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The Challenge of Defining and Measuring Violence in Quantitative Research

Topics covered in this chapter:

Estimating the prevalence of violence
The study population: Choosing interview subjects
Definitions of violence
Enhancing disclosure of violence
Common tools for measuring violence

How does one decide what criteria to use to define and measure gender-based violence? Operationalizing main variables is a key issue in all cross-cultural studies, and especially in the study of violence. In qualitative research, it is not usually necessary to finalize these decisions before initiating data collection. In fact, a main goal of a qualitative study may be to understand what kinds of acts are considered violent by a particular woman or group of women. However, in most quantitative studies, particularly when the aim is to estimate the magnitude of violence in different settings, researchers need to develop clear definitions that can be compared across settings.

This chapter explores the challenge of measuring violence and emphasizes estimating the prevalence of different forms of abuse across a wide range of settings. It describes some major conceptual issues

that underlie different approaches to measuring violence against women and reviews and critiques some of the most common instruments used internationally.

ESTIMATING THE PREVALENCE OF VIOLENCE

It is difficult to compare most international prevalence data on violence because different methods were used to obtain them. Prevalence is defined as the proportion of women who are abused in a given study population. (See Box 6.1 for a more detailed description of how prevalence figures are calculated.) Therefore, researchers face two major challenges in obtaining accurate prevalence data: how to define “abuse” and how to determine the study population. Researchers have addressed these methodological issues in



BOX 6.1 DEFINING PREVALENCE AND INCIDENCE

Prevalence is defined as the number of persons having a specific characteristic or problem, divided by the number of persons in the study population who are considered to be at risk of having the problem, usually expressed as a percentage. **Incidence** refers to the number of new cases of a problem divided by the study population over a specific period. For example, the incidence rate of diabetes refers to the number (usually expressed as x out of 1000, etc.) of people who are newly diagnosed with diabetes each year in a community, whereas the prevalence is the total proportion of people with diabetes in the community, regardless of how long ago they were diagnosed. The prevalence of violence against women refers to the number of women who have experienced violence divided by the number of at-risk women in the study population. (In the case of some kinds of violence, such as sexual assault, all girls and women may be considered at risk, but in other cases, such as intimate partner violence, only women who have ever had an intimate partner would be considered as at risk.) This can be measured as:

Period prevalence

$$\frac{\text{Women abused during a certain period (usually the last year)}}{\text{Women at risk in the study population}} \times 100$$

or

Lifetime prevalence

$$\frac{\text{Women abused at any time in their life}}{\text{Women at risk in the study population}} \times 100$$

The incidence rate of partner abuse refers to the number of violent events women experience during a specific period, such as one year. In crime studies, incidence of violence is generally measured as the number of assaults per inhabitant, rather than the number of women being assaulted, so that each beating that a woman receives is counted separately. Thus, the incidence rate can tell you what happened over the last year, but it may not tell you how many people were affected.

Although some kinds of violence might be measured as discrete incidents (e.g., a sexual assault by a stranger), many forms of gender-based violence, such as child sexual abuse and partner violence, may be ongoing processes and not easily captured as discrete events. Furthermore, the effects of a single assault may be long-lived. For this reason it is less practical or useful to measure violence in terms of incidence rates, and the magnitude of gender-based violence is most commonly presented in terms of prevalence.

many different ways, and there is little consensus as to the most appropriate method. A further complication is that surveys do not measure the actual number of women who have been abused, but rather, the number of women who are willing to disclose abuse. It is always possible that results are biased by either overreporting or underreporting.

In reality, researchers around the world have found no evidence that abuse

is overreported.¹ To be identified as a victim of abuse in most societies is so shameful that few women report abuse when it has not actually occurred. Women are far more likely to deny or minimize experiences of violence due to shame, fear of reprisals, feelings of self-blame, or loyalty to the abuser. Box 6.2 outlines some of the most critical issues that can affect how prevalence data are calculated and interpreted.

THE STUDY POPULATION: CHOOSING INTERVIEW SUBJECTS

Study populations used for gender violence research vary greatly. Many studies include all women within a specific age range (frequently 15-49 or over 18), while other studies classify women according to marital status, and interview only women who have been married at some point in their lives, or women who are currently married. The logic underlying differences in the range of women included rests in the way researchers define the population at risk of abuse. Table 6.1 gives an overview of approaches used in past studies of partner violence.

Sometimes, researchers decide not to interview women below a certain age because of specific legal requirements regarding the participation of minors as research informants. In some countries, this decision depends on the average age of marriage. Because many prevalence studies are embedded in larger studies that focus on women's reproductive health—such as the Demographic and Health Surveys (DHS)—only women of reproductive age are included, thereby excluding the experiences of older women.²

Relationship status

Some studies further refine the study population according to the relationship status



of respondents. For example, studies on partner violence often include only women who are currently married because experience shows that these women are at greatest risk of current partner abuse. In some cases, researchers exclude from studies women in common-law relationships, or those who have been married for less than one or two years (see Table 6.1). We recommend using the broadest criteria possible for defining the study population. In the case of wife abuse, this would include interviewing all women in a specified age range, or at least all those who have ever had an intimate partner. Restricting the study population further may bias results for the following reasons:

- **The risk of partner abuse is not confined to women who are currently in formal marriages.** Some studies indicate that women in common-law relationships suffer a greater risk for violence than do married women.³ Unmarried women may also be abused by their boyfriends. Many studies find that women who are currently separated are more likely to have been abused at some point in their lives by a partner, indicating that violence may be an important reason for women to separate from or divorce their partners.² In some countries, women are at greatest risk of abuse and even homicide immediately after separating from their partners. Therefore, excluding these women from the study population means that valuable information may be lost, and the study results will not reveal a true picture of how violence is affecting women’s lives.
- **The risk of partner abuse is not confined to women who have been in a relationship for a certain length of time.** Some research indicates that wife abuse starts early in a relationship. In

BOX 6.2 ISSUES THAT AFFECT THE MEASUREMENT OF GENDER-BASED VIOLENCE

How is the study population identified?

- Are there cutoff ages?
- Is marital status considered for eligibility?
- What geographic area is included in the study?

How is violence defined and measured?

- Who defines abuse—the researcher or the respondent?
- Over what period of time is violence being measured?
- Does the study distinguish between different types of abusers in terms of their relationship to the victim?
- Is frequency of violence measured?
- What types of violence are included (e.g., physical, sexual, emotional, economic, etc.)?
- Does the study gather information regarding the severity of violence?

Is the interview carried out in such a way that women are likely to disclose experiences of violence?

- How are questions on violence worded?
- What questions precede them?
- How are the questions introduced?
- How many opportunities do the respondents have to disclose?
- What is the context of the interview (privacy, length, skill of interviewer)?

TABLE 6.1 VARIATION AMONG STUDY POPULATIONS FROM RECENT POPULATION-BASED SURVEYS ON PARTNER VIOLENCE*

Country	Study Population
Cambodia	Ever-married women and men
Canada	All women aged 18 or older
Chile	Women aged 22–55 married or in a common-law relationship for more than two years
Colombia	Currently married women aged 15–49
Egypt	Ever married women aged 15–49
Nicaragua	All women aged 15–49
Philippines	All women aged 15–49 with a pregnancy outcome
Uganda	All women 20–44
Zimbabwe	All women 18 years or older

* References for the studies are listed in Table 1.1.

the Nicaragua survey, for example, 50 percent of abused women reported that the violence began in the first two years of the relationship, and 80 percent reported that the violence began within four years.⁴ This indicates that women are at risk of partner violence



BOX 6.3 FROM THE FIELD: NICARAGUA

An example from Nicaragua shows how prevalence estimates for intimate partner violence can vary greatly according to how the study population is defined, and whether the figures include only recent experiences or lifetime experiences of violence. In a study of 488 women ages 15-49 in León, Nicaragua, researchers compared the prevalence of lifetime and current violence between different subgroups of the sample and found large differences.⁵ Only 8 percent of women who had dated but never cohabited with a man reported violence, compared to 52 percent of women who had lived with a partner at least once.

Researchers also found important differences between the prevalence of lifetime and current abuse among ever-married women (52 percent versus 27 percent). In the case of recent experiences of violence, not surprisingly, women who were married at the time of the interview had experienced more violence within the last 12 months than separated women. Nonetheless, the fact that 17 percent of women who were no longer married had also recently experienced violence draws attention to the possibility of violence by exspouses.

Lifetime and current prevalence of violence according to women’s marital status.

	All women 15–49 (n=488)	Never partnered with boyfriend (n=79)	Ever partnered women 15–49 (n=360)	Currently partnered women (n=279)	Formerly partnered women (n=81)
Lifetime physical violence	40%	8%	52%	52%	53%
Current physical violence	20%	—	27%	30%	17%

the moment they enter into a relationship, and there is little advantage to excluding recently married women from the study.

- **Although partner abuse is one of the most common types of violence against women, women frequently experience other forms of physical, sexual, and emotional abuse during their lives.** Many of these experiences are intertwined with wife abuse, where, for example, sexual assault by a stranger can increase a woman’s vulnerability to discrimination or abuse by her family or spouse. Experiencing multiple forms of abuse can make the effects of wife abuse particularly devastating. Because these patterns vary across cultures and settings, it is a good idea to define the study population as broadly as possible. This provides the opportunity to look at the patterns of violence that women experience throughout their lives, before narrowing the focus in subsequent analyses.

National versus regional studies

Two distinct research trends are emerging as more international data on violence against women become available. First, large-scale surveys primarily designed for other purposes increasingly solicit information on violence. For example, several Demographic and Health Surveys and Reproductive Health Surveys conducted by the Centers for Disease Control have included questions on violence in national surveys.^{2,6} Although many of these surveys use one or two aggregate “gateway” questions to measure any type of violence, such as, “Have you ever been beaten by anyone since you were 15/were married? By whom?” some of the more recent studies include a module on domestic violence with more detailed information.

The second trend is represented by studies that are primarily designed to gather detailed information on women’s experiences of violence. Many of these studies, such as the prevalence studies in Nicaragua, South Africa, and the WHO multi-country study, have relatively



smaller sample sizes and cover a limited geographical region, although there are important exceptions, such as the National Surveys on Violence Against Women in Canada (1993),⁷ the United States (1997),⁸ Sweden,⁹ and Finland (1997).¹⁰ These studies tend to gather much more information about different types of violence and perpetrators, as well as information on circumstances and women's responses to violence. They also tend to devote more attention to the interaction between interviewers and respondents and issues of safety.

There are potential advantages to including violence questions in national surveys designed primarily for other purposes. For example:

- In many cases, national statistics bureaus conduct the studies, and the results assume the legitimacy of “official statistics.” This can be very useful for purposes of advocacy.
- Nationally representative data are useful for local program planning, and also permit in-depth analysis of variation between regions.
- The large data sets generated by these studies, including many other reproductive and child health outcomes, can be used to deepen understanding of risk factors and health consequences of violence.

There are also drawbacks to this strategy:

- In general, prevalence estimates have been higher in the more focused studies than in the national surveys designed primarily for other purposes.¹¹ One explanation may be that because the focused studies emphasize the use of methods for enhancing disclosure, they are able to produce more accurate prevalence estimates.¹²

Thus, one tradeoff of using multipurpose surveys to produce prevalence estimates on violence is the risk that violence will be significantly underreported. Such underreporting can dilute associations between potential risk factors and health outcomes, leading to results that are falsely negative.

Underestimating the dimensions of violence could also prevent violence intervention programs from receiving the priority they deserve in the allocation of resources.

- Finally, because many of these studies have not systematically addressed safety concerns, women who participate in them may face increased risk of retaliation or other harm.

Researchers and advocates should consider carefully whether they need national-level data in order to achieve their policy objectives. In many countries, advocates have successfully used the results of representative sample surveys of a single region, province, or significant city to raise public awareness of violence and to guide policy decisions. It is usually more important to have high-quality data that are not vulnerable to criticism on methodological or ethical grounds. Rather than expending extra effort to make a study “national,” researchers might do well to explore violence in depth among a smaller, more condensed sample of individuals.

When conducting a regional study, it is important to select a study population diverse enough to allow comparisons between women of different socio-economic groups. The study population should also share important characteristics with other parts of the country. The results of a prevalence study carried out in a single

The study population should be as broadly defined as possible, and, if possible, should be diverse with respect to ethnicity and socio-economic background, so that the results will be meaningful to a larger segment of the population.



Prevalence studies need to have clearly defined criteria for determining what acts are considered as violence.

neighborhood of poor urban dwellers or in a small village composed only of members of an ethnic minority may be critically important for designing local interventions. However, because such a study does not include large sectors of the population, such as rural or middle class women or women of different religious or ethnic backgrounds, it is less useful for understanding how different women experience violence. Moreover, such studies are often dismissed as being too narrow, and have little effect on policy.

DEFINITIONS OF VIOLENCE

Who defines abuse?

The way in which violence is defined has an enormous impact on the final results. Thus, it is crucial to establish from the beginning how violence will be defined and who will be considered a “case of abuse,” to borrow a term from epidemiology.

The following are examples of criteria that have been used in studies of intimate partner violence:

- Any kind of physical, sexual, or emotional violence by any perpetrator at any time.
- One or more acts of physical violence by a partner at any time.
- Only physical violence of a certain level of severity, or which has been repeated a certain number of times.
- Only acts of partner violence occurring in the last year.
- Economic, as well as physical, sexual, or emotional violence.
- Any behavior that women themselves identify as abusive by virtue of its intent

or effect (this may include such diverse acts as infidelity, verbal aggression or humiliating acts, coerced sex, or refusing to pay for household expenses).

How does one decide whether to use definitions developed according to criteria established by researchers, or to focus on acts which women themselves view as most harmful? The danger in relying exclusively on women’s own definitions of abuse, referred to in social science as an “emic” approach, is that these may vary so greatly from one woman to the next, and between cultures, that it may not be possible to draw meaningful conclusions from the results. For example, the question, “Have you ever been abused by your partner?” is likely to underestimate the true occurrence of violence. Many women may experience severe physical violence and yet not identify this behavior as abusive, either because they are used to it or because such behavior is considered normal in their culture. Other women may answer positively, citing verbal offenses or humiliations as evidence of abuse. This information may help the researcher understand how different women perceive violence, but it is less useful in planning interventions or making cross-cultural comparisons.

One advantage of using externally derived definitions—an “etic” approach—is that this enables the researcher to make comparisons across different groups of women. The most common method is to ask women whether they have experienced a series of behaviorally specific acts of physical, sexual, or emotional violence, such as hitting, slapping, kicking, or forced sex. Women who disclose violence are then asked to specify their relationship to the perpetrator and the frequency or period in which it took place. The drawback of this approach is that you cannot know whether these acts have the same



meaning in different cultures or to different women. For example, punching a woman with a fist and kicking her may appear from the outside to be roughly equivalent, if “risk of injury” is used as the main criteria for severity. However, in some cultures, it is particularly demeaning to kick a woman because it implies that she is no better than an animal. In another country, an outsider might assume that a partner’s refusal to speak to a woman is less serious than physical abuse. Nonetheless, the woman enduring the abuse might experience the same emotional pain and humiliation that she would from a physical blow.

Many researchers address this dilemma by combining approaches that ask about specific behaviors and ask women to interpret them. A researcher may ask women about specific acts, frequency, and perpetrators, followed by open-ended questions asking her to describe “the worst incident” or any other behavior or experience that she considers abusive. This approach can generate information on violence that researchers can compare to other settings and to other women’s perceptions of their experience.

Types of violence

Partner violence. The range of violent acts that women may experience is quite varied, and so is the impact of specific acts on their lives. For this reason, it is important not to define partner violence too narrowly. For example, if you ask only about experiences of being hit or beaten, women may not mention that they have been raped, kicked, or burned. Although researchers initially focused primarily on physical violence, today their work also considers emotional and sexual abuse. Many studies also include other kinds of abusive or controlling behavior, such as limiting decision making power or mobility, or economic violence.

While it may be useful to identify women who have experienced abuse, it is important

to present separately the prevalence of each type of violence. For cross-cultural comparisons, aggregating emotional, sexual, and physical abuse in a single domestic violence figure is likely to lead to confusion, for the following reasons:

- Definitions of emotionally abusive acts vary across cultures, which makes it difficult to find a valid definition.
- Combining these categories may reduce the credibility of the findings, as many policy makers consider emotional abuse to be less severe than the other types of violence.
- Different types of violence affect women’s physical and psychological health in different ways. Therefore, grouping them together may obscure certain consequences of violence.

You should design your questionnaire so that different types of violence can be appropriately disaggregated. Although grouping some behaviors together can help avoid overly long or tedious lists of questions, these acts should be similar in severity or type of violence. Answers to broad questions such as “Have you ever been insulted, beaten, or raped by your husband?” or questions that combine acts of different severity such as “Has your husband ever hit you on the head or pulled your hair?” will be difficult to interpret.

The list of abusive behaviors need not be exhaustive. Their purpose is not to describe every possible act that a woman may have experienced. Rather, the aim is to maximize disclosure and to allow for general characterizations regarding the most common types and severity of violence.

Some countries may have specific types of violence that are not common elsewhere, such as dowry-related abuse, abuse



by in-laws, and acid throwing in South Asia or group rape in Papua New Guinea and Cambodia. Formative research carried out before developing the questionnaire may help you identify forms of violence that are specific to the country setting and that the survey needs to address. Box 6.4 presents the definitions used by WHO for different kinds of violence.

Rape and sexual coercion. Research on rape also raises important definitional issues. Definitions of rape and coercion variously focus on the type of sexual contact, the abuse of a trusting relationship, the force or tactic employed, the power differential, or the imposition of will upon another person, and whether the abuser is an intimate partner. At a minimum, definitions of rape used in research should include notions of force, nonconsent, penetration, and the age boundary between rape and child sexual abuse.

Internationally, traditional legal definitions of rape tend to be limited to penile-vaginal penetration by force or threat of force. Rape reform initiatives in many countries have widened this definition to include all forms of nonconsensual sexual penetration (vaginal, oral, or anal) obtained by physical force or by threat of bodily harm. Some jurisdictions, including most of the United States, also recognize penetration obtained when the victim is incapable of giving consent by virtue of mental illness, mental retardation, or intoxication. In many settings, penetration by anything other than the penis is classified as sexual assault rather than rape.

Other researchers have operationalized rape differently, relying on notions of “coercion” defined variously as:

- Using physical force or threat of physical force.
- Using verbal or psychological pressure, including trickery or deceit.

- Against a woman’s will (unwanted as defined by the woman).
- Ignoring a woman’s refusal.

Childhood sexual abuse. As with rape, definitional issues complicate research into the prevalence of childhood sexual abuse. Definitions of child sexual abuse in the North American literature have varied along several dimensions: whether non-contact abuse (e.g., exhibitionism) is included together with sexual touching, the maximum age of the victim, the minimum age of the perpetrator, a minimum age difference between victim and perpetrator (generally five years), and whether only incidents experienced as unpleasant or abusive are considered.¹³ The upper limit on childhood, for example, varies in studies from age 12 to age 18. Some definitions require that the incident be experienced by the victim as abusive; others define all sexual contact between a child and someone significantly older as inherently abusive.

Research has shown that differences in definition can greatly affect estimates of prevalence. This effect is demonstrated clearly in the work of Haugaard and Emery who constructed three definitions of abuse: a broad definition that included all forms of contact and noncontact abuse; a narrow definition that excluded exhibitionism and any incident that was experienced as positive; and a very narrow definition that included only oral, anal, or vaginal penetration.¹³ Among the middle class college women in their sample, the prevalence of child sexual abuse was 11.9 percent using the broadest definition; 9.6 percent using the narrow definition; and 1.8 percent using the “intercourse only” definition. The level of impact of abuse on the women’s health and lives increased as the definition became more restrictive, although some significant relationships emerged even when using the broadest definition of abuse.



BOX 6.4 WORKING DEFINITIONS OF VIOLENCE USED BY WHO MULTI-COUNTRY STUDY ON WOMEN'S HEALTH AND DOMESTIC VIOLENCE AGAINST WOMEN

Violence against women and girls is defined in the Declaration on the Elimination of Violence Against Women as occurring in three domains: the family, the community, and perpetrated or condoned by the state. The focus of the WHO VAW study is on intimate partner violence and sexual violence against women.

For the purposes of the study, a series of separate definitions were adopted for the different forms of violence included in the survey:

Domestic violence against women

Any act or omission by a family member (most often a current or former husband or partner), regardless of the physical location where the act takes place, which negatively effects the well being, physical or psychological integrity, freedom, or right to full development of a woman.

Intimate partner violence

Any act or omission by a current or former intimate partner which negatively effects the well-being, physical or psychological integrity, freedom, or right to full development of a woman.

Physical violence

The intentional use of physical force with the potential for causing death, injury, or harm. Physical violence includes, but is not limited to, scratching, pushing, shoving, throwing, grabbing, biting, choking, shaking, poking, hair pulling, slapping, punching, hitting, burning, the use of restraints or one's body size or strength against another person, and the use, or threat to use, a weapon (gun, knife, or object).

Severe physical violence

Physical violence that is likely to lead to external or internal injuries.

Abusive sexual contact

Any act in which one person in a power relationship uses force, coercion, or psychological intimidation to force another to carry out a sexual act against her or his will or participate in unwanted sexual relations from which the offender obtains gratification. Abusive sexual contact occurs in a variety of situations, including within marriage, on dates, at work and school, and in families (i.e., incest). Other manifestations include undesired touching; oral, anal or vaginal penetration with the penis or objects; and obligatory exposure to pornographic material.

Forced sex

Where one person has used force, coercion, or psychological intimidation to force another to engage in a sex act against her or his will, whether or not the act is completed.

Sex act

Contact between the penis and vulva, or the penis and the anus, involving penetration, however slight; contact between the mouth and the penis, vulva, or anus; or penetration of the anal or genital opening of another person by a hand, finger, or other object.

Psychological abuse

Any act or omission that damages the self-esteem, identity, or development of the individual. It includes, but is not limited to, humiliation, threatening loss of custody of children, forced isolation from family or friends, threatening to harm the individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating words or gestures, controlling behavior, and the destruction of possessions.*

Child sexual abuse

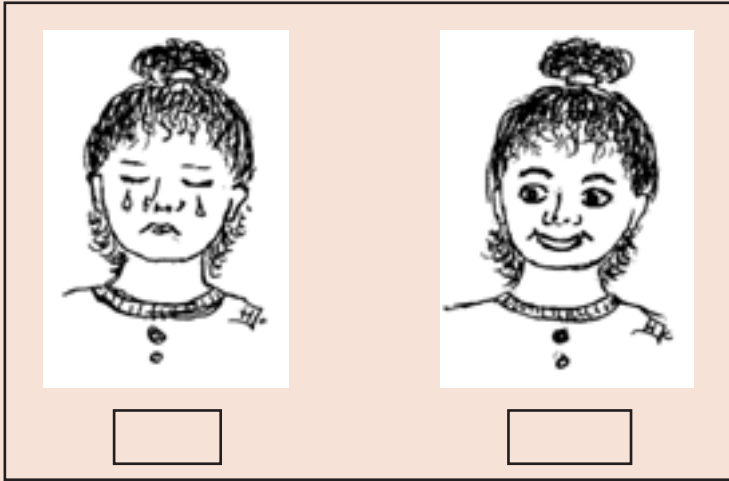
The use of a child (defined as any person under the legal age of consent) by an adult for sexual purposes, whether or not consent is alleged to have been given. It includes, acts of exposure; sexual touching; oral, anal, or vaginal penetration; and the exposing of a child to, or involving a child in, pornography or prostitution. Any form of direct or indirect sexual contact between a child and an adult is abusive since it is motivated purely by adult needs and involves a child who, by virtue of her/his age and position in life, is unable to give consent. Sexual activity between children constitutes sexual abuse when it is between siblings or when it is clear, by difference in developmental levels, coercion and/or lack of mutuality, that one child is taking advantage of another.

* Some of the acts that are perceived as being psychologically abusive may vary between countries. WHO recognizes that there is no accepted definition of psychological abuse, and that there are also many other forms of severe psychological abuse, e.g., having children taken away from you, being evicted from your home, and having your wages taken away from you, that were not included in the questions used in the study.

(From WHO, 2004.¹⁴)



FIGURE 6.1 DRAWING USED IN WHO VAW STUDY TO ASK WOMEN ANONYMOUSLY ABOUT SEXUAL ABUSE



The challenges of deriving appropriate definitions for child sexual abuse are even more difficult when contemplating cross-cultural research, in which even definitions of childhood can be points of contention and debate. The WHO VAW study chose age 15 as a cutoff point between childhood and adulthood and asked respondents whether before the age of 15 had anyone ever touched them sexually or forced them to do something sexual that they did not want to do.

Perpetrators

Just as it is crucial to be able to distinguish between different types of abuse, researchers also need specific information about the number of perpetrators and their relationship to the victim. Some research indicates that women who are victimized in childhood are more likely to be victimized as adults and that women who are victimized more than once are at greater risk for mental and reproductive health problems. Watch out for a fairly common mistake: asking women about the violence they have experienced and the perpetrators, without linking each perpetrator to the specific form of abuse. This can lead to confusing results. For example, in the

León, Nicaragua, study, one woman, who was abused by both her mother and her husband, said she was beaten, raped, and emotionally abused. However, because of the way that the questionnaire was structured, it was not possible to determine from the data who did what.

Some researchers suggest that providing specific cues about context may be more effective than a single general question in helping a woman remember violent events.¹⁵ Therefore, interviewers may be trained to probe about specific situations in which women might have experienced violence, such as the workplace or school, or violence by family members.

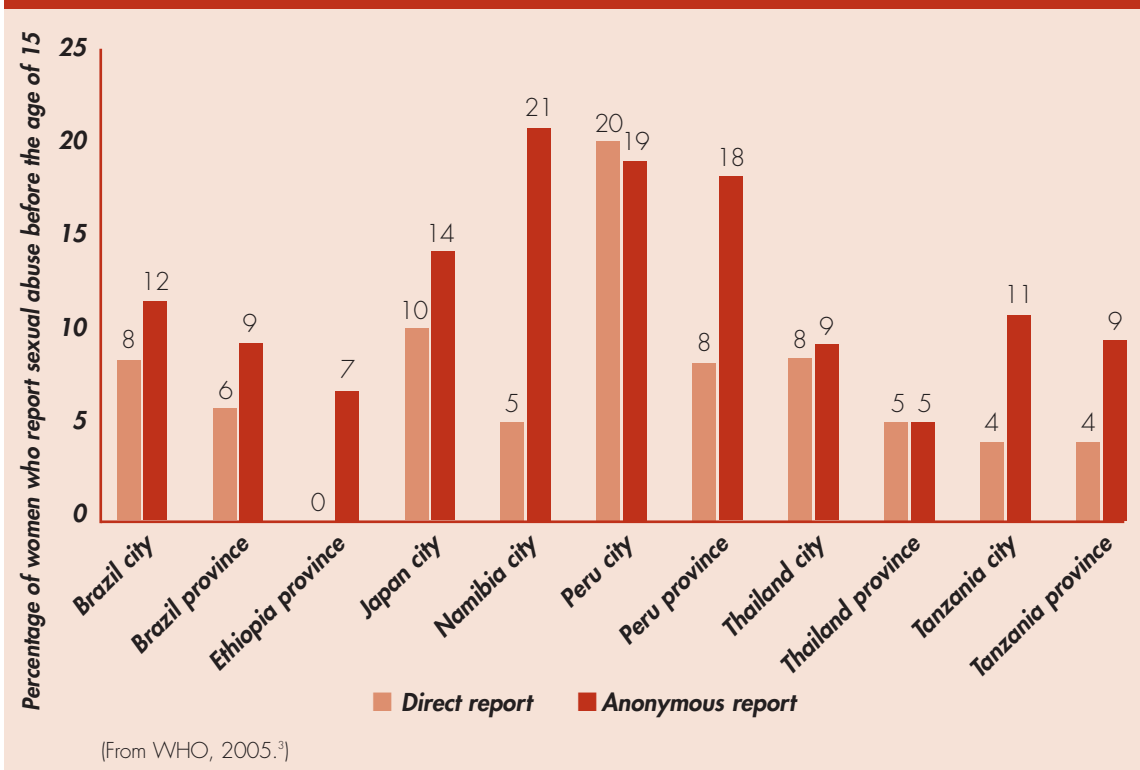
Time frame and frequency

To fully understand patterns of abuse, researchers need a time frame by which the abuse can be measured. For example, many studies on partner abuse only measure whether women have experienced violence in the last year, or since the start of the current relationship, thereby excluding violence inflicted by former partners, or prior to the last year. This decision may stem from the belief that women are likely to remember recent events more accurately than events in the more distant past. Other times, interventions focus on current victims of abuse.

Using such a narrow time frame obscures the true impact of partner violence, especially because a history of abuse may be the underlying cause of current problems. For example, the Nicaragua study found that women who experienced abuse years before the interview took place were much more likely than non-abused women to be experiencing emotional distress at the time of the interview.¹⁶ Although women may be less likely to recall single incidents of moderate abuse, research indicates that experiences of severe, frequent, or particularly traumatic violence are not easily forgotten, no matter



FIGURE 6.2 COMPARISON OF DISCLOSURE OF CHILD SEXUAL ABUSE USING TWO DIFFERENT METHODS (DIRECT QUESTIONS IN A FACE-TO-FACE INTERVIEW AND ANONYMOUS REPORTING)



when they took place.* If no one asks about former experiences of violence, many women with problems related to abuse will be improperly classified as “nonabused.” This error will weaken the associations found between violence and specific health or social outcomes.

To determine how many women have experienced partner abuse, it is generally sufficient to obtain information pertaining to the last year and to lifetime experiences of abuse. However, where the purpose is to link the “exposure” to violence to specific health outcomes, for example, in cohort and case-referent studies, more detailed information is particularly useful. Such information might include, for example, when the abuse began, how frequently it occurred, how long it lasted, and

whether it took place during a specific relevant period such as pregnancy or before the onset of a health condition.

When the aim of the study is to examine experiences of physical or sexual abuse in childhood, it is important to ask the respondent’s age when the abuse started, as well as the age of the perpetrator. Did it happen one time? A few or many times? How many years did the abuse last?

ENHANCING DISCLOSURE OF VIOLENCE

Experience shows that in most settings women are willing to talk about their experiences of violence, although, as we mentioned earlier, most prevalence figures are probably too low. Experience from

* An exception to this observation may be sexual abuse, where women and men have been known to repress memories of particularly traumatic events experienced in childhood



international research nonetheless indicates that some methods are more effective than others in encouraging women to talk about violence. The following series

of issues may affect women's willingness to discuss experiences of violence.

"Many women told me that they never talked about this with anyone, not even with the neighbors, friends, or relatives, 'because if I tell her, she might tell her husband or her mother, and word will get around and might reach my husband, which would be terrible. If he found out he would kill me.' So many of them would keep all their suffering inside, for fear that their husbands would mistreat them more..."
Nicaraguan interviewer (Ellsberg, et al, 2001.¹²)

How are women asked about violence?

The methods used to ask women about violence may influence how comfortable they are disclosing abuse. Studies in industrialized countries have found that for the purpose of identifying intimate partner abuse, either face-to-face interviews or interviews by telephone give better results than self-administered questionnaires.^{17, 18} On the other

hand, anonymous techniques frequently encourage greater disclosure of childhood sexual abuse. The WHO multi-country study tested the use of different methods for eliciting disclosure of child sexual abuse. Women were asked during a face-to-face interview whether they had ever been touched sexually or made to do something sexual against their will before the age of 15. At the end of the interview, women were asked to mark on a separate piece of paper whether they had been sexually abused as a child by placing a check next to either a happy or sad face, regard-

less of what they had chosen to reveal during the face-to-face interview (Figure 6.1). Women were assured that since their name was not on the paper, no one would ever be able to trace their answer back to them. Then, to preserve the anonymity of the respondents these papers were placed together in a large plastic bag. In most countries, considerably more women disclosed violence using this method than they did in personal interviews (Figure 6.2).

Who is asking?

As in all research on sensitive topics, disclosure rates are affected by the skill of the interviewer, and her or his ability to establish rapport with the informant. Women are more likely to be willing to share intimate and potentially painful or embarrassing aspects of their lives when they perceive the interviewer as empathetic, nonjudgmental, and genuinely interested in their situation. It is generally believed that female interviewers are more successful in eliciting personal information from women, although this has rarely been tested. In some settings, difficulties have been encountered when using young or unmarried women as interviewers, or when using interviewers who lack experience discussing sensitive issues. This highlights the importance of using carefully selected and appropriately trained female interviewers.

Although it is often helpful to have fieldworkers who share some cultural background with informants, it may be preferable if they do not belong to the same village or neighborhood, so that the respondent may feel more confident that the information she shares will not get back to others.

How many times should you ask a woman about violence?

It may seem strange at first, and even a little insulting, to ask women more than once

BOX 6.5 FROM THE FIELD: NICARAGUA

A DHS carried out in Nicaragua used two sets of questions to identify partner abuse. One question asked in general, "Have you ever been physically beaten or mistreated by anyone?" Women who responded affirmatively were questioned about the perpetrator. The next set of questions referred to specific acts such as pushing, slapping, choking, beating, and forced sex. For each act, women were asked whether their partner had carried out the act within the last year, or at any time during their marriage. While 14 percent of women reported partner abuse using the first set of more general questions, 29 percent of women reported acts of physical or sexual partner abuse in the more specific set of questions.¹²



whether they have experienced violence, as if we did not believe her the first time round. However, numerous studies have shown the importance of giving women more than one opportunity to disclose violence during an interview. Women may not feel comfortable talking about something so intimate the first time it is mentioned, or they may not recall incidents that took place long ago. This is why studies that include only one or two questions on violence are likely to result in substantial underreporting of abuse. Researchers have found that many women initially deny having experienced violence, but over the course of the interview, overcome their reluctance to talk. For this reason, it is also wise to avoid using “gateway” or “filter” questions, where women who reply negatively to the first violence question are not asked the more specific questions in the survey. Box 6.5 gives an example of how prevalence estimates for violence were doubled by adding a set of specific questions after an initial general question.

The context of the interview

The overall framework of the survey and the items immediately preceding questions on abuse can profoundly affect how women interpret and respond to violence-related questions. For example, embedding questions on physical assault immediately following items on relationships will cue respondents to the issue of partner abuse, whereas asking a similarly worded question after items on crime victimization will tend to cue respondents toward assaults perpetrated by strangers.

The issue of context is particularly relevant in large-scale surveys in which abuse-related questions are integrated into questionnaires designed for other purposes. When questions on violence immediately follow lengthy discussions on unrelated topics such as family planning, nutrition, or childhood illness, a woman

may be disconcerted and less likely to disclose experiences of violence. In this case, it is particularly important to give the respondent a chance to “switch gears.” An introductory paragraph can make it clear that the interview is shifting to a completely different subject.

Questions on violence may themselves be framed in a variety of ways that convey different messages to the women being interviewed. For example, one well-known instrument, the **Conflict Tactics**

Scale, presents the use of violence as a way of resolving conflict and includes a series of questions about nonviolent ways to resolve conflicts, such as “discussing the issue calmly” or “sulking.” This lead-in could be problematic in a country where physical assault is not understood as a way to resolve conflict, but rather as a form of punishment or discipline. Other instruments describe acts that the partner “does when he is mad.”

Some researchers have used lead-in questions that allow women to describe positive aspects of the relationship, as a way of showing women that they are not interested in only the bad things a partner does. The rationale for this approach is that women may be more willing to disclose abuse if given an opportunity to acknowledge that their relationship is complex, with both good and bad parts.

Even the timing of the violence questions within the overview interview may affect how women respond, particularly when the questions are part of a much larger study. Asking about violence too early may not provide interviewers enough time to build rapport with the informant.

“...In the first question, they would say that he didn’t beat them, but when we got to the other questions, then they would say ‘Yes, sometimes he beats me and kicks me or uses a gun,’ or whatever.”
Nicaraguan interviewer
(Ellsberg, et al, 2001.¹²)

“...They would say that they had never told anyone before their situation. But then we got to be so close during the interview that she would ask me ‘What do you think I should do?’ Sometimes we couldn’t get off the subject...”
Nicaraguan interviewer
(Ellsberg, et al, 2001.¹²)

**BOX 6.6 ENSURING THE COMPARABILITY OF DATA IN THE WHO MULTI-COUNTRY STUDY ON WOMEN'S HEALTH AND DOMESTIC VIOLENCE AGAINST WOMEN**

One of the greatest challenges of a multi-country study is ensuring that cross-country comparability is maintained, and that the same core issues and concepts are being explored and analyzed in the same way in each participating country. At the time the study was carried out, there were still many gaps in knowledge about the prevalence, causes, and consequences of domestic violence against women. The WHO VAW study and future research using the study methodology have the potential to substantially advance current understanding. For this reason, maintaining cross-country comparability is a high priority for WHO. For the first phase of the study, to ensure that a high level of teamwork, coordination, and communication was maintained, WHO committed resources to establishing a core research team, which regularly met with each country team. They also brought together the different country team members at important points in the study, to ensure that the key developments were finalized together.

Several steps were also taken to ensure that there was central coordination of each phase of the study and to maintain cross-country comparability:

- Careful selection and standardized training of interviewers and supervisors occurred at the country level.
- Core research team members made country visits during the interviewer training and piloting phases of the study.
- The core questionnaire and study procedures were finalized at a central level with a question-by-question description of the questionnaire, as well as detailed training manuals for facilitators, supervisors, interviewers, and data processors.
- Sampling strategies were carefully reviewed, discussed, adapted, and documented by a member of the core research team.
- Adaptations to questionnaires were carefully reviewed and documented by a member of the core research team.
- One data entry system and the same database structure was used in all countries with interactive error checking and compulsory double entry and data validations. Adaptation of the data entry program, as well as training of data entry and data processing procedures, was done on site by one of the members of the core research team.
- During field implementation, standard quality control measures were implemented in all countries, such as questionnaire checking on site, regular debriefings, and support to the interviewers.
- Data cleaning was done with support of one member of the core research team to ensure similar procedures were followed in all countries.
- A standard list of preliminary analyses was identified and conducted in each country.
- Annual meetings were held with the country research teams to share lessons learned.

(From WHO, 2004.¹⁵)

On the other hand, if questions are placed at the end of a long interview, both the interviewers and the respondents may be tired or anxious to finish the interview and therefore less likely to probe into

experiences of violence.

One important way to ensure confidentiality is to interview only one woman per household. When the study is exclusively focused on violence, this is relatively easy to achieve. Chapter 9 describes a few ways to randomly select the woman to be interviewed. The situation is more complex when other members of the household are to be interviewed on other topics, such as reproductive health. When incorporating a module on violence in the Nicaraguan DHS, researchers selected only one woman per household to answer the violence portion of the survey, presented as a section on “Household Relations.” Interviewers were instructed to inform her that she was selected by chance to be asked these questions, and that no one else in the household would know she was being asked.

By the same token, both ethical and methodological principles suggest that it is better to avoid interviewing women and men from the same household on violence. It is true that questioning both partners of a couple would enable comparisons between wives and husbands, as well as direct information about life events preceding abusive behavior by men. However, this method may place a woman at risk if her abusive husband suspects that she has been talking about his behavior. In anticipation of his reaction, she may be reluctant to disclose violence. Therefore, we recommend that surveys not include women and men from the same household. If it is necessary to interview husbands for some other reason, do not ask about violence, and let the woman know that she is the only one being asked about abuse.

COMMON TOOLS FOR MEASURING VIOLENCE

Intimate Partner Violence

The **Conflict Tactics Scale (CTS)** is one of the best known tools for measuring intimate



partner violence, particularly in the United States. The original CTS has several subscales that measure acts used in the course of conflict, including negotiating tactics, and verbal and physical aggression. The physical aggression subscale of the CTS measures the frequency and severity of specific acts of physical violence within the family, including husband-to-wife, wife-to-husband, and parent to child violence.^{19, 20} The revised version, called the CTS2, also includes questions on sexual violence and injuries.²¹ The CTS approach is particularly useful for international comparisons because it is behaviorally specific. Therefore it is likely to detect women who have experienced acts of violence but do not necessarily identify themselves as battered or abused. Although it was designed to measure all kinds of violence between husbands and wives, the subscales can be used independently.

Used alone, however, many researchers observe that the CTS has some drawbacks. It provides limited information about the context and consequences of abuse, as well some of the more complex issues of control and psychological degradation that many researchers consider central features of wife abuse.¹⁸

A further problem with the CTS is that it frames the occurrence of violence within the context of conflict resolution, and includes a subscale of negotiating tactics for resolving conflict. Feminist researchers question the assumption of gender neutrality behind the CTS because they view male violence as a coercive tactic for maintaining power and domination within a relationship. In an international setting, the assumption that equal partners come together to “negotiate” conflict is even more problematic, since many cultures define women as perpetual minors, both socially and legally. Men are granted the right to physically correct or punish their wives much as parents in other cultures are granted

BOX 6.7 RECOMMENDATIONS FOR MEASURING VIOLENCE

- Use broad criteria in defining the study population. For studies that address multiple forms of violence, all women from a specific age group should be included. For studies of intimate partner violence, consider including all women who have ever been married or who are in a common-law relationship.
- Provide multiple opportunities to disclose. Do not use “gateway” or “filter” questions.
- Use behaviorally specific acts to ask about violence. Use at least two or three questions per type of violence.
- Be specific about time frames—include at least one recent (last year) and one long-term time frame (since you were 18; since you were married).
- Ask about specific perpetrators and specific contexts to cue the respondent’s memory.
- In order to ensure confidentiality and increase disclosure, interview only one woman per household. Do not interview men and women from the same households about violence.

this right over children.²²

Because the focus of the CTS is on the acts themselves, it does not provide information about the context, or the intention behind the use of violence. For example, it does not distinguish between violence used for self-defense and violence used for the purpose of control or punishment. Therefore, when used to measure both husband-to-wife and wife-to-husband violence, the CTS has led to what many researchers consider to be misleading conclusions about the supposed symmetry of marital violence.²³ Most international research, however, consistently shows that violence used by males and females is both quantitatively and qualitatively different.^{24, 25} Whereas female violence is more likely to take place in the context of self-defense, male violence is more likely to lead to injury.

Other well-known instruments for measuring wife abuse include the **Index of Spouse Abuse**, which is a 30-item self-report scale designed to measure the severity or magnitude of physical (ISA-P) and nonphysical abuse (ISA-NP).²⁶ More concise instruments such as the **Abuse Assessment Screen** have been used successfully in



screening for abuse, particularly within health services.²⁷ The Abuse Assessment Screen, which has only five questions, is an effective tool for measuring physical and sexual abuse in the last year and during pregnancy.

Another recently developed instrument, the **Women's Experience with Battering Framework (WEB)**, is unique because it measures battering based on the subjective experience of the woman, rather than on discrete incidences of physical violence.^{28, 29} The WEB scale has ten items, based on qualitative research with U.S. battered women, which describe different dimensions of the experience of battering, such as shame and diminished autonomy. Examples of questions are "I feel ashamed of the things he does to me," and "He has a look which terrifies me even when he doesn't touch me." However, the WEB Framework has not yet been validated internationally to determine whether the experiences provide a meaningful measure of battering in a cross-cultural context.

Two more recently developed instruments for international surveys are the **Domestic Violence Module** of the **Demographic and Health Surveys**,² and WHO's instrument for the VAW study. The DHS module is designed to be included in a larger survey on women's reproductive health and can be obtained from <http://macroint.com>. The WHO questionnaire is designed primarily as a stand-alone questionnaire for violence research. This questionnaire, which has been enriched by the experiences of previous international research, collects detailed information about acts of physical, sexual, and emotional violence committed by partners and nonpartners. It includes information about the frequency and duration of violence, violence during pregnancy, health consequences for women and their children, women's responses to abuse, and access to

services for battered women. The study also explores such related issues as community norms regarding violence, decision making within the family, women's financial autonomy, and physical mobility. The full questionnaire is available from the WHO by writing to: genderand-health@who.int.

A subset version of the WHO questionnaire, called the **Violence Against Women Instrument**, includes a basic set of questions that may be included in other surveys for the purpose of measuring violence. In a relatively concise manner, this instrument measures experiences of violent acts carried out by a partner, including emotional abuse, moderate and severe physical violence, and sexual coercion with and without the use of physical force. It further measures the frequency of each type of violence during the last year and at any time. This instrument, together with notes on the use of the instrument, is presented in Appendix I.

Sexual coercion/rape

Instruments to measure sexual coercion and/or forced sex are less well developed cross culturally than those to measure partner violence. Due to the shame associated with sexual violation in many settings, it is even harder for women to speak freely about forced sex than it is to admit to being beaten.

There is general agreement that measures of sexual coercion should include reference to the type of sexual act, the type of tactic or force used, the relationship with the perpetrator, the number of perpetrators, and whether the acts were attempted or were in fact completed. In addition, researchers should preferably refer to specific acts, rather than vague terms such as "sexual abuse" or "assault."

In the United States, the most commonly used instrument for measuring sexual aggression is the **Sexual Experiences**



Survey (SES) first developed by Koss.^{1, 14, 30-32}

The revised SES uses ten items to assess different forms and degrees of sexual coercion. An example of a question describing a relatively mild level of sexual coercion is “Have you ever given in to sex play (fondling, kissing or petting, but not intercourse) when you didn’t want to because you were overwhelmed by your partner’s continual arguments and ‘pressure?’” A sample question that refers to more severe aggression asks “Have you ever had sexual intercourse when you didn’t want to because you were threatened or because someone used some degree of physical force (twisting your arm, holding you down) to make you?” Within each item, sexual aggression is treated dichotomously (yes, no), although some investigators have modified the SES to assess the frequency of different experiences.

Child sexual abuse

Individuals researching child sexual abuse have used instruments specific to sexual abuse as well as broader instruments designed to capture different forms of maltreatment in childhood. An increasingly popular instrument known as the **Childhood Trauma Questionnaire (CTQ)** investigates a variety of forms of trauma that children can experience growing up, and yields separate estimates of emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect.³³

In contrast to instruments that inquire about specific acts, the CTQ presents respondents with a series of statements about childhood experiences that are ranked on a five-point scale, with response options ranging from “never true” to “very often true.” Most items are phrased in objective terms (e.g., “When I was growing up, someone touched me in

a sexual way or made me touch them.”), whereas others call for more subjective evaluation (“When I was growing up, I believe I was sexually abused.”) The questionnaire is introduced with the statement “In this section, we would like to know about experiences you may have had before you were 18 years of age.”

Other instruments inquire about a series of specific sexual acts, followed by clarifying questions regarding when and with whom it happened, how it made the respondent feel, and the degree of persuasion or force used.

Violence against women in conflict situations

In recent years, researchers have addressed the specific challenges of documenting violence suffered by women in conflict situations.^{34, 35} A group of organizations involved in the Reproductive Health Response in Conflict Consortium has developed a series of excellent tools for monitoring and evaluating violence against women in conflict situations. One of these tools is a survey instrument that measures different kinds of violence against women, including physical and sexual violence by partners and by others, including soldiers or paramilitary forces, and aid workers.³⁶ More information can be found about these instruments at <http://www.rhrc.org/>.



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