

Domestic violence has negative impacts on children's emotional well-being; it is associated with increased aggressive behaviour in some children, and increased timidity and social withdrawal in others. Children whose mothers are subjected to intimate partner violence are significantly more likely to fail or repeat at school. These impacts affect both boys and girls; they reduce their life opportunities and pre-dispose them to the risk of violence in their own intimate relationships in adult life, as either perpetrators or survivors. These findings have highlighted the fact that children need emotional support to address the range of emotional and behavioural problems that they experience due to violence perpetrated against their mothers; and they need the violence to stop.

A range of economic and social costs of domestic violence have been highlighted by the survey findings. Direct costs to the health system are substantial, even though many women do not receive the health care they need for their injuries. High levels of control by men over women's mobility and access to employment reduces women's ability to earn income and provide for themselves and their families, and thus results in direct and indirect costs to families and communities. There are significant and ongoing lost opportunities for social and economic development due to men placing



restrictions on women's participation in organisations and meetings, their disruptions to women's work, the long-term behavioural and educational impacts on children, and enormous costs due to lost productivity as a result of injury, disability and emotional distress.

Men's control over women's access to health care is pernicious and exacerbates health problems for both women and children. It increases the long-term costs of providing treatment, as opposed to early intervention in preventative health care.

Gender inequality: causes, attitudes and risk factors

The findings describe patterns of extreme gender inequality in Fiji: patterns of physical, sexual and emotional abuse coupled with coercive control, with men imposing power over women in a range of damaging ways, including by intimidation and threats. In addition, many women agree with statements that undermine or negate women's rights, and 43% agree with one or more "justifications" for a man to beat his wife. Sixty percent of women (60%) agree that "a good wife obeys her husband", 55% believe that "it is important for a man to show his wife/partner who is the boss", 53% do not agree that woman has the right to choose her own friends, and 33% believe that a wife is obliged to provide sex, even if she doesn't feel like it.

The most common situations mentioned by women where violence occurs include jealousy by her husband, her disobedience and his desire to show he is the boss, in addition to drunkenness. Women subjected to intimate partner violence are significantly more likely to agree with statements that negate women's human rights, and with a range of justifications for violence by husbands and partners.



This is a common finding in other studies and indicates strongly that unequal gender norms and power relations are reinforced by women as well as men (Fulu et. al. 2013: 4; SPC 2009: 72-73; and VWC 2011: 80-86).

The high rates of both partner and non-partner abuse show that the use of violence as a form of punishment and discipline is accepted within many families and communities. Women themselves minimise the impact of the violence on their health and well-being; many even say that they have not sought help because the violence was “normal”. All these findings demonstrate that a tolerance for men’s violence against women and unequal gender power relations remain entrenched in social norms, and in the belief systems of some women.

On the positive side, most women have a strong sense of sexual autonomy and 57% do not agree with any reasons for physical violence by a husband/partner. Overall, the more education a woman has, the more likely she is to agree with statements that support equal gender power relations and women’s human rights. (However there is one exception to this generalisation: tertiary educated women are less likely to agree that people outside the family should intervene if a man mistreats his wife, compared with secondary and primary school graduates.)

Several findings also demonstrate clearly that men’s violence against women is learned behaviour. Witnessing domestic violence and being subjected to violence as a child can lead to an acceptance and normalisation of violence, an acceptance of the view that men have an entitlement to exert power over women, and thus an acceptance of gender inequality by both women and men. Risk factors that increase women’s likelihood of experiencing intimate partner violence are directly related to social norms that reinforce gender inequality in Fiji society, as well as to norms and practices that condone violence.

Most factors in the background of husbands/partners are related to the social construction of masculinity, such as having multiple sexual relationships and fighting with other men; being regularly beaten as a child and frequent alcohol abuse are also key risk factors. The main risk factors in the women’s background relate to acts of sexual abuse or coercion that she has already suffered, and a history of inter-generational violence.

Differences in prevalence and help-seeking behaviour

All forms of partner and non-partner violence against women are widespread in urban and rural areas, and in all Divisions of the country. However, prevalence is considerably higher in rural areas, including control over women’s mobility. **The prevalence of intimate partner violence in the Eastern Division of Fiji is one of the very highest recorded to date in the world.**

All forms of partner and non-partner violence against women and girls are very high compared with global averages among all groups, regardless of ethnicity, religion, location, education levels and socio-economic group. Nevertheless, there is a consistent trend in the survey data for the prevalence of all forms of violence to be lower than the national average for Indo-Fijian women, and substantially higher for both i-Taukei women and those from all other ethnic groups combined. This is closely related to the higher prevalence in the Eastern Division, which has a much higher proportion of i-Taukei communities, compared with other Divisions. Seventy-two percent (72%) of i-Taukei women experienced physical and/or sexual violence by a husband or partner in their lifetime, compared with the national prevalence of 64%; 65% of i-Taukei women have experienced emotional violence compared with a national rate of 58%, and they have a higher prevalence of all forms of coercive control by husbands.

These same patterns and differences in prevalence are also found for violence during pregnancy, with 18% of i-Taukei having been attacked while pregnant compared with 11% for women from the Indo-Fijian community and a national rate of 15%. I-Taukei women have a higher prevalence of the most severe forms of physical violence (55% compared with a national rate of 44%); consequently, i-Taukei women and those from the Eastern Division also have much higher rates of injury.

There are some differences in attitudes associated with ethnicity that need to be noted by stakeholders undertaking prevention programs. Indo-Fijian women are substantially more likely to agree that a good wife should obey her husband, and that a wife is obliged to have sex with her husband, compared with i-Taukei women and those from other ethnic groups. On the other hand, i-Taukei women are far more likely to agree that a man should show his wife that he is the boss. Women from the Eastern Division and i-Taukei women are also more likely to agree with statements that condone violence by a husband or partner.

There are also ethnic differences in help-seeking behaviour. Indo-Fijian women are more likely to seek help than i-Taukei women. Indo-Fijian women were more likely to ask for help from the police and courts, and to seek legal advice, social welfare services and assistance from FWCC or its Branches. In contrast, i-Taukei women were more likely to seek help from a hospital or health centre or a religious leader. I-Taukei women were less likely to tell immediate family members about the violence, and more likely to tell aunts, uncles and friends, compared with Indo-Fijian women who were more likely to tell immediate family members (such as parents and siblings).

13.2 Has FWCC's work helped to prevent violence and change attitudes?

FWCC's integrated and holistic approach to addressing the problem of men's violence against women includes the following: counselling and advocacy for individual clients; community education, rural outreach and mobilisation; training and supervision of male advocates; national networking with a range of key stakeholders including training to build their skills and the quality of their responses to the problem and prevention efforts; and high-level/national legal and policy advocacy.

Although the survey was not designed to assess FWCC's impact, there are several sources of evidence that suggest that FWCC's persistent work over the last 28 years has contributed to a reduction in the prevalence of domestic violence, and to some changes in attitudes. Each source requires some degree of caution regarding its interpretation.

However, taken together, a sound case can be made regarding the preventative impact of FWCC's integrated approach to addressing the problem of men's violence against women. These sources of evidence include the following:

- a comparison between the current survey conducted in 2011, with FWCC's first survey on domestic violence and sexual assault undertaken in 1999, and with FWCC's qualitative research on attitudes to women's rights and tolerance for violence undertaken in 2006;
- a comparison of prevalence and attitudes in areas where FWCC has been most active in providing prevention and response services, with those where it has been least active; and
- qualitative evidence collected and analysed annually on impact, as part of FWCC's ongoing monitoring and evaluation of its program.



Comparing findings from previous FWCC research

FWCC's 1999 national survey on the prevalence of violence against women found that 66% of the 1500 ever-partnered women surveyed had been subjected to physical abuse by their partners, compared with 61% in the 2011 survey; 30% of the women who participated in the 1999 survey said that they suffered repeated physical violence. The 1999 survey found that hands, fists and legs were used against 61% of respondents and that weapons were used against 30%, including a range of objects such as sticks, belts, knives, brooms, electric cords and steel bars (FWCC 2001: 16, 22).

The two surveys used different methodologies and survey instruments to collect data. Therefore, although it is reasonable to conclude that there has been some reduction in physical violence, it would be unwise to assert a precise 5% reduction in the prevalence of physical violence. The 1999 study was more likely to underestimate the prevalence of physical violence than the current study; this further supports the conclusion that rates of physical violence have indeed reduced.

This is because the questions asked in the 1999 questionnaire were less precise and less comprehensive in their coverage of the various types of physical attack; and because the well-tested methodology of the current survey was also more likely to lead to full disclosure than the 1999 survey. For example, the 1999 survey instrument did not include questions on pushing and shoving, pulling of hair, throwing something at the woman, dragging, choking, burning, or threatening her with a weapon (FWCC 2001: 10-11); these forms of violence were experienced by many women in the current study.

Despite the entrenched attitudes described above on gender relations, comparing findings on attitudes from the 2006 research with the 2011 survey indicates that mind-sets are indeed beginning to change among some sections of the population – towards a greater commitment to women's right to live free from violence. Again, it is not possible to say that there has been a percentage reduction in community tolerance of men's violence against women. However, the overwhelming conclusion from the 2006 research was that most people believed that if a woman is beaten by her husband, she must have "done something wrong" and deserved the ill-treatment.

This contrasts with 57% of women in the current survey who believe there is no justification for a man to hit his wife. The fact that 7% of women mentioned awareness of their rights as a main reason for seeking help from agencies and authorities is also a sign of a very important change compared to 2006, when most respondents were confused about women's rights and their relationship to traditional roles and social and cultural obligations, and many saw women who stood up for their rights as "socially deviant".

The current survey also shows that younger women are less likely than older women to agree with statements that negate women's rights and sanction extremely unequal gender relations – such as the view that a man should show he is the boss, that a wife is obliged to have sex with her husband, and that a woman should not choose her own friends. Compared with the 2006 survey, the 2011 findings suggest that there may be a generational change occurring in attitudes among some young women who have "grown up with FWCC" over the past 20-25 years, and an increased likelihood that they will challenge traditional gender relations.

However, the current survey findings suggest that these changes in attitudes are more likely among tertiary educated women than those educated to primary or secondary level. Moreover, these attitudinal changes are not yet contributing significantly to protecting women from intimate partner violence. For this next step to occur, a broader and deeper transformation is required within Fiji society, including changes to entrenched social norms on a wider scale, a groundswell in changed attitudes and behaviours by men, and systematic improvements in the responses to violence from social and legal institutions.

Another comparison made by FWCC staff between the 1999, 2006 and 2011 studies is the difference in the way people responded to FWCC during each survey. While there was reluctance in some communities to FWCC's approach to undertake research in the previous studies, this was not the case in 2011, when people welcomed FWCC's research teams and FWCC's work more generally.

Comparing findings from areas where FWCC has been most and least active

In addition to the main centre in Suva, FWCC had 2 branches in the Western Division for many years (Ba and Lautoka) and more recently 3 branches (Ba, Nadi and Rakiraki), and one in the Northern Division in Labasa. Although FWCC has had a national program since its establishment, face-to-face community education and counselling work has been focused primarily in the Central and Western Divisions in Viti Levu, in addition to the Northern Division.

The Central, Western and Northern Divisions have significantly lower rates of prevalence than the Eastern Division, particularly the Central Division which has benefitted from FWCC mobile counselling and community education outreach for well over 20 years, as well as the from the efforts of other stakeholders who have progressively taken up FWCC's anti-violence message. The ethnic make-up of the Eastern Division is a key factor in its higher prevalence; nevertheless it is also true that FWCC has focused less on the Eastern parts of the country, with less outreach and community mobilisation. (This has changed in the last few years with concerted efforts to reach out to women in the Eastern Division.)

Qualitative evidence from FWCC's monitoring and evaluation

FWCC collects and analyses qualitative information on several indicators focused on assessing changes in attitudes, behaviours and practices that contribute directly to the prevention of violence. These annual reviews provide a wealth of anecdotal and case study evidence that change is occurring, and that this change is due to a combination of factors – including the persistent work that FWCC has done over many years in raising awareness of women's rights and understanding of the nature of men's violence against women, in addition to the efforts of the women's movement in Fiji more generally. A variety of community leaders and organisations have progressively taken up the issue of violence against women due to FWCC's input and support, and FWCC's male advocacy program has been successful at spreading prevention messages into new places that were previously resistant and opposed to FWCC and its work.

For example, there have been 14 policy and legislative changes in Fiji since 2004 that institutionalise women's rights or criminalise domestic violence – each of these is due wholly or partly to persistent high-level lobbying, community and media advocacy by FWCC and other women's organisations.



These include: the Fiji Police Force No Drop Policy; a Memorandum of Understanding between the Social Welfare Department, the Fiji Police Force and the Health Department on child sexual assault and policies and protocols on child protection; a draft Employment Relations Bill addressing sexual harassment policies; the Act to amend the Criminal Procedure Code 2003 (relating to the sentencing of sexual offences); abolishment of the Law of Corroboration in Sexual Offence (through case law); the establishment of a precedent in case law recognizing marital rape as a serious crime; a review of the Penal Code, Sentencing Act and Criminal Procedure Code; the passing of the Family Law Act; the Employment Relation Promulgation 2007; and several decrees which included content based on FWCC's lobbying – the Domestic Violence Decree, the Criminal Procedure Code Decree, the Crimes Decree, the Child Welfare Decree, and the Family Law Amendment Decree recognising de facto relationships (FWCC 2013).

There are several signs of reduced tolerance for sexual assault (particularly child sexual assault) and marital rape among the community in general and selected institutions, following a series of annual campaigns by FWCC on sexual abuse. There is considerable case study evidence of reduced tolerance of violence among key individuals and institutions, including some faith-based organisations.

There are more well-informed individuals leading and engaging in debate in traditional and social media on women's human rights and gender based violence than there were in either 2006 or 1999 when FWCC's other research studies were undertaken. There is increased awareness and understanding of violence against women within targeted communities and institutions where FWCC has made repeat visits to raise awareness of the problem, change attitudes and improve service delivery. The demand for FWCC community education and training activities continues to grow.

Many organisations now conduct their own activities for the 16 Days of Activism Against Gender Violence, including government agencies, some trade unions and a range of civil society organisations; whereas 10-15 years ago only FWCC led these types of campaigns. Finally, some service providers have been influenced to improve their responses to violence, particularly through FWCC's National Network and the inter-agency committees that FWCC Branches have either established or participated in. All these changes help to prevent violence against women, by changing mind-sets and behaviours.

Positive conclusions about FWCC's impact are supported by international evidence regarding the impact of civil society and particularly home-grown feminist social movements on policy relating to violence against women. A recent quantitative study drawing on data from 70 countries from 1975 to 2005 found that feminist mobilisation in civil society had the greatest impact on bringing about policy change on violence against women, which itself is a measure of changes in attitudes at institutional level (Htun and Weldon 2012: 548). The study identified several drivers of change; each has been used by FWCC over 3 decades. These include (Htun and Weldon 2012: 550-554):

- consistent promotion of women's human rights;
- challenging male privilege in sexual relations and social norms of male domination more generally;
- a focus on mobilising community support through repeated protests and campaigns, coupled with strategic use of the media to influence the political will for change;
- ongoing lobbying of decision-makers to bring about policy, legal and institutional reforms;
- ongoing provision of practical services to survivors;

- strategic use of international norms and forums to reinforce and re-frame the push for change at home;
- modelling new forms of social organisation based on equality and human rights principles;
- producing media to communicate key messages (such as through newsletters, social marketing and community education efforts); and
- organising conferences, seminars and other targeted training and learning events that help to improve services for survivors, and re-shape the public policy agenda.

13.3 Implications and recommendations

The findings from this survey have implications for all stakeholders engaged in efforts to eliminate violence in Fiji, and particularly those who provide services to women, girls and boys who have experienced violence in their families or other contexts. Although substantial progress has been made by FWCC and others to prevent and respond to men's violence against women, long-term and innovative efforts will be needed to reduce prevalence, particularly among those women who are currently most at risk.

While FWCC's strategies have been effective, the findings highlight the need for increased focus in key areas, and for ongoing efforts to promote women's human rights and gender equality and to reduce the tolerance of violence within the community.

The implications and recommendations listed below are based on: the evidence documented in this report; FWCC's experience in trialling, implementing and evaluating strategies over the past 28 years; and the deliberations and resolutions from the Sixth Pacific Regional Meeting on Violence Against Women and Girls in 2012 (FWCC 2014 forthcoming).

Prevention

Being young is a key risk factor for violence. The findings show that violence begins very early in relationships, that younger women are more likely to experience intimate partner violence, and that younger men are more likely to perpetrate it. The missed potential of the formal education system at preventing violence and changing attitudes has been a consistent theme through several findings discussed in this report.

A family history of violence significantly increases the risk that girls will suffer from violence as adults; men are more likely to become perpetrators if they are beaten regularly during their childhood. This evidence underscores the importance of responding appropriately to violence whenever and wherever it occurs. Service delivery for women living with violence is usually categorised nowadays as an intervention focused on response rather than prevention.

The findings show clearly that helping women to take steps to stop the violence is imperative to prevent violence in future generations of young women and men. Preventing violence towards boys and girls at home and at school is also essential to prevent young men from learning and repeating these damaging behaviours. Rights-based and integrated approaches that encompass both prevention and response are essential to eliminate and circumvent violence before the behaviour is repeated by future generations.



There is strong evidence that men's power over women has to be challenged to increase the effectiveness of prevention efforts. The intense web of coercive control and the damaging impacts of emotional abuse also need to be acknowledged and addressed by stakeholders seeking to prevent violence against women and girls, in addition to physical and sexual violence.

Recommendations

1. *Prevention programs by all stakeholders must be evidence-based, and grounded in a sound understanding and gender analysis of the problem and dynamics of violence against women and girls.*
2. *Gender equality and awareness on violence against women and girls should be included in the education curriculum in schools and in teacher training programs.*
3. *Prevention programs should focus on the prevention of coercive control and emotional violence, as well as physical and sexual violence, in addition to actively promoting the rights of women and girls.*
4. *Innovative methods for reaching young women and men should be trialled to enhance the effectiveness of awareness-raising and behaviour change strategies, such as: building and mentoring a network of creative artists from various forms of performance art and social media; working through sports groups; and through social media.*

Targeting high-risk areas and groups

The different rates of prevalence between ethnic groups is one of the most challenging findings from the survey and suggests that different methods may be needed to reach out to different communities, to both prevent and respond to violence.

High rates of all forms of violence in the Eastern Division require concerted action by all stakeholders. However, the central message that gender inequality and the low status of women are the fundamental causes of violence against women and girls cannot be compromised if prevention strategies are to be effective.

Many women do not seek help because they lack access to services. However, entrenched belief systems that reinforce gender inequality, condone violence and extol the "virtues" of obedience and punishment are also significant barriers to women seeking help, and to the effectiveness of prevention efforts.

When women do seek help, many turn first to law and justice sector agencies including the police; all stakeholders (and relatives) need to heed the evidence in this report that women only ask for help when the violence and its consequences are very severe indeed.

While there is promising evidence that addressing alcohol abuse by men may help to reduce the severity and overall level of violence in some developed countries, there is also strong evidence that focusing on one risk factor alone will not end violence against women.

Most research on men's violence against women in other settings concurs with the evidence in Fiji that intimate partner violence is largely driven by factors related to gender inequality including a sense of sexual entitlement among some men, childhood experiences, and behaviours linked to harmful expressions and interpretations of masculinity (Fulu et.al. 2013: 4).

This study was not designed to investigate whether there is an increased risk of violence faced by women and girls living with a disability, although there is considerable international evidence that this is the case. However, it has demonstrated clearly that intimate partner violence increases disability among women due to a range of serious injuries.

Recommendations

5. *Differences between ethnic groups in help-seeking behaviour, prevalence and severity of violence need to be acknowledged by all service-providers in their prevention and response efforts.*
6. *More attention needs to be given to targeting isolated and vulnerable communities where this research has shown women and girls to be at the greatest risk, including the Eastern Division.*
7. *Traditional leaders need to demonstrate strong commitment and active involvement in community based initiatives and mobilisation to end violence against women and girls.*
8. *Faith based organisations should be actively involved in the prevention of violence against women and girls through their missionary work as well as through their welfare and support programs.*
9. *Community based initiatives and mobilisation should focus on providing knowledge, skills and practical strategies to family and community members and friends who witness violence against women and girls, and assist them to respond appropriately when women turn to them for help or disclose violence for the first time.*
10. *All service providers should be trained to respond appropriately to cases of violence against women and girls using a gender equality and rights based approach, including police, judiciary staff and officers, traditional leaders, faith based organisations and welfare agencies.*
11. *Perpetrator programs should be based on a sound understanding of the causes and dynamics of violence against women; they should focus on behavioural change and holding offenders accountable, and be adequately monitored and evaluated from a rights based perspective.*
12. *Prevention and service delivery programs should take into account the links between violence and disability, and be responsive to the needs and rights of women and girls with disabilities and other vulnerable groups.*
13. *Quality standards should be developed for both prevention and service delivery programs that address violence against women; standards should articulate a rights based and gender equality approach, and be grounded in evidence regarding the scope, nature, dynamics and impacts of violence against women and girls.*
14. *The Fiji Police Force should systematically and consistently implement its No Drop policy for all offences against women and girls; police and other law and justice sector agencies should be adequately resourced and skilled to respond expeditiously and sensitively.*
15. *Donors that support prevention and response programs should assess proposals from a rights based and gender equality perspective, and ensure that funded programs and organisations adhere to quality standards.*



Improving health sector responses

The high rates of injury and the damaging range of physical, mental and reproductive health problems associated with violence against women calls for informed, skilled and sensitive responses from health sector workers.

The significant burden of injury, disability and emotional distress needs to be acknowledged in health policies and strategies, including in mental health policy and strategy. Health professionals are seeing women every day whose injuries or health problems are directly or indirectly due to the violence in their lives; in many cases, health workers are also the first people to be asked for help.

Recommendations

16. *Protocols need to be established within the health sector for dealing with cases of violence against women against children.*
17. *All health workers should be trained to ensure sensitive and appropriate responses when victims/survivors access health services, to ensure protection of their rights, confidentiality and their health.*
18. *Health services in rural and maritime areas should be equipped to provide appropriate prevention and response services to women and girls.*
19. *Physical, reproductive and mental health prevention strategies need to take into account the serious impacts of violence against women including men's control over women's access to health care, by reinforcing women's rights to decision-making about their own health, access to health care, and sexual and reproductive rights.*



Economic empowerment

Employment and ownership of assets do not protect women from violence. Nonetheless, without employment and assets, women have no means to support themselves and their children, and therefore no escape route from violent relationships. Women in Fiji have very limited access to employment and own few assets; women living with violence need to earn income, since their husbands/partners are significantly more likely to refuse to provide money for household expenses, and to take women's money without permission.

On the other hand, women who are earning money and contributing more to the household than their husbands are significantly more likely to experience partner violence. Programs aimed at increasing women's employment and the productivity of small and medium enterprises have the potential to empower women and advance social and economic development (AusAID 2012:12). However for this to occur, gender inequalities need to be explicitly addressed.


For women who are just beginning to earn an income, economic empowerment programs could help prevent partner violence – by working with women to enable them to claim their rights, and by working with men to increase their understanding of women's rights, and the benefits to the whole family and community when women's productivity is increased.

Recommendations

20. *Economic empowerment programs should be based on an understanding of how gender inequality and violence impacts on women's lives and their ability to earn and control income and assets; they should support women to claim their rights to earn and control income and assets, by working with both women and men.*
21. *Targeted activities are needed to support women who have made the difficult decision to leave a violent relationship, to ensure they have access to long-term housing and secure income-generating opportunities.*

Annex 1: Statistical Tables



- 
- 3.1. Household and individual sample obtained and response rates
 - 3.2. Characteristics of respondents in the sample (unweighted and weighted for number of eligible women in household)
 - 3.3. Characteristics of respondents in the sample (unweighted and weighted) and female population aged 18-64 years in the general population (based on 2007 Census)
 - 3.4. Prevalence of partner violence, unweighted and weighted for number of eligible women in the household
 - 3.5. Women's satisfaction upon completion of interview and duration of interview, according to experience of partner violence
 - 3.6. Sex of head of household as reported for the households where a complete interview was obtained
 - 3.7. Women's reply to the question on whether the neighbours in her community know each other well
 - 3.8. Women's reply to the question on whether people would do something to stop a street fight in her community
 - 3.9. Women's reply to the question on whether most people in her community would contribute to a community project
 - 3.10. Women's reply to the question on whether most people in her community trust each other in matters of lending and borrowing
 - 3.11. Women's reply to the question on whether neighbours in her community would offer help if someone fell ill or had an accident
 - 3.12. Proportion of women owning assets, either by herself or with someone else
 - 3.13. Proportion of women earning money by herself and the way they are earning money, among all respondents
 - 4.1. Prevalence of physical, sexual and physical and/or sexual partner violence, among ever-partnered women
 - 4.2. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered women
 - 4.2.a. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered Fijian iTaukei women
 - 4.2.b. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered Indo-Fijian women
 - 4.2.c. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered other (non-iTaukei, non-Indo-Fijian) women
 - 4.3. Prevalence of physical partner violence, broken down by severity
 - 4.4. Prevalence of specific acts of physical violence by husbands/partners in the past 12 months, and frequency distribution of number of times the acts happened
 - 4.5. Proportion of women who reported physical violence in pregnancy among ever-pregnant women
 - 4.6. Characteristics of violence during pregnancy as reported by ever-pregnant women
 - 4.7. Prevalence of specific acts of sexual violence by husbands/partners, among ever-partnered women
 - 4.8. Prevalence of specific acts of sexual violence by husbands/partners in the past 12 months, and frequency distribution of number of times the acts happened
 - 4.9. Prevalence of emotional partner violence, among ever-partnered women
 - 4.10. Lifetime and current prevalence of different acts of emotional partner violence, and frequency of these acts in the past 12 months, among ever-partnered women
 - 4.11. Prevalence of different controlling behaviours by husbands/partners, among ever-partnered women



- 4.12. Women who said that during or after an incident of violence she was forced to have sex, according to women who ever experienced physical partner violence
- 5.1.1 Prevalence and frequency of physical violence since the age of 15 years by non-partners, among all interviewed women
- 5.1.2. Prevalence and frequency of forced sexual intercourse since age 15 years, among all interviewed women
- 5.1.3. Prevalence and frequency of attempted rape and other sexual abuse since age 15 years, among all interviewed women
- 5.1.4. Prevalence and frequency of sexual abuse before age 15 years as reported in face to face interview, among all interviewed women
- 5.2. Overview of prevalence of sexual abuse by non-partners, since the age of 15 years and before the age of 15 years, as reported by all interviewed women
- 5.3. Percentage of all interviewed women who reported physical or sexual violence by non-partners, broken down by number and type of perpetrator
- 5.4. Overlap of non-partner and partner violence among all women
- 5.5a. Age of first sexual intercourse, among interviewed women
- 5.5b. Age of first sexual intercourse, among interviewed women who said they had ever had sex
- 5.6a. Nature of first sexual experience, among women who ever had sex (% in each category)
- 5.6b. Nature of first sexual experience by age of first sexual intercourse, among women who ever had sex
- 6.1. Attitudes to gender power relations
- 6.2. Attitudes to physical partner violence
- 6.3. Attitudes to sexual partner violence
- 6.4. Situations associated with violence as reported by women who ever experienced physical partner violence
- 7.1. Percentage of women reporting injuries as a result of physical or sexual partner violence
- 7.2. Prevalence, frequency and type of injuries and health service use for women who were injured due to physical or sexual partner violence
- 7.3. Self-reported impact of violence on women's physical and mental health, among women who reported physical or sexual partner violence
- 7.4.a. General, physical and mental health problems reported among ever-partnered women, according to women's experience of physical and/or sexual partner violence
- 7.4.b. Mental health problems reported among ever-partnered women, according to women's experience of emotional partner violence
- 7.5. Use of health services and medication among ever-partnered women, according to their experience of physical and/or sexual partner violence
- 7.6. Reproductive health outcomes reported by women, according to their experience of physical and/or sexual partner violence
- 7.7. Factors related to last pregnancy, among women with live birth in the past 5 years, according to the women's experience of physical and/or sexual partner violence
- 7.8. Use of contraception reported by women, according to their experience of physical and/or sexual partner violence
- 7.9. How husbands/partners showed disapproval of contraceptive or condom among women who mentioned partner ever refused use of method
- 7.10. Estimates of the number of women injured per year, per week and per day
- 8.1. Children's well-being as reported by women with children 6-14 years old, according to the women's experience of physical and/or sexual partner violence
- 8.2. Children witnessing the violence, according to women who ever experienced physical partner violence

- 
-
- 8.3. Percentage of respondents reporting violence against her mother, against her partner's mother or against her partner when he was a child, among ever-partnered women, according to women's experience of partner violence
 - 9.1. Prevalence of economic abusive acts by partners, as reported by currently-partnered women
 - 9.2. Financial autonomy among currently married or cohabiting women, according to the women's experience of physical and/or sexual partner violence
 - 9.3.a. Self-reported impact of violence on women's work, among women who reported physical or sexual partner violence
 - 9.3.b. Self-reported impact of violence on women's work, among women who did work for money and who reported physical or sexual partner violence
 - 9.4.a. Responses on persons who prevented women from attending groups/meetings
 - 9.4.b. Respondents' freedom to attend groups/meetings, according to the women's experience of physical and/or sexual partner violence
 - 10.1. Percentage of women who had told others, and persons they told about the violence, among women experiencing physical or sexual partner violence
 - 10.2. Percentage of women who received help, and from whom, among women experiencing physical or sexual partner violence
 - 10.3. Percentage of women who mentioned they would have liked more help, and from whom, among women experiencing physical or sexual partner violence
 - 10.4. Percentage of women who sought help from agencies/persons in authority, and satisfaction with support received, among women who experienced physical or sexual partner violence
 - 10.5. Main reasons for seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who sought help
 - 10.6. Main reasons for not seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who did not seek help
 - 10.7. Percentage of women who ever left home because of violence, among women who experienced physical or sexual partner violence
 - 10.8. Main reasons for leaving home last time she left, as mentioned by women who experienced physical or sexual partner violence and who left home (temporarily)
 - 10.9. Main reasons for returning, as mentioned by women who experienced physical or sexual partner violence, who left home and returned
 - 10.10. Main reasons for not leaving home, as mentioned by women who experienced physical or sexual partner violence and who never left home
 - 10.11. Retaliation/fighting back, among women who experienced physical partner violence
 - 10.12. Effect of fighting back, among women who ever fought back because of physical partner violence
 - 10.13. Percentage of women who said they ever initiated violence against their husband/partner, and frequency distribution of number of times it happened, among ever-partnered women
 - 10.14. Communication between partners and association between communication and partner violence, in ever-partnered women
 - 10.15. Quarrelling between partners and association between quarrelling and partner violence, in ever-partnered women
 - 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women
 - 11.2. Exploration of risk factors for current experience of physical and/or sexual partner violence, among ever-partnered women
 - 12.1. Prevalence of different types of partner and non-partner violence, among women 18-49 years old (for comparison with other studies using age group 15-49 or 18-49)