
Violence against Women in Melanesia and East Timor:

A REVIEW OF INTERNATIONAL LESSONS



Australian Government

AusAID

Office of Development Effectiveness

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Executive summary

This report is the first step in a longer research and evaluation process conducted by the Office of Development Effectiveness (ODE). ODE aims to build the evidence base for effective interventions to combat violence against women and promote gender equality.

Violence against women is severe and pervasive in Melanesia – Fiji, Papua New Guinea (PNG), Solomon Islands, Vanuatu – and East Timor. The two most common forms of violence against women in these countries are consistent with global trends: (i) physical, psychological and economic violence against women by *intimate partners* and (ii) all forms of *sexual violence*, whether perpetrated by intimate partners or others. These two forms of violence are the focus here.

The existing research base on violence against women in Australia's region is stronger in some countries (for example, PNG and East Timor) than others, though substantial gaps remain across all countries. The good research that has been done is often old (for example, the groundbreaking PNG Law Reform Commission research into domestic violence in the 1980s) and needs updating. In short, the scale of the problem across Melanesia and East Timor is not known.

Violence against women has significant human rights dimensions, causing trauma to women, families and communities. It is also a development problem and undermines the effectiveness of Australian aid. The economic, social, and health-related costs are substantial. Violence against women increases health care, social service, policing and justice system costs and results in loss of productivity from both paid and un-paid work. A World Bank report on gender-based violence suggests that lost wages due to family violence amounted to 2.0% of GDP in Chile and 1.6% in Nicaragua, while in 2003, the Colombian national government spent 0.6% of its total budget on services to survivors of family violence. It has been estimated that in 2002-03 domestic violence cost Australia \$8.1 billion. Violence against women is both a symptom and a cause of gender inequality and discrimination. The high incidence of violence against women, combined with the culture of fear generated by it, retards women's participation in political, social and economic life.

International experience and research reveal a number of *general* lessons that point the way for more effective responses to violence against women:

- Develop high-level commitments within partner country governments to tackle violence against women.
- Conduct adequate analysis to understand violence against women in specific country contexts and track violence against women interventions (that is, put a far greater emphasis on monitoring and evaluation.)
- Develop multisectoral, collaborative responses. Reducing violence against women requires overcoming sectoral silos in the management of aid programs.
- Emphasise prevention efforts, which is where big gains can be made.
- Challenge the underlying social, economic and cultural norms that support violence.
- Commit for the long term. A reduction in the incidence of violence against women occurs through a series of incremental gains.
- Do no harm. Minimise the potential for violent backlash associated with women's empowerment activities and consider violence against women in all interventions.

These are *general* lessons already clear from international experience. ODE's research and evaluation effort in Melanesia and East Timor aims to generate *specific* ideas for new interventions and new ways of working with partners, including partner governments, civil society and other donors, to address violence against women. The evaluation will provide practical recommendations for applying some of the general lessons in each country.

1: Violence against women – an initial review

Violence against women persists in every country in the world as a pervasive violation of human rights and a major impediment to achieving gender equality. ... [A]s long as violence against women continues, we cannot claim to be making real progress towards equality, development and peace.

—Kofi Annan¹

Introduction

This report is the first step in a longer research and evaluation process conducted by ODE with the aim of building the evidence base to guide efforts to combat violence against women and promote gender equality.

The first challenge is to identify *general* lessons based on international experience that point the way towards more effective responses to violence against women. This review seeks to meet that challenge, focusing on the role of Australia as a supporting partner in addressing violence against women across the region. It does this by asking the following questions:

- **How should violence against women be defined?** The next part of this chapter defines the most globally prevalent forms of violence against women, and the forms it takes in Melanesia and East Timor. These forms of violence against women are the focus of this review and ODE's subsequent research and evaluation effort.
- **What is the nature of violence against women?** Is there a compelling analytical model to better understand the problem? Chapter 2 proposes an analytical model.
- **What is the scale of the problem in Melanesia and East Timor based on the available research and literature?** Chapter 3 canvasses what we already know about the two most prevalent forms of violence against women in the region.
- **How does violence against women relate to the Australian aid program?** Chapter 4 links the need for an effective response to violence against women to the development effectiveness agenda.
- **What does existing international experience already tell us about effective responses to violence against women?** Chapter 5 surveys the international literature for promising approaches, and extracts some *general* lessons to inform a scaled-up response to violence against women.

The second challenge is to generate *specific* ideas for more effective programming in each country of interest: East Timor, Fiji, Papua New Guinea (PNG), Solomon Islands and Vanuatu. An in-depth research and evaluation effort in each country will respond to this challenge. Researching violence against women is sensitive and often distressing, with the potential to create significant risks for women participants and their families. But it is the only way to generate specific recommendations for a multitude of actors – not just AusAID – on ways to improve efforts to address violence against women. Importantly, this research and evaluation phase is predicated on a scaling-up of Australia's interventions in this area. Chapter 6 outlines the in-depth evaluation phase and Annex 1 includes terms of reference for this phase.

¹ UN Secretary-General, *In-depth study on all forms of violence against women*, United Nations General Assembly, Report of the Secretary-General (A/61/122/Add.1), 6 July 2006. [UN Secretary-General's report]

Definition of terms

There is no universally agreed terminology for referring to gender-based violence and violence against women.² Many commonly used terms have different meanings across regions, and derive from a range of theoretical perspectives. The terms 'violence against women' and 'gender-based violence' are often used interchangeably, however gender-based violence can also refer to violence against men.

It is useful to distinguish gender-based violence from other forms of violence. Gender-based violence refers to all types of violence targeting a specific group or individual where the victim's gender is a primary motive or risk factor. This is different to indiscriminate violence where the victim's gender is irrelevant. Both men and women can be victims of gender-based violence. Globally, 'men experience higher levels of physical violence than women as a result of war, gang-related activity, street violence, and suicide, while women and girls are more likely to be assaulted or killed by someone they know, such as an intimate partner.'³

This review uses the term violence against women for two reasons. First, it highlights the fact that it is women who overwhelmingly experience gender-based violence. Second, it distinguishes violence against women from male-to-male violence. While serious, male-to-male violence is not generally 'deeply rooted in structural relationships of inequality'.⁴ (Note, though, that a high rate of male-to-male violence is associated with an increased risk of violence against women.⁵)

The United Nations Declaration on the Elimination of Violence against Women (1993) is the usual starting point for defining violence against women:

[A]ny act of gender-based violence that results in or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.⁶

But this casts violence against women very broadly, which can dilute attention from the most prevalent forms of violence against women in specific countries. This study focuses on the two forms of violence against women considered to be the most prevalent in Melanesia and East Timor.

- ***Violence against women committed by intimate partners*** is often understood as domestic violence or spousal abuse. Intimate partner violence overwhelmingly involves a female victim and a male perpetrator. In over 95 per cent of domestic assaults in the Pacific region, the husband is the aggressor.⁷ Forms of intimate partner violence extend beyond physical violence to psychological and economic violence. However, it does not extend to abuse of the elderly or child neglect.

² L Baker, *Gender based violence case definitions: towards clarity in incident classification*, International Rescue Committee, January 2007.

³ S Bott, A Morrison and M. Ellsberg, *Preventing and responding to gender-based violence in middle and low-income countries: a global review and analysis*, World Bank Policy Research Working Paper No. 3618, June 2005, p. 1.

⁴ UN Secretary-General's report, p. 13.

⁵ C Garcia-Moreno, H Jansen, M Ellsberg, L Heise, and C Watts, 'WHO Multi-country Study on Women's Health and Domestic Violence against Women' (World Health Organisation, 2004).

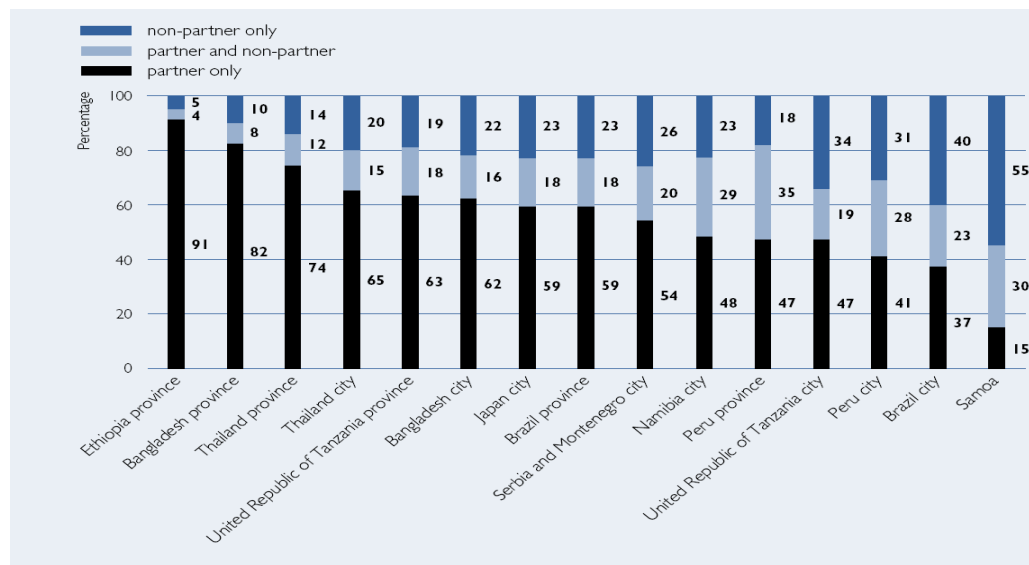
⁶ General Assembly resolution 48/104, 20 December 1993, Article 1. Psychological (or emotional) violence is extremely difficult to measure.

⁷ I Jalal, *Law for Pacific women: a legal rights handbook*, Fiji Women's Rights Movement, Suva, 1998, chap. 5, p. 2. It is true that women perpetrate violence against men and other women. Amnesty International reports that approximately one-third of female inmates in a Port Moresby prison are 'serving sentences for crimes relating to attacks on women with whom they share a partner'. See Amnesty International's *Papua New Guinea: Violence against women – not inevitable, never acceptable!*, 2006, p. 9. But violence with female perpetrators constitutes only a small fraction of the violence against women phenomenon.

- **All forms of sexual violence against women and girls** covers the broad spectrum of sexual assault, including from sexual harassment through to rape; by a relative, friend, acquaintance, neighbour, work colleague or stranger in any setting. The most egregious form of this violence is gang rape.

This focus is justified because existing evidence and global trends confirm that women's greatest risk of violence is from an intimate partner. A WHO Multi-country Study on Women's Health and Domestic Violence against Women (2005), which generated robust survey data across 10 countries, demonstrates this risk (see Figure 1 below).

Figure 1: Frequency distribution of partner and non-partner physical or sexual violence, or both, among women reporting such abuse since the age of 15 years, by site



Source: WHO Multi-country Study on Women's Health and Domestic Violence against Women (2005), Figure 5.1

Figure 1 shows that, with the exception of Samoa, for all women experiencing physical or sexual violence, or both, since age 15, 60 per cent had been abused by an intimate partner. For the majority of sites, the proportion rises to about 80 per cent.⁸ Samoa is an outlier within this sample of 10 countries; women are more at risk of violence from non-partners. We do not know whether the Samoan pattern of violence against women reflects the pattern of violence in Melanesia and East Timor.

Understanding violence against women

Violence against women stems from gender inequality and discrimination. Effectively combating violence against women requires a proper understanding of the phenomenon. Violence against women is the product of complex interactions between risk and protective factors operating at the individual, relationship, community and societal levels. These factors may vary between different settings and forms of violence, and care must be taken to understand the cultural context of each setting.⁹ Many risk factors are linked to gender inequality. Effective preventive interventions seek to minimise relevant risk factors and bolster relevant protective factors. Annex 3 details a matrix of risk and protective factors for *intimate partner violence*.

Risk factors are heightened in certain contexts. For example, in post-conflict environments, women are extremely vulnerable to rape in refugee camps. One study found that 26 per cent of

⁸ WHO Multi-country Study on Women's Health and Domestic Violence against Women (2005), page 46.

⁹ See also Bott, Morrison and Ellsberg, p. 15

Burundi women in a Tanzanian camp had experienced sexual violence since becoming a refugee. In the Rwandan camps in 1994 it was reported that virtually every woman and girl past puberty had been sexually assaulted.¹⁰ Within Australia's region, this risk of violence is of greatest relevance to East Timor. After the crisis following East Timor's independence referendum in 1999, displacement to camps was found to be significantly associated with reported rates of sexual violence.¹¹ And now, following that country's crisis in April/May 2006, up to 150 000 Timorese lived in internally displaced persons (IDP) camps. It is estimated that approximately 64,000 Timorese are still living in IDP camps.¹² Similar increases in violence against women levels have been noted in post-disaster contexts and conflict situations. Women's vulnerability in conflict and post-conflict environments was recognised in the UN study *Women, peace and security* (2002), which responded to UN Security Council Resolution 1325 (2000).

Many studies, including cross-country research, confirm that alcohol abuse by men is strongly associated with violence against women: 'Women with male partners who "come home drunk frequently" are 4–7 times more likely to suffer violence'.¹³ Table 1 identifies alcohol as a trigger for violence against women. Alcohol and substance abuse are likely to be significant triggers in Melanesia and East Timor. Anecdotal reports suggest that gang rape in Papua New Guinea (PNG) is being fuelled by alcohol abuse. Alcohol's characterisation as a 'trigger' rather than a 'risk factor' is significant. Risk factors typically reflect the systemic, underlying gender inequalities and discriminatory practices that sustain a high prevalence of violence against women. Alcohol or substance abuse merely increases the likelihood that women at risk will be subject to violence; reducing patterns of alcohol abuse does not remove the risks associated with the overarching social, economic and cultural contexts.

Engaging in transactional sex (or 'survival sex') increases a woman's vulnerability to violence. Indeed, transactional sex may itself be a form of violence against women. For example, women and girls routinely provide, or are coerced into, informal sex in exchange for money, food and shelter for themselves and their families in PNG.¹⁴ This dramatically increases a woman's vulnerability to HIV infection. Rates of HIV infection in PNG mirror the risk profile of violence against women: younger women (15–19 years) are at higher risk of HIV infection and physical and sexual violence. Transactional sex may contribute to the high prevalence of violence against women in East Timor and Melanesia beyond PNG.

Arguably, the most contentious finding from international studies is the role that women's access to, and control over, economic resources plays in protecting women from violence. Studies suggest that it is an ambiguous factor. In some countries, poor women are more likely to experience violence against women. But in many countries there is no significant difference in the levels of violence experienced by women in poorer households and those in wealthier households.¹⁵ However, the options for escaping violence are greater for women with more economic resources.

¹⁰ UN Millennium Project, *Taking action: achieving gender equality and empowering women* (2005) p. 114.

¹¹ M Hynes, J Ward, K Robertson, V Balaban, M Koss, C Crouse and M Larson, 'A Determination of the Prevalence of Gender Based Violence Among Conflict-Affected Populations in East Timor' (2003), p. 58.

¹² Pacific Economic Survey 2008, 'Connecting the Region', page 15.

¹³ A Morrison, M Ellsberg and S Bott, 'Addressing gender-based violence: a critical review of interventions', *The World Bank Research Observer*, vol. 22, no. 1, 2007, p. 7.

¹⁴ A O'Keefe, J Godwin and R Moodie, *HIV/AIDS in the Asia Pacific region: analytical report for the White Paper on Australia's aid program*, 2005, p. 13.

¹⁵ A Morrison, M Ellsberg and S Bott, 'Addressing gender-based violence: a critical review of interventions', *The World Bank Research Observer*, vol. 22, no. 1, 2007, pp. 29–30.

2: Dimensions of violence against women: regional evidence

Data constraints make it difficult to quantify the problem of violence against women in Melanesia and East Timor. There is general consensus that both forms of violence against women (*intimate partner violence* and *sexual violence by any perpetrator*) are pervasive across Melanesia and East Timor. However, given the lack of up-to-date quantitative research, the exact dimensions of the problem are not known.

This is not surprising; the prevalence of violence against women is difficult to measure. For example, the stigma and fear surrounding sexual violence (by intimate partners and non-partners, including strangers) prevent many women from reporting sexual violence and rape, resulting in a significant underreporting of these crimes. Data paucity is the norm and differences in terminology lead to a lack of comparable data across countries.

However, there have been recent advances worldwide. A WHO Multi-country Study on Women's Health and Domestic Violence against Women (2005) generated robust survey data across 10 countries, including Samoa. Specific violence against women surveys have recently been integrated into nationwide Demographic and Health Surveys (or DHS+) in at least 9 countries, though not in the Pacific. Cross-country analysis facilitated by the WHO and DHS+ data helped unpack the risk and protective factors for violence against women presented in the analytical model extracted at Annex 3.

The best data for Australia's region is available in PNG, Fiji and East Timor. However, a word of caution is required. This data is not as credible as that generated by the WHO Multi-Country study and the DHS+ surveys where probability-sampling was used to build nationally representative samples. Nevertheless, the data below provide reasonable insights into the prevalence of violence against women in PNG, Fiji and East Timor.

Violence against women has long been recognised as a serious problem in PNG. The pioneering domestic violence research carried out during the early 1980s by the PNG Law Reform Commission (LRC), the first nationwide research on domestic violence conducted in any developing country, established the extent of the problem while sexual violence in PNG was the subject of a major study carried out by the PNG Institute for Medical Research in 1993. Though not recent, these studies provide a starting point for understanding the nature and extent of violence against women in PNG.

- **Intimate partner violence in PNG.** The LRC's national study covered the 1982–86 period and 'physical violence between marriage partners or those living together as if married'. The LRC found that approximately two-thirds of all PNG women reported being victims of domestic violence.¹⁶ While the rate of domestic violence was consistent across socio-economic groups, there was evidence of provincial variation. Almost 100 per cent of women in two highland provinces (Chimbu and Western Highlands) reported being victims of domestic violence; the rate was closer to 50 per cent in one coastal province (Oro) and one island province (Western New Britain).¹⁷ The PNG Family and Sexual Violence Action Committee, together with the National Research Institute, are following-up the LRC study. This new research is at a relatively early stage. It will provide unprecedented longitudinal data on violence against women in PNG.

¹⁶ Papua New Guinea Law Reform Commission, *Final report on domestic violence*, report no. 14, 1992, p. ix. The study was based on a survey of 1 191 men and 1 203 women, focus group discussions, hospital and police studies across 16 of PNG's 20 provinces and across different demographic groups (for example, urban and rural settings).

¹⁷ L Heise, M Ellsberg, and M Gottemoeller, *Ending violence against women*, 1999, cited by UNESCAP 2007 report, p. 119.

- **Sexual violence in PNG.** The 1993 study by the PNG Institute for Medical Research¹⁸ revealed that 55 per cent of women interviewed had been forced to have sex against their will. Many perpetrators were intimate partners: half of the married women surveyed reported that their husbands had used beatings or threats to force them into sex. The study also revealed alarming levels of gang rape (known as *lainap* in PNG). Sixty per cent of men interviewed indicated they had participated in a *lainap*. This form of violence 'has become a major threat to social stability and economic development and seriously impedes the full and active participation of women and girls. Rape and sexual assault have reached epidemic levels, but the vast majority of cases are not reported'.¹⁹

Violence against women in Fiji. Recent research by the Fiji Women's Crisis Centre found that 66 per cent of women had suffered abuse from their male partner. The rate of repeated abuse was substantial: 30 per cent of women victims reported being subjected to repeated abuse.²⁰ And 42 per cent of women victims of intimate partner violence reported being hit while pregnant (often for refusing to have sex). Incomplete data has been compiled for sexual violence. This form of violence is typically grossly under-reported. The FWCC found that 2.3 per cent of married women were victims of rape or attempted rape by non-partners. The rates of sexual assault (not rising to the level of rape) were higher.

Violence against women in East Timor. Collaborative research into violence against women in East Timor in 2002 confirmed that intimate partner violence and sexual violence were the most common forms of violence in the country.²¹ The data showed that in the year prior to the 1999 crisis following East Timor's independence referendum, 46.8 per cent of all partnered women reported some form of intimate partner violence (including intimidation and control, verbal abuse, physical assault or sexual coercion). That figure fell slightly to 43.2 per cent in 2002. For the women reporting partner abuse in 2002, about 58 per cent of them experienced physical assault, while 38 per cent of these women reported sexual coercion.²²

The PNG, Fiji and East Timor data are difficult to compare across countries due mainly to the use of different definitions of violence against women. Data was also collected with varying degrees of rigour; some is more credible than others. This issue is discussed further in chapter 5.

Although not from Melanesia, **the Samoan data** in the WHO Multi-Country study is worth considering here.

- **Intimate partner physical violence:** 24 per cent of Samoan women experience severe physical violence; 17 per cent experience moderate physical violence.
- **Intimate partner sexual violence:** Of Samoan women who suffered domestic violence, 58 per cent experience physical violence only; 12 per cent sexual violence only; 30 per cent a combination of both.
- **Non-partner violence in Samoa:** 62 per cent for women older than 15 years

¹⁸ A study by the National Sex and Reproductive Research Team of the Institute for Medical Research and Carol Jenkins, *National study of sexual and reproductive health in PNG*, 1994, cited in Amnesty International, *Papua New Guinea: Violence against women – not inevitable, never acceptable!*, 2006, p. 6.

¹⁹ UNICEF, *Children and HIV/AIDS in Papua New Guinea*, 2005, cited in Amnesty International, *Papua New Guinea: Violence against women – not inevitable, never acceptable!*, 2006, p. 10.

²⁰ Fiji Women's Crisis Centre, *The incidence, prevalence and nature of domestic violence and sexual assault in Fiji*, cited in *Gender equality in Australia's aid program: why and how*, 2007, p. 7.

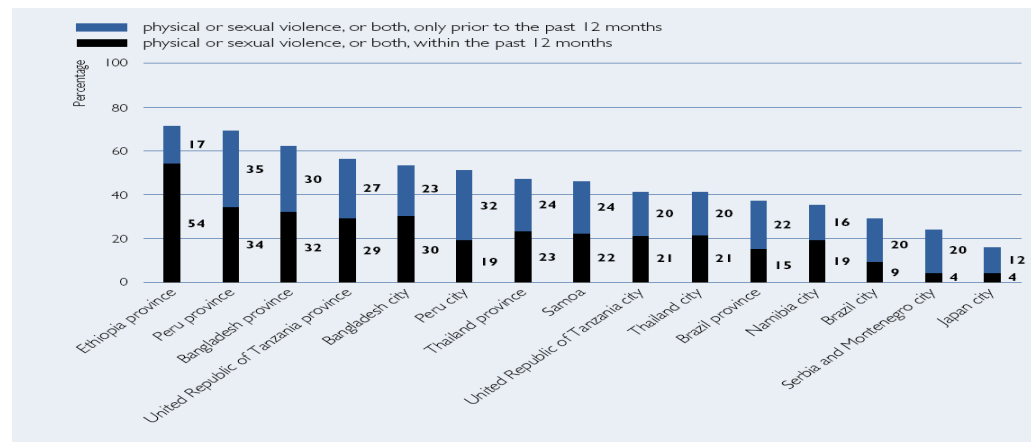
²¹ M Hynes, J Ward, K Robertson, V Balaban, M Koss, C Crouse and M Larson, 'A Determination of the Prevalence of Gender Based Violence Among Conflict-Affected Populations in East Timor' (2003). The research involved the Reproductive Health for Refugees Consortium, Centers for Disease Control and Prevention, Division of Reproductive Health and The International Rescue Committee.

²² *Ibid*, p 58.

experience non-partner physical violence. Between 10-12 per cent of Samoan women experience non-partner sexual violence.²³ This combines so that 65 per cent of Samoan women experience non-partner violence, the highest rate of non-partner violence for all WHO study countries (see Figure 3 below).

Figures 2 and 3 compare the Samoan data on violence against women with other countries. Figure 2 shows the difference between the *prevalence* of intimate partner violence (a cumulative measure) and the *current rate* of intimate partner violence (i.e. the proportion of women experiencing violence in the previous 12 months). The highest current rate of violence was in rural Ethiopia where 54 per cent of women experience intimate partner violence. The current rate in Samoa was 22 per cent, above average for the WHO country sites.

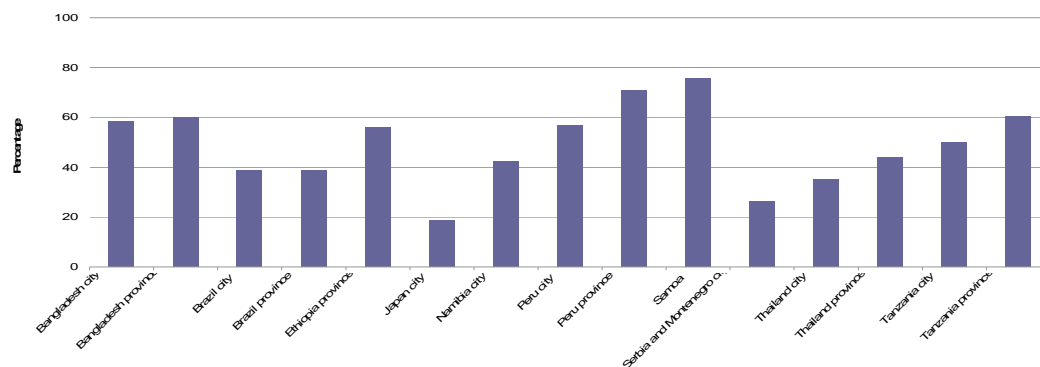
Figure 2: Prevalence of physical or sexual violence, or both, by an intimate partner among ever-partnered women, according to when the violence took place, by site



Source: WHO Multi-country Study on Women's Health and Domestic Violence against Women (2005), Figure 4.2

Figure 3 aggregates both forms of violence that are the focus of this study – physical and sexual violence committed by partners and non-partners. The prevalence of both forms of violence is the highest in Samoa. Recall that Samoa's pattern of violence against women was different from all the other countries covered in the WHO study: non-partner violence outweighed partner violence. At least 40 per cent of Samoan women suffer abuse only by a non-partner. This explains Samoa's different ranking in Figures 2 and 3.

Figure 3: WHO Multi-Country Study: Prevalence of partner and non-partner physical and sexual violence, or both, since age 15 years, by site



Source: WHO Multi-country Study on Women's Health and Domestic Violence against Women (2005), Table 5.4

²³ Common non-partners include fathers, other family members and teachers.

There is limited data on violence against women available in Vanuatu and Solomon Islands, which means that the extent of the problem is not definitively known and needs investigating. The Secretariat of the Pacific Community, with AusAID support, is conducting prevalence studies of violence against women in Solomon Islands, Fiji and Vanuatu. These studies are applying the methodology developed in the WHO Multi-country Study and should permit subsequent cross-country comparative analysis.

However, it is unclear to what extent the Samoan experience approximates the prevalence and patterns of violence against women in Melanesia and East Timor.

3: Violence against women and development effectiveness

Violence against women – and the broader problem of gender inequality – is a significant constraint on development. It negates every area of development activity, and is an abuse of human rights. The vicious cycle of poverty and violence against women is multidimensional. It takes an accumulating toll on human resources, financial resources, economic production, food security, education, health and welfare across the public and private sectors, and at each level of civil society.

Violence against women is both a cause and symptom of gender inequality and discrimination. It is the archetypal 'inequality trap'. It fuels further inequalities and negative consequences for women.²⁴ The United Nations Millennium Project notes that 'its continued existence is fundamentally inconsistent with achieving MDG3 [or gender equality]'.²⁵ Thus violence against women (more specifically, intimate partner violence) is a significant constraint to effectively pursuing gender equality.²⁶

Violence against women as a *cause* of gender inequality

Violence against women, and fear of violence, severely impede women's contributions to economic development. Violence against women leads to reduced participation in productive employment and lower worker productivity and incomes.²⁷ A World Bank report on gender-based violence suggests that lost wages due to family violence amounted to 2.0% of GDP in Chile and 1.6% in Nicaragua.²⁸ Therefore, it constrains poverty reduction efforts. This has intergenerational impacts because children miss out on the better outcomes and lower household poverty that result from increases in women's productivity and earnings.²⁹

Violence against women, and fear of violence, lead to substantially lower rates of accumulation of human and social capital. For example, violence undermines efforts to increase the quantity and quality of female education. Studies suggest that female education has a larger impact than male education on economic growth – and, therefore, poverty reduction³⁰ – yet violence and fear of violence contribute to lower school enrolment rates for girls.³¹

Poor educational outcomes for women and girls also have negative intergenerational consequences because their children do not reap the numerous intra-household allocation benefits that flow from an educated mother. These benefits are now well established and include: safer health and hygiene practices, improved child nutrition, increased resources for children's

²⁴ *World development report 2006*.

²⁵ United Nations Millennium Project, *Taking action: achieving gender equality and empowering women*, 2005, p. 110. The UN Secretary-General's report goes even further, arguing that 'the persistence of violence against women is inconsistent with all the Millennium Development Goals.' (p. 22)

²⁶ Measuring prevalence directly is costly and difficult, but proxy indicators can be used. Examples include attitude surveys and monitoring the use of relevant services (bearing in mind that successful interventions will often produce an increase in service use, not a decrease). Such indicators could be used to track progress in pursuing gender equality.

²⁷ S Tropp and M Ellsberg, 'Addressing Violence against Women in Middle and Low-Income Countries: A Multi-Sectoral Approach' (World Bank, 2006).

²⁸ A Morrison, M Ellsberg, and S Bott, 'Addressing Gender-Based Violence: A Critical Review of Interventions', *The World Bank Research Observer*, vol 22, no.1 (Spring 2007), pages 31.

²⁹ World Bank, *Global monitoring report 2007: confronting the challenges of gender equality and fragile states*, p. 111.

³⁰ World Bank, *Global monitoring report 2007*, p. 108.

³¹ Bott, Morrison and Ellsberg, p. 5.

health and education, increased per-child consumption, given lower birth rates, and higher rates of school enrolment and completion.³²

The relationship between violence against women and education opportunities is self-reinforcing: in the long run women with higher levels of educational attainment are less susceptible to violence. Education is also key to improving girls' and women's ability to protect themselves from HIV infection. Better educated girls delay having sex, are better able to insist on condom use, and have better opportunities for economic independence.³³ However, one impact of the HIV epidemic is that more girls than boys in HIV-affected households are being withdrawn from school to help with household duties.

Violence is a significant risk factor for health problems. According to the UN Millennium Project: 'Worldwide, it is estimated that violence against women is as serious a cause of death and incapacity among reproductive-age women as is cancer, and it is a more common cause of ill-health among women than traffic accidents and malaria combined'.³⁴ Health and wellbeing impacts include homicide, suicide, HIV infection and related deaths, physical injuries, chronic pain syndrome, gastrointestinal disorders, unintended pregnancies, pregnancy complications, sexually transmitted infections (STIs), drug and alcohol misuse and mental health problems.³⁵

The link between violence against women and HIV infection is well established. Women who have experienced physical and sexual violence have higher rates of STIs and HIV,³⁶ while fear of violence may prevent women from negotiating safe sexual practices (for example, condom use) and seeking treatment for STIs or other injury (for example, genital trauma).

Violence against women as a *symptom* of gender inequality

As the matrix of risk and protective factors presented in Annex 3 attests, violence against women is a complex phenomenon. Key forms of gender inequality at the societal level hamper efforts to combat violence against women in Melanesia and East Timor and limit women's avenues for escaping violence. Effective efforts to reduce violence against women must therefore address factors that perpetuate the gender inequality that manifests in violence against women.

Women's lack of economic independence. Throughout much of Melanesia and East Timor women often have no – or weak – rights to land or property and therefore minimal means of supporting themselves. These women often confront an invidious choice: to stay in abusive relationships or face a life of poverty and hardship. (Matrilineal land ownership traditions in parts of Solomon Islands and PNG may yield insights into whether such economic benefits lead to lower levels of violence against women.)

Lack of women decision makers. In Melanesia, women are largely excluded from political, social and economic debate. The situation is significantly better in East Timor.

In PNG, only one of the 109 national parliamentarians (0.9 per cent) is a woman, and only four women have been elected to parliament since independence in 1975. In Vanuatu, only two of the 52 parliamentarians (3.8 per cent) are women. And in 2002, women held only 9 per cent of the

³² World Bank, *Global monitoring report 2007*, pp. 110–111. See also UNESCAP 2007 report, p. 105.

³³ J Hargreaves and T Boler, *The impact of girls' education on HIV and sexual behaviour*, 2006, Actionaid International, Education and HIV Series 01.

³⁴ United Nations Millennium Project, p. 110.

³⁵ Heise, Ellsberg, Gottemoeller, (see Figure 3 'Health Outcomes of Violence against Women', p. 18).

³⁶ I Lewis, B Maruia, D Mills and S Walker, 'Interim Report on the Links Between Violence against women and the Transmission of HIV in PNG', June 2006, cited in National AIDS Council of PNG, *National gender policy and plan on HIV and AIDS 2006–10*, 2006, pp. 6–7.

346 top-level positions in the country's 30 key decision-making bodies.³⁷ In Solomon Islands, there are no female parliamentarians, and only one woman has been elected to parliament since independence. Violence against women seems to constrain women's ability to enter the formal political system in these countries. The situation in Fiji is better: approximately 11 per cent of parliamentarians are women. East Timor is currently the best performer: 28 per cent of parliamentarians are women.

Across the region, women are routinely excluded from decision-making processes at the community level, although electoral requirements for *suco* (village) councils in East Timor ensure that there are at least three women on each council. If there is to be a marked reduction in the incidence of violence against women, however, there needs to be collaboration between women leaders inside government and within communities.³⁸

There is recent evidence demonstrating the positive impacts on public good provision of having more women in government. Research comparing local governments in India that have reserved seats for women (and so which have a higher representation of women), with those that do not reserve seats for women (and so have lower representation by women), found that:

...villages [with] reserved [seats] for women leaders have more public goods and the quality of these goods is at least as high as in non-reserved villages. Moreover, villagers are less likely to pay bribes in villages [with] reserved [seats] for women. Second, we provide evidence from two Indian states that children in villages headed by female [leaders] do better on two dimensions, drinking water and immunization. Girls in villages reserved for female [leaders] also experience an improvement in school attendance.³⁹

We are not aware of similar research on the impact of women leaders on violence against women. However, intuitively we would expect more women leaders (in national parliaments, local governments, senior public and private sector positions) to have a positive impact. Just as with public good provision in rural India, women leaders are more likely to speak out about violence against women and related gender inequalities, and devise policy responses than male leaders. But the mere fact of increasing women leadership will not lead to more effective responses to violence against women if those leaders do not understand the structures of underlying gender inequalities. Some women may require gender sensitivity training to help them become more effective in addressing violence against women.

Disabling legal environments. There is considerable scope to improve the legal architecture for gender equality generally, and violence against women specifically, across Melanesia and East Timor. Some positive steps have been taken. For example, gender equality is enshrined in the constitutions of PNG and Vanuatu, commitments to relevant international agreements (for example, the UN Convention on the Elimination of All Forms of Discrimination against Women) have been made, and relevant laws on sexual violence are in place in some countries. For example, PNG's Criminal Code (Sexual Offences and Crimes Against Children) Act 2002 expanded the definitions of rape (to include rape in marriage) and incest, and increased penalties for sexual offences perpetrated by those in positions of trust (for example, parents, teachers, police).

But the implementation gap with these legal reforms remains substantial. In PNG recommendations for specific legal improvements contained in the Law Reform Commission's 1992 Final report on domestic violence have not led to legal changes. In Vanuatu, despite eight years of consultation, the Family Protection Bill has not been enacted. Parliamentary members who resist the bill justify their decision on the basis of religion (for example, sanctity of marriage)

³⁷ G. Molisa, *Women and good governance*, Port Vila Blackstone Publishing, 2002, p. 5.

³⁸ Amnesty International, *Papua New Guinea: Violence against women – not inevitable, never acceptable!*, 2006, p. 45

³⁹ L Beaman, E Duflo, R Pande, P Topalova, 'Women Politicians, Gender Bias and Policymaking in Rural India' (UNICEF, December 2006), p 4.

and recourse to custom and traditional social control mechanisms (for example, male chiefs).⁴⁰ Recently, however, the Council of Chiefs decided to support the bill.

Laws focused on violence against women are not enough. Broader legal reforms are required, particularly in the areas of family and property law. Complementary social and welfare policies strengthen the effectiveness of legal reforms. Enacting new laws is meaningful only if resources are provided to facilitate implementation. This often requires training for justice system personnel, education for the general public, and social transformation. Indeed, social change and transformation often pave the way for legal changes.

Women's subjugation to men. Traditional and religious beliefs that justify male control over women (for example, bride price) perpetuate violence against women. This is underscored by one of the PNG Law Reform Commission's central findings: 'A certain amount of domestic violence is accepted as normal in most parts of the country, with brideprice seen as justifying a husband's right to beat his wife in many of PNG's diverse societies.'⁴¹ Another example relates to the norms that extend to men the right to control women's fertility and sexuality. Enforcing these norms often involves committing violence against women.⁴²

⁴⁰ Abby McLeod, *Background paper on violence against women in Vanuatu*, p. 1. [Unpublished, on file with authors]

⁴¹ PNG Law Reform Commission, p. ix.

⁴² UN Secretary-General's report, p. 23.

4: International lessons and possibilities

Promising strategies for preventing violence against women are emerging from a growing body of international experience. While there is an increasing accumulation of lessons learned and evidence about promising approaches, these emerge from studying interventions outside Australia's region. (The knowledge base is most deficient in the Pacific.) Some research and evaluation studies are not methodologically sound, making it difficult to identify specific interventions that have been proven to work. (Chapter 5 profiles the common methodological challenges.) Nonetheless, international experience is now sufficiently deep to identify lessons and promising approaches.

This chapter profiles the key general lessons. The evaluation described in Chapter 5 will make specific recommendations on how to translate these lessons into practical strategies and interventions.

Before discussing general lessons based on international experience, it is important to realise that donors must be pragmatic and humble: violence against women is sensitive and complex, and there are no 'one size fits all' or 'off the shelf' solutions. External actors, such as donors, cannot effectively tackle violence against women alone but must make complementary contributions. Other actors, particularly partner country governments and civil society, need to take the lead.

Lesson one: develop high-level commitment to tackling violence against women

The major theme of the United Nations Secretary-General's *In-depth study on all forms of violence against women* (July 2006) was that governments have not followed the lead of the international organisations in giving priority to addressing violence against women. This holds for Melanesia and East Timor, where non-government organisations (NGOs) or government-linked programs initiated and sponsored by donors have made the most progress in addressing violence against women.

Research demonstrates that the 'existence of a national plan on violence against women creates commitment and political space for dialogue between civil society and the state.'⁴³ The lack of space available for discussing violence against women in Melanesia and East Timor is a significant obstacle to progress, which Australia, together with other development partners and civil society actors, can work to address.

One useful strategy is to push for a national plan on violence against women – but only with government buy-in. Fiji has had a government-sponsored national program of action on violence against women since 1998 with the Government of Fiji including violence against women as one of five priority areas in the Ministry of Women and Culture's Women's National Plan of Action 1999–2008. While the Fiji plan led to some positive progress, a similar process in PNG has resulted in only minimal progress. A national Integrated Long-term Strategy on Family and Sexual Violence has existed in PNG since 2001, but it is largely a civil society initiative. More active support from the Government of PNG to implement the national plan is required. While this would involve overcoming budgetary and capacity constraints, it also would require greater summoning of political will. This may be starting to happen. The PNG Prime Minister recently

⁴³ S Tropp and M Ellsberg, 'Addressing Violence against Women in Middle and Low-Income Countries: A Multi-Sectoral Approach' (World Bank Sector Operational Guide, 2006), p 3. See also recommendations 2 and 3 of the WHO Multi-Country Study, which refer to the need to enlist authority figures and leaders to speak out against VAW and support national action plan.

spoke publicly about violence against women for the first time, describing it as ‘a cancer on our society’. The Prime Minister continued:

This callousness that has crept into our society is unacceptable and unfortunately we have all tolerated it, denied its level of prevalence and allowed the problem to grow and fester. ... I give you my undertaking as the Parliamentary leader of the Party and Prime Minister of this country that we will do everything possible to minimize and eliminate this scourge in our community.⁴⁴

Vanuatu’s Ministry for Women’s Affairs has prepared a National Plan of Action for Women, but this has not yet been approved by the Vanuatu Government. East Timor’s Office for the Promotion of Equality, located within the Prime Minister’s Office, has developed a similar national gender plan. ODE’s violence against women evaluation will be able to shed some light on what is needed to make national plans more effective.

Lesson two: understand violence against women in context

Effective interventions informed by analysis of the drivers of violence against women in a particular country, and a detailed picture of the relative importance of risk and protective factors. ODE’s violence against women evaluation will help refine this picture for the Melanesian countries and East Timor.

Understanding must be a continuous process. The evidence base on effective interventions to prevent violence against women is deficient, largely because interventions are not adequately monitored and evaluated. This is a global phenomenon. The Australian aid program needs to strengthen its commitment to monitoring and evaluating violence against women interventions. Strengthening the evidence base is necessary to inform programming to prevent and treat violence against women, particularly as Australia scales up its efforts to tackle the complex, underlying causes of violence.

Effective treatment services for women victims strengthen the preventive response, therefore, knowledge about women’s use of services at the local or community level will inform an effective response to violence. The World Health Organization Multi-Country Study confirmed earlier research that a majority of women rely on informal mechanisms such as family and friends, churches and traditional resolution practices to cope with violence. Reliance on informal mechanisms reflects several factors: (i) women, as well as men, have been socialised to consider violence against women to be normal or not serious and thus not deserving of formal systems; (ii) family and community beliefs about shame encourage seeking out informal systems for redress and/or compensation; and (iii) formal mechanisms are inadequate. Very often, there are no real treatment services for victims.

Lesson three: a multisectoral, collaborative approach is essential

The complexity of violence against women requires a systematic and coherent approach. It is now well established that:

- Sectoral interventions must be complemented by interventions in other sectors. Isolated interventions have limited impact. A multisectoral response is the only effective means to combat violence against women.
- Effective responses to violence against women require well-developed mechanisms for collaboration and coordination between governments, donors, NGOs and civil society.

⁴⁴ Prime Minister Somare, *Statement to PNG Parliament on violence against women*, 15 November 2007.

- National responses to violence against women should encourage multisectoral collaboration by promoting links between health care organisations, community-based networks and 'other government and non-government institutions, such as legal aid, criminal justice institutions, the police, women's groups, social welfare education and social services'.⁴⁵ Despite acknowledging the need for a multisectoral, collaborative response to violence against women, there are few successful examples of such a response in developing countries.

Lesson four: emphasise prevention

An understanding of the various risk and protective factors is necessary to scale up work focused on reducing violence against women.⁴⁶ Practical support for survivors of violence against women is critical, but the key to effective prevention is matching treatment resources with resources to tackle the underlying causes.⁴⁷

International experience reveals a number of strategies for improving the effectiveness of prevention interventions.

- **Community mobilisation interventions exhibit promise** in preventing violence against women. As the World Bank notes: 'The most influential theories of behaviour change recognize the centrality of community influence'.⁴⁸ In areas of PNG (for example, Hanuabada, south-east coast of PNG) 'both men and women appear to agree that in situations where the wife is considered lazy, disobedient (refuses to do something requested by the husband or in-laws), consistently complains to her husband about his parents, or commits adultery, it is legitimate for the husband to beat her "to show his dissatisfaction" and "to teach her to be better in future"'.⁴⁹ By engaging a community, these attitudes and their associated behaviours (that is, violence against women) are challenged and changed. The Healthy Youth, Healthy Community Project in Fiji has been trialling a community-based methodology in the HIV context, which may offer lessons for violence against women interventions.⁵⁰
- **It is essential to engage men** in efforts to change norms that support violence. Prevailing models of masculinity across Melanesia and East Timor typically normalise violence as a legitimate means of resolving conflict or expressing anger.⁵¹ Behaviour change strategies must be informed by these cultural concepts of masculinity. In order to change prevailing concepts of masculinity, the greatest pay-offs are likely through targeting young men. Older men are generally less receptive to new ideas challenging their attitudes and behaviours. However, older men in leadership positions who are willing to champion efforts to reduce violence against women should be targeted.

⁴⁵ S Tropp and M Ellsberg, 'Violence against Women: Health Sector Responses' (World Bank Sector Operational Guide, 2006), p 3.

⁴⁶ Reducing violence against women equates with 'prevention'. We prefer 'reduction' over 'eradication' as complete eradication is not a realistic goal.

⁴⁷ The Independent Completion Report for AusAID's Addressing Gender Violence Fund, South Africa, noted that in the African context many NGOs and community-based organisations are overstretched and prioritise practical support for violence against women survivors (p. 14).

⁴⁸ Operations Evaluation Department, 'Committing to Results: Improving the Effectiveness of HIV/AIDS Assistance' (World Bank 2005), p 217.

⁴⁹ C Banks, 'Contextualizing sexual violence: rape and carnal knowledge in Papua New Guinea', in Dinnen and Ley (Eds.), *Reflections on violence in Melanesia*, 2000, p. 86.

⁵⁰ The Health Youth and Healthy Community Project is based on the 'Stepping Stones' methodology forged in Africa.

⁵¹ R Eeves, *Exploring the role of men and masculinities in Papua New Guinea in the 21st century*, Caritas Australia, 2006, p. 14.

AusAID's new design for assistance to the Vanuatu Women's Centre includes a male advocacy component.

- **Target training-based interventions and conduct follow-up.** Training-based interventions that target individuals can strengthen the prevention effort if they are followed up (for example, by providing trainees with additional support as they try to implement change). Targeting children and young people, or opinion leaders within communities, can lead to positive change in the long run.
- **Don't rely too much on general education and awareness campaigns.** The effectiveness of mass media and awareness raising campaigns in reducing levels of violence against women remains unclear.⁵² These campaigns may have some impact in changing attitudes, particularly as a component of a broader suite of interventions, but by themselves, they are unlikely to change behavioural norms. Attitudinal change should be seen as a necessary but not sufficient factor for prevention.

Lesson five: challenge the underlying gender norms that support violence

It is both necessary and feasible to challenge the underlying gender norms that support violence, particularly norms that govern behaviour. This is essential to reduce violence against women in the long run. While attitudinal change is important, it does not necessarily lead to behavioural change.

This requires challenging the social, economic and cultural factors that perpetuate violence against women and reinforcing those that constrain violence. It is important to avoid the conclusion that all customs and traditions are harmful. International experience suggests that positive cultural practices are the most powerful levers for change – more powerful than negative practices, such as shaming. Despite the global dominance of patriarchy, including in Melanesia and East Timor, women and girls do 'exercise agency and varying degrees of control over their lives even within the constraints of multiple forms of subordination'.⁵³ The challenge is to identify positive factors and the ways that women exercise agency and then reinforce them to reduce violence. In doing so, we must be aware that work along these lines can lead to violent backlash (see Lesson seven: Do no harm).

Lesson six: long-term commitment

Combating violence demands predictable, multi-year donor funding. Bringing about significant change in gender relations and reducing the incidence of violence against women takes time. It is important to recognise the strong counteracting forces that continually exert pressure to maintain or re-establish the status quo. Males have a tendency to resist, whether explicitly or covertly, any reduction in their privilege and dominance.⁵⁴

AusAID's multi-phase funding of the Fiji Women's Crisis Centre (FWCC) and the Vanuatu Women's Centre (VWC) provide a model. Australia has provided continuous funding to the FWCC over the last 22 years and the VWC from 1994. Of course, more is required to contribute to building a national, multisectoral response (Lesson three).

⁵² Bott, Morrison and Ellsberg, p. 42.

⁵³ UN Secretary-General's report, p. 29.

⁵⁴ For example, a formal program of pre-service and in-service training on domestic violence was established with the PNG police force in the late nineties at the instigation of the PNG Law Reform Commission, and run jointly for three years. However, once the commission closed its brief on domestic violence, the police gradually dismantled the training program. For several years no training was conducted, until AusAID's police initiative created a new training program in 2002. With the closure of that initiative, it appears that domestic violence training is again declining.

A long-term commitment must also translate into a sustained effort to develop in-country expertise in violence against women across relevant sectors. This entails extending specialist technical support in violence against women to key stakeholders in partner countries.

Lesson seven: do no harm

Interventions aimed at empowering women can generate unintended consequences, often in the form of violent backlash. (As women increasingly demand equality, men increasingly assert their control over women.) For example: ‘Although microcredit strengthens women’s ability to stand up to family violence, in some cases it has increased violence against women and family break-ups.’⁵⁵ This phenomenon is common in highly patriarchal societies, such as those in Melanesia.

This is a significant issue for the Australian aid program. A key plank of the new gender policy is to promote the economic empowerment of women. And the Pacific Leadership Program will promote women’s leadership across the region. This is undoubtedly the right approach. While it may not be possible to ameliorate the risk, considerable thought is required to minimise – **and treat** – the short-run risks of a spike in violence as a result of Australian-sponsored interventions in the region.

A failure to consider gender and violence in designing interventions not focused on women or reducing violence against women can also lead to unintended negative consequences.

- The 2006 Independent Completion Report of the Haiapai Outer Islands Electrification Project noted that ‘some women observed that the extra hours [of electricity] available allowed men to drink and watch videos together for longer’. We know that increased alcohol consumption increases the risk of violence.
- Parents’ fears for their daughters’ physical and sexual safety is a major reason for not enrolling girls in school. Interventions that inadvertently increase these fears must be avoided. Some HIV/AIDS peer education initiatives have been demonstrated to encourage boys and teachers to pressure girls for early and frequent sex.⁵⁶

Possibilities for the Australian aid program

Here, we build on the general lessons above to suggest high level implications for Australian aid.

1. Australia can make a key contribution by encouraging partner governments to acknowledge the problem of violence against women and its constraining impact on development, and by stepping up its dialogue on violence against women with partners. This needs to be handled with sensitivity, much like Australia’s approach to corruption.
2. Australia could help build a multisectoral, collaborative response to violence against women in one country. This would require a concerted approach to partnering with national and local government, civil society actors and other donors to promote ‘collaboration between law enforcement, legal aid, health care organizations, public health programs, educational institutions and agencies devoted to social services and economic development for the purposes of both prevention and ensuring an integrated response to survivors’.⁵⁷ Additional resources will likely be necessary to fulfil such a commitment. Careful monitoring and

⁵⁵ United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), *Economic and Social Survey for Asia and the Pacific (2007)*, p. 123.

⁵⁶ World Bank Gender and Development Brief, *Addressing violence against women in the education sector*, p. 4.

⁵⁷ Bott, Morrison and Ellsberg, p. 6.

evaluation would extract lessons for Australian supported programming in other countries, as well as for the international community.

3. Australia could do more on the prevention front by exploring options for supporting interventions that engage men and involve entire communities as a key strategy to reduce violence against women over time. This could also include research into how men's backlash against women's empowerment can be minimised. This will help put the 'do no harm' principle into practice.
4. Australia should consider violence against women in all development interventions so that opportunities to address violence are seized and unintended negative consequences leading to increased violence are minimised across the Australian aid program.

5: Evaluating violence against women in Melanesia and East Timor

This literature review paves the way for in-depth research and evaluation. From September 2007 to May 2008, ODE will conduct a cross-country evaluation containing a mix of diagnosing the severity and causes of violence against women in the region, testing the applicability of international experience in the region and subjecting some specific interventions to closer evaluative scrutiny. Therefore, the evaluation will be both forward and backward looking. The terms of reference are at Annex 1.

The goal of the evaluation will be to build on the *general* lessons evident from the international literature, which are summarised in Chapter 4. The evaluation will generate *specific*, practical recommendations for how to translate these lessons into concrete strategies and interventions. Recommendations will not focus solely on improving Australia's contribution to addressing violence against women, but will also extend to other actors, such as partner governments and civil society.

The evaluation will engage women and men in each country in participatory discussions about violence against women and promising approaches to combat violence against women. Such a participatory approach has a proven track record in studying the complex and sensitive phenomenon of violence against women.

The feasibility of complementing the in-depth evaluation with a separate study on the developmental costs of violence against women is being explored. This study would provide the quantitative data necessary to underscore the link between violence against women and development effectiveness.

Evaluation challenges

The challenges of evaluating violence against women in Melanesia and East Timor cannot be overstated, but researching violence against women anywhere is challenging. An understanding of these challenges can help contextualise the complex issues surrounding violence against women.

The difficulties facing researchers fall roughly into three areas: limited credible research; lack of, and difficulty gathering, comparable data; and ethical considerations.

Limited research

Limited credible research is a result of the general difficulty in evaluating violence against women. But it is also due to a generally poor standard of monitoring and evaluation of violence prevention, treatment and sanction interventions, which has been characterised by a reliance on output indicators, failure to articulate expected outcomes and lack of baseline data.

While there is an abundance of research on violence against women, small sample sizes and a lack of control groups mean that much of the research is not robust enough to reliably inform policy development. This research also tends to be concentrated in developed countries and so cannot be readily generalised to developing country contexts. This lack of reliable research has led researchers to eschew the term 'good practice' in relation to violence against women interventions, as they lack the evidence to make such a claim. Instead, researchers typically refer to 'promising approaches'.

Data comparability

The lack of comparable data on violence against women is a major constraint to credible research. There are a number of factors that complicate efforts to produce reliably comparable data.

The complex terminological and definitional issues used to discuss and research violence against women are a major factor in limiting data comparability. Cultural, historical and legal understandings of violence against women vary across regions and culture, and even within jurisdictions definitional consistency can be difficult. The result of this complexity is that data sets relying on differing terms and definitions are harder to compare, with the risk of under-reporting or double-counting between terms.

Data comparability is further complicated by different data collection methods and the extent to which any data collection instrument or method is designed to capture a representative sample or minimise under-reporting. Even within the same method (for example, population-based surveys) different approaches to ordering and asking essentially the same question can result in varying responses. Differing results may be mistaken for regional or demographic variation.

Ethical considerations

Researching violence against women gives rise to a multitude of ethical considerations and research teams have an obligation to design research and evaluation methodologies that address these issues.

These issues include:

- increased risk of violence against women, both researchers and respondents
- the distressing nature of violence against women and the need to minimise distress to researchers and respondents
- the need to adequately respond to requests for assistance from women victims of violence, including the need to prepare for a possible spike in women seeking help from local women's services
- informed consent, confidentiality and privacy.

So great are these issues that the World Health Organization in its guidelines for researching violence against women has argued that such research should be undertaken only if it will genuinely inform policy development for change.

Annex 1: Terms of reference (in-depth research and evaluation)

Background

Australian Aid: Promoting Growth and Stability, a policy framework for the Australian Government's Overseas Aid Program, includes gender as an overarching principle, reflecting an understanding that effective development outcomes are contingent on improving gender equality. A new gender policy and a solid understanding of what works and lessons learned will guide an effective scaling up of the aid program's focus on gender equality.

Violence against women is a critical dimension of gender inequality. It is both a result and cause of gender inequality. The health, community and economic costs of gender violence undermine poverty alleviation efforts. Indeed, violence against women should be considered a dimension of poverty. Gender violence is a growing problem, particularly in many of Australia's key partner countries.

The knowledge base on effective violence against women interventions is deficient, particularly in the Pacific. An evaluation focused on efforts to combat violence against women in key partner countries will generate lessons to inform scaling up the aid program in this area.

An initial Desk review surveying the international literature on violence against women has been completed. This initial report identifies emerging general lessons and informs these terms of reference. Initial discussions between ODE and the external evaluators, as well as a draft technical proposal provided by PATH, also informs these terms of reference.

Objectives

The main purpose of the evaluation is to assess the effectiveness of current approaches to addressing violence against women and girls in Melanesia and East Timor.

The evaluation aims to contribute to the evidence base for effective violence against women interventions through a participatory assessment of what has been achieved to date in the region. Together with insights gained from global research and evaluations on violence against women, the evaluation will generate recommendations to AusAID for scaling up its commitment to combating violence against women and promoting gender equality in the region. Recommendations will also be made for other actors in each country (for example, national government, service providers and civil society).

Scope

The review will be carried out in Papua New Guinea (PNG), Solomon Islands, Fiji, Vanuatu and East Timor. The primary focus of the review will be on policies and programs that address the two most common forms of violence against women and girls:

- physical, psychological and economic violence against women by intimate partners
- all forms of sexual violence against women and girls, whether perpetrated by partners or others.

Interventions at national, regional and local levels will be included in the review, as well as programs encompassing different sector-based approaches (education, justice, health, social welfare etc.). Both government and civil society programs will be considered. The evaluation will address unique challenges among countries, as well as commonalities. Particular emphasis will be placed on identifying successful multisectoral approaches that might be suitable for scaling up. In addition, the evaluation will draw on global experiences to suggest new approaches that might be appropriately adapted to the needs of the region. Consideration will be given to programs that aim to prevent violence against women, as well as programs that increase women's access to justice and support services.

Steering groups

In each country, an advisory committee will be established with male and female champions who will use the evaluation findings to push for positive change (four to eight members in each country). The evaluation team will engage continuously with each advisory committee throughout the process, though there are two key points for engagement:

In February – March 2008, advisory committees will be presented with the preliminary findings from the evaluation, with opportunities to comment and shape the findings and discuss possible recommendations and ways forward. The advisory committees will be presented with a final report, and will be engaged in planning a dissemination strategy for the evaluation findings across the region and within specific countries.

A smaller technical steering group will also be established to oversee the evaluation process. This group will be engaged informally throughout the process at key points. It will:

- comment on the terms of reference and the initial literature review and suggest possible interventions for evaluation in each country.
- discuss preliminary findings and possible recommendations (February – March 2008).
- comment on the draft report and proposed recommendations (at end of the evaluation process).

Methodology

The evaluation will rely primarily on three methods.

Document review. This includes a review of all available publications on violence against women in the region, including project reports, evaluations, qualitative and quantitative research reports, and policy briefs.

Semi-structured interviews with key informants. In each country, the evaluation team will interview individuals who, by virtue of their positions or experiences, may offer insights into how violence against women is being addressed. This may include government authorities at a national and local level; women's institutes; international donors and UN agencies; researchers and experts on violence against women; women's rights activists and leaders of civil society organisations that address women's rights and violence against women; and women's crisis centres and shelters. Survivors who have accessed or tried to access the criminal justice system or other services may also be contacted for in-depth interviews.

Focus group discussions, using participatory techniques. The types of questions that the evaluation will attempt to answer through these focus groups are:

- How are programs working on the ground (as opposed to how they look in project documents)?
- What are the major challenges that providers and project managers face in addressing the needs of women, and how do they address them?
- What kinds of services do survivors of violence have access to, and what kinds of support do they find most, and least, useful?
- How do local organisations and government programs coordinate with each other?
- What are the challenges and lessons learned for coordination at both the national and local levels?

Timeframe

Phase 1: September 2007. Review of all available documentation and preparation for initial fieldwork.

Phase 2: 15 September – 27 October. Initial fieldwork in each country by the lead evaluators. The team will spend 4–7 days in each country, and will hold a combination of interviews with high-level officials, as well as some focus group discussions in different sectors. A limited number of site visits will be made to activities addressing violence against women, together with the local researchers. This phase will also include a Canberra based debrief for ODE and AusAID staff.

Phase 3: October 2007 – January 2008. Local researchers will continue to gather data. It is estimated that approximately 30 days of consulting time will be required for each local researcher. Local teams will send in preliminary reports to the evaluation leaders by 15 January 2008.

Phase 4: February 2008. Evaluation leaders will meet with all the local researchers in one location. This cross-country collaboration will involve data analysis and synthesis, and development of key recommendations. Preliminary findings will then be presented to AusAID and the Advisory Committees for each country.

Reporting and dissemination phase. The final report will be provided in line with a drafting timeline to be determined by late November. It is expected that the final report will be submitted in April 2008. Subsequent dissemination of the evaluation findings will be planned in collaboration with relevant AusAID areas, including posts, desks and the Gender Unit, as well as advisory committees.

Outputs

1. Debrief report to each post prior to leaving country during second phase.
2. Written debrief report (maximum five pages) to ODE during Canberra leg of second stage.
3. Meet with and present to Canberra-based AusAID and other Australian Government personnel during Canberra leg of second stage, as scheduled by ODE in consultation with evaluation leaders.
4. Proposed outline of final report, including proposed timeline for final drafts (anticipated date for final report is April 2008), submitted to ODE by COB 15 November 2007. Final outline and timeline, incorporating ODE comments, submitted to ODE by COB 30 November 2007. A final report may consist of one or more papers. The report may include an overview of violence against women in the region, an assessment of existing promising practices and recommendations for the Australian Government to increase its investment in addressing violence against women. The report should include both qualitative data and quantitative data where available and relevant.
5. Written status report (maximum two pages) updating ODE on the progress of Phase 3 and foreshadowing any issues that should be considered before Phase 4.
6. Report on preliminary findings to AusAID and advisory committees at the end of Phase 4.
7. Draft report and final report submitted as per outline and timeline agreed through output 4.
8. Dissemination plan (max. two pages) exploring options for publishing the report, disseminating its findings and building momentum for its recommendations, submitted to ODE with final report. The plan should discuss the potential ongoing involvement of international consultants.

Evaluation team

The international evaluation team will consist of Dr Mary Ellsberg, PATH, and Dr Christine Bradley, independent consultant. Dr Ellsberg will lead the evaluation. ODE will participate on the evaluation team through Andrew Egan, Evaluation Director ODE and Amy Haddad, Evaluation Officer ODE. Relevant AusAID posts will participate as agreed with ODE and the international team. Local researchers in each country will work under the direction of the international evaluation team.

Specific roles of evaluation consultants

PATH will provide the services of Dr Ellsberg. PATH will also contract the local researchers and provide research assistance to the team as directed by Dr Ellsberg.

As evaluation leader, Dr Ellsberg will have responsibility for:

directing the evaluation process, including supervising the work of the in-country research team, delegating work to other evaluation team members and drafting the final report.

prioritising evaluation questions and focuses in consultation with ODE and evaluation team members.

the ultimate quality of the final report.

Dr Bradley will work closely with Dr Ellsberg and ODE, undertaking duties as delegated by Dr Ellsberg.

Local researchers will accompany the international team during country visits, and will perform additional interviews/focus group discussions as needed and agreed upon with Dr Ellsberg and Dr Bradley.

Annex 2: What we are already doing

AusAID has few programs exclusively dedicated to violence against women in Melanesia and East Timor. The Fiji Women's Crisis Centre and the Vanuatu Women's Centre are AusAID's best-known violence against women interventions in the region and represent spending of just over \$5 million in the forward years to 2011–12. Other violence against women specific initiatives have recently concluded. They include funding:

- FemLINK Pacific to produce and disseminate information on women, peace and security through a magazine and website
- the South Pacific Reproductive Health and Family Planning Training Project.

Much of AusAID's support for violence against women prevention or treatment programs is via large, often multi-regional, programs, particularly law and justice sector programs. This presents difficulties for calculating actual spending on violence against women in any given year, particularly because much of the work on violence against women is inseparable from broader spending and programs tend not to collect expenditure information against themes unless the theme is a specific focus of the activity. An unfortunate result of gender mainstreaming, where gender and gender issues are more consistently incorporated into our development efforts, particularly in capacity building, is that it becomes harder to isolate and comment on spending on gender.

However, we are able to outline how broader programs contribute to the prevention and treatment of violence against women. In law and justice:

- The PNG Law and Justice Sector Program has supported the law and justice sector to develop, endorse and now implement a gender strategy for the sector. Gender and HIV/AIDS training for police, prosecutors, magisterial services, the judiciary and corrective services has been conducted throughout the country. The program has provided support to women at risk, including through the establishment of trauma centres and separate witness rooms in courts, and eliminating the processing fees associated with hospital reports for victims of violence. In 2006–07, the Law and Justice Sector Program spent an estimated K3 779 739 on activities to directly or indirectly address violence against women.
- The Vanuatu Police Force Capacity Building Project has increased the recruitment of women police officers and established a Family Protection Unit as a functioning part of the police force. This is supported by a secluded office for interviews and the incorporation of gender into police training. The project has also helped the police forge links with the Vanuatu Women's Centre.
- The Fiji Law and Justice Sector Program has helped establish a Family Court, trained police and court staff on domestic violence, and improved witness facilities. An Employment Services Unit has been established within the Fiji Police Services to address gender, violence against women and other issues.
- The Pacific Regional Policing Initiative has integrated HIV/AIDS and gender equality into strategic plans, training and the Police Orders and Procedures Manual, and is working to increase the number of women police officers participating in the initiative. In 2006–07, \$40 000 was spent on developing a Regional Recruit Course Curriculum that includes a focus on domestic violence in both the Foundation unit, and the Harms to the Person unit, which also addresses assault and sexual assault.

In other sectors:

- The PNG Civil Society Private Sector Development Program provided funding for Haus Ruth, a women and children's refugee centre providing support for victims of violence and abuse (estimated A\$150 000 in 2006–07). The Program also supported the Family and Sexual Violence Action Committee (estimated A\$170 000 in 2006–07).
- The PNG Media for Development Initiative provided funding for a number of organisations with a focus on addressing violence against women, and contributed to the development of a radio drama serial titled *Kunia Strit* which addresses social issues, including violence against women.
- The PNG Community Development Scheme provided grants to a number of women's

organisations.

- The Pacific Regional HIV/AIDS Project has initiated and scaled up gender-sensitive behaviour change programs, including using the Stepping Stones approach.
- The new Australia–PNG HIV/AIDS program, *Sanap wantaim*, includes two gender advisers who will progress gender in program activities, including in relation to violence against women.
- Core funding to the Secretariat of the Pacific Community (SPC) supports the Human Development Program (incorporating the Women’s Bureau) and the SPC’s function as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) secretariat for the region. AusAID also contributes over \$700 000 to the SPC’s Social-Cultural Research on Gender Based Violence and Child Abuse in Melanesia and Micronesia Project (over three years to 2009).
- The East Timor Community Assistance Scheme funds various gender-focused activities, including activities to address domestic violence.

Annex 3: Violence against women – an analytical model

Table 1 below illustrates the risk and protective factors for *intimate partner violence*. These factors are not ‘determinants’; the presence of any these factors increases the risk of, or protects from, violence, as indicated by + for an increased risk, and – for a protective factor (+/- indicates an ambiguous factor).

Table 1. Risk and protective factors for intimate partner violence

	Individual level	Relationship level	Community level	Societal level
Socialisation and learning	Witnessing intimate partner violence as a child (+) *		High neighbourhood crime rate (+)	Cultural norms support violence as an accepted way to resolve conflicts or to punish transgressions (+)
	Suffering abuse as a child (+)	Association with gang members, delinquent, or patriarchal peers (+)	Absent or maladaptive teaching of alternatives to violence (+)	
Power relations and patriarchal gender norms	Absent or rejecting father (+)	Male control of household decision making and wealth (+)		Norms supporting male dominance over women and women's obedience and sexual availability (+)
		Controlling behaviour by the husband (+)		
		Multiple partners or wives for the husband; number of unions for the woman (+)		Policies and laws that discriminate against women in social, economic, and political spheres (+)
		Differences in spousal age and education (+)		
Human capital and employment	Female education level (-)	Economic hardship (+)	Lack of economic opportunities for men (+)	
	Male education level (-)			Access and control over economic resources for women (+/-)
	Women engaged in income generation activities (+/-)			
Life cycle	Age of woman (-)	Length of relationship (-)		
Triggers	HIV status of man/woman (+)	Male alcohol and substance abuse (+)		

* For boys, witnessing violence increases the risk of becoming an abuser; for girls, it increases the risk of future victimisation.

Source: A Morrison, M Ellsberg and S Bott, ‘Addressing gender-based violence: a critical review of interventions’, *The World Bank Research Observer*, vol. 22, no. 1, 2007, pp. 27–28.

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