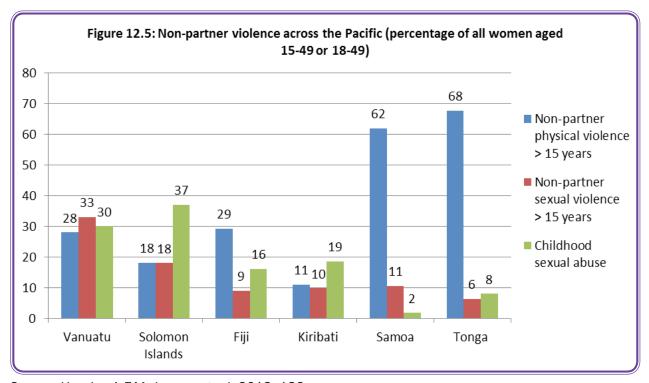




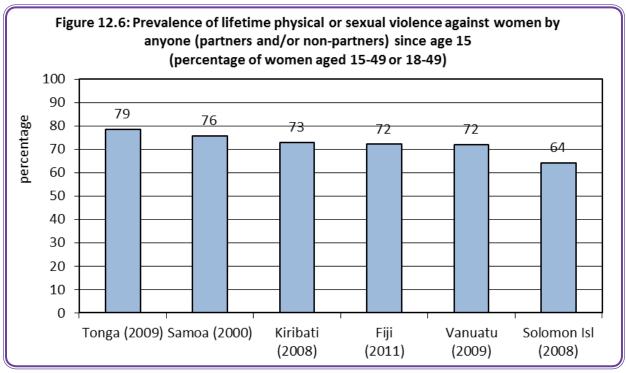
Although the rates of intimate partner violence are much higher than nonpartner violence in Melanesia and Kiribati, this picture is reversed in Polynesia. Intimate partner violence affects about 2 in every 3 women in Fiji, Vanuatu, Solomon Islands and Kiribati; in Tonga and Samoa, nonpartner physical violence affects about 2 in every 3 women. Tonga has the highest rates of non-partner physical violence against women over the age of 15, with 68% of women experiencing this in their lifetime. This compares with 62% in Samoa, 29% in Fiji, 28% in Vanuatu, 18% in the Solomon Islands and 11% in Kiribati (Figure 12.5).



Source: Henrica A.F.M. Jansen et. al. 2013: 139.

Non-partner sexual violence against women over the age of 15 is a significant problem across the Pacific region. One in 3 women in Vanuatu (33%) have been subjected to rape or other forms of sexual assault by someone other than their husband or intimate partner in their lifetime, compared with 18% in the Solomon Islands (almost 1 in 5), 11% in Samoa, 10% in Kiribati, 9% in Fiji and 6% in Tonga. The prevalence of childhood sexual abuse is extremely high in the Solomon Islands (37%) and Vanuatu (30%), and is also a significant problem throughout the region: 19% of girls in Kiribati are sexually abused under the age of 15 (1 in 5), 16% in Fiji, 8% in Tonga and 2% in Samoa (Figure 12.5).





Source: Jansen et. al. 2013: 139

One interesting finding is that very similar proportions of women have experienced some form of partner or non-partner physical or sexual violence in their lifetime in all 6 Pacific Island countries, despite the significant differences noted above. Due to the extremely high rates of non-partner violence, Tonga has the highest overall prevalence of non-partner and partner violence combined, affecting almost 4 in 5 women, followed by Samoa (also about 4 in 5). In Kiribati, Fiji, Vanuatu and Solomon Islands, more than 3 in 5 women experience some form of partner or non-partner violence in their lifetime (Figure 12.6).



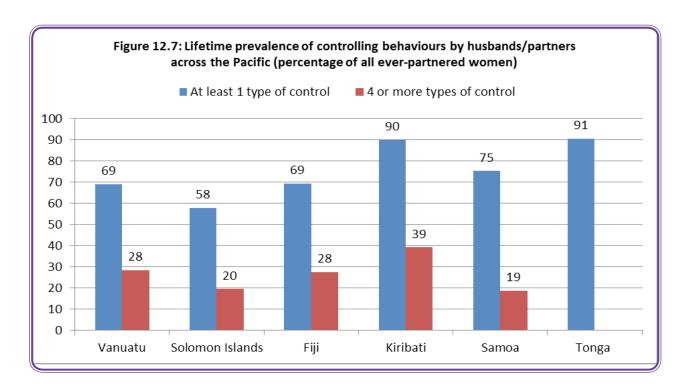
The rates of controlling behaviour by husbands and partners in Pacific Island countries are considerably higher than most other countries where the WHO methodology has been used.

For example, among the countries included in the WHO multi-country research, the percentage of everpartnered women subjected to 4 or more controlling behaviours ranged from a low of 2% in Japan to a high 30% in provincial Peru, with an average of 14% across all 15 sites (WHO 2005: 35).



This is considerably less than the rate of controlling behaviours experienced by women in the Pacific region: 19% of women in Samoa experienced 4 or more forms of control, 20% in the Solomon Islands, 28% in Vanuatu and Fiji, and 39% in Kiribati (Figure 12.7).





Notes: The percentage of women in Tonga who experienced 4 or more types of control is not available; prevalence has not been recalculated for consistent age ranges for this graph. Sources: Table 4.11 of Annex 1; VWC 2011: 70; SPC 2009: 65; SPC 2010: 85; WHO 2005: 34-35; and Ma`a Fafine mo e Famili 2012: 207).



12.3 Discussion of findings

Caution should be applied when comparing the prevalence of violence against women, since all 6 Pacific Island countries have disturbingly high rates of violence against women, regardless of which indicator is used. The global average for lifetime non-partner and partner violence combined is 35.6%, compared with just over 60% for the Solomon Islands with lowest combined lifetime prevalence in the Pacific region, and almost 80% for Tonga.

The global rate for intimate partner physical and/or sexual violence is 30%, compared with 40% in Tonga and 68% in Kiribati. Similarly, all but one of the 6 Pacific Island countries have high rates of non-partner sexual violence: the global rate is 7.2% compared with a high of 33% in Vanuatu and 9% in Fiji. Only Tonga (6%) has a prevalence of non-partner sexual violence slightly below the global average (WHO 2013: 16-20).

Although the prevalence of different types of violence varies somewhat between the 6 countries, all face a problem of epidemic proportions. Findings from all 6 Pacific Island country studies show consistent associations with damaging and costly health outcomes for women; there can be no doubt that men's violence towards women, whatever its form, is a key determinant of poor health among women. Similarly the findings from each country point to long-term social and economic impacts on children. Another common finding across all 6 countries – and indeed among all countries where research has been undertaken – is that few women who disclosed violence during the survey had ever sought help to deal with the problem or to stop the violence (Jansen et. al. 2013: 139; and WHO 2013).



Chapter 13:
Conclusion &
Recommendations





13.1 Conclusions on findings

Men's violence against women is an enormous problem for Fiji with far-reaching and highly damaging impacts on individuals, families, communities and the whole nation. Entrenched social norms and mind-sets about women's roles and status need to be challenged and changed to prevent violence; changes in attitudes, behaviours and institutional practices are also essential to respond effectively to this widespread problem. Concerted action is needed by all stakeholders, and these actions need to be well-informed by an understanding of the problem, its scope and causes.

Although the survey findings reinforce the scale of the problem and the need for long-term commitments to address it, they also provide evidence that attitudes to this problem are changing. Due to long-term and persistent efforts by FWCC, as well as those of the women's movement in general and other organisations, there is now considerable support within the community in favour of women's rights and opposition to the use of violence. This provides a strong foundation for future work to consolidate attitudinal change and secure women's and girls' rights.

Prevalence and nature of violence against women and girls

Violence by husbands and partners

By any measure, Fiji's rates of violence against women and girls are among the very highest in the world: 64% of women who have ever been in an intimate relationship have experienced violence by a husband or intimate partner in their lifetime, and 24% are suffering from physical or sexual partner violence today; 58% experienced emotional violence in their lifetime, and 29% in the last 12 months. Overall, 72% of ever-partnered women experienced physical, sexual or emotional violence from their husband/partner in their lifetime, and many of these suffered from all 3 forms of abuse. In addition, 69% of women have been subjected to one or more forms of control by their husband or partner, and 28% were subjected to 4 or more types of control. Women living with intimate partner violence are also subjected to various forms of economic abuse, with their husbands/partners either taking their savings or refusing to give them money.

FWCC has undertaken previous studies of prevalence and attitudes to violence against women (FWCC 2001 and FWCC 2006), and other organisations have researched violence against children (UNICEF 2009 and Global Initiative to End All Corporal Punishment of Children 2012). Despite these studies, many sections of the media continue to trivialise the problem and many people in Fiji believe that violence happens rarely, or that it is minor. These myths are exploded by the findings in this report, which describe a terrible reality for many women living with violence. This includes severe and repeated attacks akin to torture, coupled with humiliating emotional abuse and high levels of coercive control. The high proportion of women who have experienced very severe physical attacks is alarming: 44% or more than 2 in every 5 ever-partnered women.

Fiji has an image of itself as a society that values family, children and community. Yet 15% of women have been beaten during pregnancy, and one-third of these were punched or kicked in the abdomen by their husband or partner.

The complex web of control, intimidation, humiliation and multiple forms of violence needs to be recognised by all service providers who aim to prevent violence and assist women living with violence. Coercive control by husbands and partners prevents women and girls from finding out about their legal and human rights and the services available to help them. It prevents them from reporting the violence to authorities and getting the help they need for their injuries and trauma. It also prevents women from telling their family and friends about the violence.



Physical and sexual violence by non-partners

There are also high rates of non-partner violence against women and girls: 31% have been subjected to physical or sexual assault since the age of 15 by someone other than their husbands and partners, and 16% were sexually abused as children. For 29% of women, their first sexual experience was either forced or coerced. These findings are disturbing for their own sake, but also because sexual abuse and coercion are significant risk factors which increase the likelihood that a woman will be subjected to intimate partner violence. Overall, 71% of women were subjected to physical or sexual violence by anyone in their lifetime – including partners and/or non-partners.

How women cope with the violence

Women show enormous resilience and strength in the face of repeated and serious violence and abuse. The findings demonstrate that they try to cope with the violence themselves before telling anyone about it. Only about half of the women living with violence have ever told anyone about it; when they do tell someone, they usually turn first to family members or friends. Forty percent (40%) of women who experienced violence have left home temporarily at least once due to the violence, but many have not disclosed the true reason for leaving. Only 24% have ever gone to an agency or formal authority for help, and the police and health services are usually the first agencies that women go to.

Given these findings, it is not surprising that almost 3 in 5 women (58%) believe that people outside the family should <u>not</u> intervene if a man mistreats his wife. These entrenched community attitudes are a serious disincentive to women disclosing violence and taking steps to deal with it.

When women do take the very difficult step of asking for help or leaving home, the evidence shows that the majority do so because the violence is extremely serious, they cannot endure any more, or because they are badly injured. Service-providers, traditional and church leaders, families and friends need to take note of these findings by not condoning, excusing or tolerating the violence. When women do ask for help or leave home, it means that the problem has reached crisis point. Requests for help need to be taken seriously; service-providers, families and friends need to respond appropriately to ensure that women's rights, health, access to resources and life are protected.

Health, social and economic impacts of violence against women and girls

The findings demonstrate costly impacts from Fiji's very high levels of violence against women and girls. These include:

- severe short-term and long-term impacts on the physical, reproductive and mental health of individual women:
- short-term and long-term impacts on children; and
- economic and social costs to families, communities and the nation.

Intimate partner violence against women imposes a high burden of injury on women and the economy: 43 women are injured, 1 is permanently disabled, and 10 lose consciousness every day in Fiji. With 30% of ever-partnered women injured in their lifetime, and a significantly increased risk of emotional distress symptoms including suicidal thoughts and actions, domestic violence is undoubtedly one of the biggest risks to women's physical health and mental well-being in Fiji. Injuries and emotional distress have a severe impact on women's physical health, their ability to care for their families, earn an income, and engage in social and economic development. Higher rates of miscarriage and an increased likelihood of unwanted pregnancies also have damaging health impacts and social and economic costs to the community.