nature. 2015. "Issues Brief: Gender and Climate Change." Available online at: https://www.iucn.org/sites/dev/files/import/downloads/gender_and_climate_change_issues_brief_cop21_04122015.pdf
- Jewkes, R., Dartnall, E. and Sikweyiya, Y. 2012. *Ethical and safety recommendations for research on perpetration of sexual violence*. Pretoria: SVRI, Medical Research Council.
- Jewkes, R., Levin, J. and Penn-Kekana, L. 2002. Risk factors for domestic violence: findings from a South African cross-sectional study. *Social Science & Medicine* 55:1603–1617.
- Krug, Etienne G., Linda L. Dahlberg, James A. Mercy, Anthony B. Zwi and Rafael Lozano. 2002. "World Report on Violence and Health." WHO: Geneva.
- National Statistics Office, Ministry of Finance and Economic Development (MFED) (2016). *2015 Population and Housing Census: Preliminary report*. South Tarawa: MFED.
- Republic of Kiribati and UNICEF (2002). *A situation analysis of children, youth and women in Kiribati*. South Tarawa: UNICEF.
- World Bank. 2000. 'Impact of Climate Change on Low Islands The Tarawa Atoll, Kiribati' in *Cities, Sea, and Storms Managing Change in Pacific Island Economies*. Available online at: <http://siteresources.worldbank.org/INTPACIFICISLANDS/Resources/4-Chapter+4.pdf>
- United Nations. 2015. "Transforming Our World: The 2030 Agenda for Sustainable Development." New York: United Nations Secretariat.