

**Further Analysis of  
Findings on  
Violence Against Women  
from the 2016  
Ethiopia Demographic and  
Health Survey  
September 2019**



Federal Democratic Republic of Ethiopia  
Ministry of Women,  
Children and Youth



**FURTHER ANALYSIS OF**  
**FINDINGS ON VIOLENCE**  
**AGAINST WOMEN**  
**FROM THE 2016 ETHIOPIA**  
**DEMOGRAPHIC AND**  
**HEALTH SURVEY**  
**SEPTEMBER 2019**

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# FOREWORD

Violence against women and girls (VAWG) is a pervasive violation of human rights and a global health problem. Globally, more than 1 out of 3 (35 per cent) of women have experienced either physical violence and/or sexual violence by an intimate partner and/or sexual violence by a non-partner in their lifetime; more than 1 out of 5 girls have been sexually abused in childhood, making girls' experiences with sexual violence before 15 years of age a serious problem.

In Ethiopia, the number of studies on VAWG are limited in number and scope, and there are very few national or population-based VAWG prevalence studies. In fact, the 2016 Ethiopia Demographic and Health Survey (EDHS) was the first national population-based study that included a focus on VAWG, particularly women's experiences with domestic violence since the age of 15. The 2016 EDHS was conducted at the request of the Government of Ethiopia, particularly the Ministry of Health, and was implemented by the Central Statistical Agency. For the first time in the history of the EDHS, the 2016 EDHS included the Domestic Violence Module at the request of the Ministry of Women, Children, and Youth Affairs. Prior to the 2016 EDHS, comprehensive data on VAWG in Ethiopia was not available.

Inclusion of the Domestic Violence Module in the 2016 EDHS was an important step forward in documenting the status of women in Ethiopia. Findings from the 2016 EDHS on VAWG serve as a much needed baseline and allows the Government of Ethiopia to report on SDGs and to monitor progress made toward ending VAWG, and to report on targets and indicators related to Sustainable Development Goal 5: Achieve gender equality and empower all women and girls. Because the EDHS Domestic Violence Module includes measures that are proven valid and reliable, Ethiopia is able to compare VAWG prevalence rates with other countries both regionally and globally.

The 2016 EDHS found that as many as 1 out of 4 or 26 per cent of women age 15-49 experienced physical and/or sexual violence by an intimate partner or non-partner in their lifetime. Among ever-married women age 15-49, as many as 1 in 3 or 34 per cent experienced spousal violence in the form of emotional, physical and/or sexual violence by their current or most recent husband/partner. Only 23 per cent of women who experienced physical and/or sexual violence sought help, whereas 66 per cent of women never sought help and never told anyone about the violence. In Ethiopia, VAWG serves as a major threat to women's empowerment, health and well-being. For many girls and young women, harmful traditional practices (which are forms of VAWG) rob them of their childhood and disrupts their education.

This report offers further analysis of VAWG data from the 2016 EDHS, including; the prevalence of VAWG in the lives of women age 15-49 years; contributing factors and negative consequences of such violence on women's lives and well-being; and women's help-seeking behaviours (or lack thereof) for VAWG. This report also offers recommendations for the next EDHS scheduled for 2021 as it relates to improving the methodology and sampling framework, improving measures of VAWG, and data analysis of VAWG data.

We would like to express our sincere appreciation to the National Alliance to End Child Marriage and FGM, UN Women Ethiopia, UNFPA Ethiopia and the Packard Foundation for their valuable contribution and comments to enrich this report. Sincere appreciation is also extended to all of those key stakeholders and national partners who participated in the validation workshop held in Addis Ababa, Ethiopia on 9 May 2019. We also want to specially thank the team of consultants, Ms. Emezat Mengesha and Mr. Emebet M. Hassen, who were contracted to undertake further analysis of data related to violence against women and girls from the 2016 Ethiopia Demographic and Health Survey. Also, special thanks to Dr. Robin N. Haarr, an international consultant from the United States who was contracted by UN Women Ethiopia to write this final report, some of which had been drafted by other consultants.

# DEFINITIONS

Controlling behaviours	“A strategic course of oppressive behaviour designed to secure and expand gender-based privilege by depriving women of their rights and liberties and establishing a regime of domination in personal life.” <sup>1</sup>
Economic violence	“Acts that deny a woman access to and control over basic resources or causes or attempts to cause an individual to become financially dependent on another person, by obstructing their access to or control over resources and/or independent economic activity.” <sup>2</sup>
Emotional violence/ Psychological violence	“Any act which causes psychological harm to an individual. Psychological violence can take the form of, for example, coercion, defamation, verbal insult or harassment.” <sup>3</sup> Includes acts, such as: insulting a woman or making her feel bad about herself; belittling or humiliating a woman in front of other people; deliberately scaring or intimidating a woman; and, threatening to hurt a woman or others she cares about.” <sup>4</sup>
Gender-based violence <sup>5</sup>	Any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (gender) differences between females and males.”
Intimate partner violence	“Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours.” <sup>6</sup>
Physical violence	Any act which causes physical harm as a result of unlawful physical force. Physical violence can take the form of, among others, serious and minor assault, deprivation of liberty and manslaughter.” <sup>7</sup>  “Intentional use of physical force with the potential for causing physical harm, injury, disability, and in the most severe cases death.” <sup>8</sup>
Psychological violence	Any act or omission that damages the self-esteem, dignity, identity or development of a women. This includes, but is not limited to, humiliation, threatening loss of custody of one’s 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 behaviour, and the destruction of possessions.” <sup>9</sup>

1 Stark, E. (2009). *Coercive Control: How Men Entrap Women in Personal Life*. Oxford University Press: Oxford, UK.

2 UNFPA, *Measuring Prevalence of Violence against Women: Key Terminology*, kNOWVAWdata (2016).

3 European Institute for Gender Equality. Retrieved on 22 March 2019 from: <https://eige.europa.eu/thesaurus/terms/1096>

4 United Nations Department of Economic and Social Affairs, Statistics Division. *Guidelines for Producing Statistics on Violence against Women – Statistical Surveys*, 2014.

5 Inter-Agency Standing Committee, *Guidelines for Integrating Gender-based Violence Intervention in Humanitarian Action*, 2015.

6 World Health Organization, London School of Hygiene and Tropical Medicine, and South African Medical Research Council (2013). *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*. World Health Organization: Geneva, Switzerland.

7 European Institute for Gender Equality. Retrieved on 22 March 2019 from: <https://eige.europa.eu/thesaurus/terms/1096>

8 UNFPA, *Measuring Prevalence of Violence against Women: Key Terminology*, kNOWVAWdata (2016).

9 UNFPA, *Measuring Prevalence of Violence against Women: Key Terminology*, kNOWVAWdata (2016).

Sexual harassment	<p>Unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature that constitutes a breach of the principle of equal treatment between men and women; therefore, it is recognized as a form of sex discrimination, sexual abuse and violence against women.<sup>10</sup></p> <p>The UN System Model Policy on Sexual Harassment defines sexual harassment in the workplace as “any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offense or humiliation, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment. Sexual harassment may occur in the workplace or in connection with work. While typically involving a pattern of conduct, sexual harassment may take the form of a single incident. In assessing the reasonableness of expectations or perceptions, the perspective of the person who is the target of the conduct shall be considered.”</p>
Sexual violence	<p>“Any sexual act or attempt to obtain a sexual act, or unwanted sexual comments or acts, that are directed against a woman’s sexuality using coercion or physical force by anyone, regardless of their relationship to the victim, in any setting, including at home, at work, and in public spaces.”<sup>11</sup></p>
Violence against women	<p>“Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”<sup>12</sup></p>

10 Violence against women: An EU-wide survey, 2014, pp. 96-97.

11 UNFPA, Measuring Prevalence of Violence against Women: Key Terminology, kNOwVAWdata (2016).

12 United Nations Declaration on the Elimination of Violence Against Women, United Nations General Assembly in its resolution 48/104 of 20 December 1993

# ACRONYMS

AU	African Union
BPA	Beijing Platform for Action
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CoP	Community of Practice
CPRW	Convention on the Political Rights of Women
DEVAW	Declaration on the Elimination of Violence Against Women
DHS	Demographic and Health Survey
EDHS	Ethiopia Demographic and Health Survey
ENWS	Ethiopia Network of Women's Shelters
EU	European Union
EVAWG	Eliminating Violence Against Women and Girls
FDRE	Federal Democratic Republic of Ethiopia
FGM	Female Genital Mutilation
FRA	Agency for Fundamental Rights
GoE	Government of Ethiopia
IDP	Internally Displaced Person
MoWCYA	Ministry of Women, Children and Youth Affairs
OSCE	Organization for Security and Co-operation in Europe
RCC	Revised Criminal Code
RFC	Revised Family Code
SDG	Sustainable Development Goal
STI	Sexually Transmitted Infection
UN	United Nations
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
VACS	Violence Against Children Survey
VAW	Violence Against Women
VAWG	Violence against women and girls





# INTRODUCTION

Violence against women and girls (VAWG) is a pervasive violation of human rights and a global health problem. Globally, more than 1 out of 3 (35 per cent) of women have experienced either physical violence and/or sexual violence by an intimate partner and/or sexual violence by a non-partner in their lifetime.<sup>1</sup> More specifically, 30 per cent of ever-partnered women experienced physical and/or sexual violence by an intimate partner in their lifetime, and 7 per cent experienced sexual violence by a non-partner in their lifetime.<sup>2</sup> Research has also found that globally, more than 1 out of 5 girls have been sexually abused in childhood, making girls experiences with sexual violence before 15 years of age a serious problem.

In 2019, the United Nations Office on Drugs and Crime (UNODC) documented that although homicides of women and girls account for only 19 per cent of the total homicides (men account for 81 per cent of total homicides).<sup>3</sup> In comparison, women and girls account for 64 per cent of intimate partner/family-related homicides and 82 per cent of intimate partner homicides; whereas, men account for only 36 per cent of intimate partner/family-related homicides and 18 per cent of intimate partner homicides.<sup>4</sup> This data shows that women and girls bear by far the greatest burden of intimate partner/family-related homicides and intimate partner homicides.<sup>5</sup>



*Global Study on Homicide: Gender-Related Killing of Women and Girls, UNODC, 2019*

The 2030 Agenda for Sustainable Development identifies the elimination of VAWG as a crucial priority for achieving gender equality and sustainable development.<sup>6</sup> After all, VAWG is a cause and consequence of gender inequality and a major obstacle to women and girls' enjoyment of all human rights and their full participation in society and the economy. Thus, eliminating VAWG is a cross-cutting priority across the Sustainable Development Goals (SDGs) and vital for achieving SDGs in areas including poverty eradication, health, education, sustainable cities, and just and peaceful societies.<sup>7</sup> The 2030 Agenda builds on existing international frameworks that address VAWG, particularly the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the agreed conclusions of the Commission on the Status of Women at its fifty-seventh session.<sup>8</sup>

<sup>1</sup> World Health Organization, London School of Hygiene and Tropical Medicine, and South African Medical Research Council (2013). *Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence*. World Health Organization: Geneva, Switzerland.

<sup>2</sup> Ibid.

<sup>3</sup> Global Study on Homicide: Gender-Related Killing of Women and Girls, UNODC, 2019, p. 11

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> UN General Assembly (2016). Intensification of efforts to eliminate all forms of violence against women and girls. Seventy-first session, Item 27 of the provisional agenda, Advancement of Women.

<sup>7</sup> UN General Assembly (2016). Intensification of efforts to eliminate all forms of violence against women and girls. Seventy-first session: Item 27 of the provisional agenda Advancement of Women; Gender Equality and the Sustainable Development Goals in Asia and the Pacific: Baseline and pathways for transformative change by 2030, Asian Development Bank and UN Women, 2018. Pp. 103-104

<sup>8</sup> Ibid

## International and National Frameworks on Violence Against Women

International, regional and national legal frameworks provide the basis for comprehensive understanding of VAWG. International instruments, including CEDAW (1992) and the Declaration on the Elimination of Violence Against Women (DEVAW, 1993), and general recommendations provided by the Committee on the Elimination of Discrimination and Violence Against Women provide the most comprehensive understanding of VAWG at the international level and define legal obligations of States to eliminate violence against women and girls (EVAWG).

VAW is defined as “all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life” (Article 3).

*1993 Declaration on the Elimination of Violence against Women*

Regional instruments, such as the Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa (often referred to as the Maputo Protocol) was adopted in 2003. The Maputo Protocol defines VAW in a comprehensive way to include “all acts perpetrator against women which cause or could cause them physical, sexual, psychological, and economic harm, including the threat to take such acts; or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace time and during situations of armed conflicts or of war” (Article 1). Provisions of the Maputo Protocol cover all spheres in which women experience violence, including in the family and community (at school and work), as well as at the hands of the State.<sup>9</sup>

As a Member State to the United Nations (UN) and the African Union (AU), the Federal Democratic Republic of Ethiopia (FDRE) has agreed to international and regional conventions and normative frameworks that protect and promote the rights of women and gender equality. This includes ratification of the Convention on the Political Rights of Women (CPRW) in 1953 and CEDAW in 1981, as well as adoption of the principles of the 1995 Beijing Platform for Action (BPA) and the political declaration and outcome document as the Beijing +5 in 2000.<sup>10</sup> The Government of Ethiopia (GoE) also ratified the African Charter on Human and People’s Rights in 1998, but has yet to ratify the Protocol to the African Charter on Human and People’s Rights on Rights of Women in Africa.<sup>11</sup>

The GoE has taken steps to translate international conventions and agreements into national legal and policy frameworks, including the National Women Policy of 1993, which was the first national policy formulated on women. The National Women Policy of 1993 encouraged equal participation of women in the political, social and economic spheres of life, and the institutional rights of women by creating institutional mechanisms within government institutions to ensure gender sensitivity by public regulations and interventions.<sup>12</sup> The 1995 Constitution of the FDRE also provides the basic principle that “all persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall guarantee to all persons equal and effective protection without discrimination on grounds of race, nation, nationality, or other social origin, colour, sex, language, religion, political or other opinion, property, birth or other status” (Article 25). Moreover, the Constitution guarantees women’s rights as equal to those of men in employment, marriage, property and land ownership, and stipulates the right to affirmative action for women in public, social and economic life.<sup>13</sup> In addition,

<sup>9</sup> The State of African Women, Chapter 5: Gender-based violence against women, 2018. See also, Banda, F. (2005). Women, Law and Human Rights: An African Perspective. Portland, OR: Hart Publishing; Banda, F. (2006). Blazing a Trail: The African Protocol on Women’s Rights Comes into Force. Journal of African Law, 50(1): 72-84.

<sup>10</sup> Preliminary Gender Profile of Ethiopia, 2014. European Union/UN Women: Addis Ababa, Ethiopia, p. 19.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

Article 35(4) requires the State to enforce the rights of women to eliminate the influence of harmful practices that cause bodily and mental harm against women, and Article 16 provides that everyone has the right to protection against bodily harm.

Despite legal frameworks and policies that promote gender equality and women's rights, the mechanisms for women to access their rights, including protection from violence and harmful practices remains an issue in Ethiopia. In fact, national women's rights activists contend that national legislation and policies fall short of protecting women and girls from violence and argue that VAWG threaten women's rights to gender equality in public and private spheres in society.<sup>14</sup>

## National Legislation Related to Violence Against Women

Although Ethiopia has not enacted specific VAWG legislation or domestic violence laws, existing laws have been reformed as an interim response.<sup>15</sup> The Revised Family Code (RFC) of 2000 and the Revised Criminal Code (RCC) of 2005 were amended to protect women's rights in family and marriage, and to address VAWG by criminalizing domestic violence.<sup>16</sup> Both Codes, among others, address core elements of the definition of VAWG in the Ethiopian context. For instance, the RCC of 2005 criminalizes sexual violence (Articles 620-628), intimate partner violence in the context of marriage or irregular union, in the event the violence leads to grave or common injuries to physical or mental health (Article 564), and violence leading to physical injury and/or mental health problems outside the context of intimate partner relationships (art. 555-560). Although rape is addressed in Article 620, the language limits its scope to rape "outside of wedlock"; thus, the law does not recognize rape within the context of marriage or irregular unions. Neither the RFC of 2000 nor the RCC of 2005 adequately address psychological violence and/or economic violence against women in the context of marriage and family.

Sexual harassment has also been addressed in the RCC of 2005, however, the law only covers circumstances whereby a person in a position of authority demands sexual favors in return for other benefits. Excluded from the law are situations of sexual harassment where by hostile working, living and/or learning environments are created due to the threat caused by demands of sexual favors. Sexual harassment is categorized as a crime punishable with simple imprisonment, a treatment that some national VAWG experts contend is not commensurate with the crime and debilitating impact that sexual harassment can have on women and girls who are most often the victims of sexual harassment.

Harmful traditional practices that constitute different forms of VAWG are also addressed in the RFC of 2000 and the RCC of 2005. These Codes address: crimes against persons or health with particular provisions on abduction (Articles 587-590); female genital mutilation (Articles 565 and 566); early marriage (Article 649); and endangering the lives of pregnant women and children through harmful traditional practices (Articles 561 and 562). The RFC of 2000, in particular, requires the fulfillment of essential conditions of marriage (age and consent), thereby banning child, early and forced marriage.

In accordance with the Revised Sentencing Guideline No. 2/2012 issued by the Federal Supreme Court in 2012, judges are required to increase the lower end of the penalty in sentencing gender-based violence crimes covered under Articles 555–560 and sexual violence crimes covered under Articles 620–628 of the

14 See for instance Assessment on Conditions of Violence against Women (VAW) in Ethiopia, Ministry of Women, Children and Youth Affairs, Addis Ababa, Ethiopia 2012-2013; 30. National Capacity Assessment for the Prevention and Response to Gender Based Violence (GBV) in Ethiopia, UNICEF, 2010; Women's Human Rights In Ethiopia: A Gender-Based Review and Analysis of the Ethiopian Legal Framework, based on the Convention to Eliminate all Forms of Discrimination against Women (CEDAW) & the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Women's Rights Protocol), International Center for Research on Women, August 31, 2010.

15 Programme Document, Preventing and Responding to VAWG in Ethiopia, UN Women, 2019; Economic Commission for Africa (ECA) (2009) African Women's Report 2009: Measuring Gender Inequality in Africa:

Experiences and Lessons from the African Gender and Development Index, ECA: Addis Ababa, Ethiopia

16 Programme Document, Preventing and Responding to VAWG in Ethiopia, UN Women, 2019.; Preliminary Gender Profile of Ethiopia, 2014. European Union/UN Women: Addis Ababa, Ethiopia, p. 20.

RCC of 2005. National VAWG experts' content, however, that these laws fail to treat some forms of VAWG as serious crimes, particularly when the act of violence does not cause bodily injury or impairment of health (simple bruises, cuts, scratches, swelling and/or aches and pains are considered injuries to person or health under the law). Depending on the severity of injuries and/or damages inflicted, legal penalties can range from small fines to imprisonment for up to 5 to 20 years.<sup>17</sup>

Although acts of sexual violence, domestic violence, sexual harassment and harmful practices are illegal under the law, government enforcement of such laws is inconsistent. The challenge for VAWG survivors is access to justice, as cases of domestic violence and rape are often given a low priority in the justice system and face significant delays due, in part, to poor documentation and inadequate investigation.<sup>18</sup>

## National Coordination Frameworks and Mechanisms

In recent years, the GoE has taken steps to develop an enabling policy framework that supports multi-sectoral and coordination framework to EAWG by putting in place the Sector Development Plan for Women and Children (2016-2020) and the second Growth and Transformation Plan (GTP) 2015/16 - 2019/20. The GoE has also taken steps to respond to VAWG by developing two strategies that are currently under revision:<sup>19</sup>

- Strategic Plan for an Integrated and Multi-Sectoral Response to Violence Against Women and Children (VAW/C) and Child Justice in Ethiopia – focuses on prevention, protection, and response mechanisms to address VAW/C.
- National Strategy and Action Plan on Harmful Traditional Practices against Women and Children in Ethiopia (2013), led by the Ministry of Women, Children and Youth Affairs (MoWCYA).

The GoE has also developed the Women Development and Change Strategy which prioritizes ending VAWG and harmful practices. Interventions identified in the Strategy's package include:<sup>20</sup>

- Awareness-raising
- Strengthening law enforcement responses to VAWG
- Increasing availability of legal aid to VAWG survivors
- Improvement of health care responses to VAWG survivors
- Establishment shelters and one-stop centres that provide essential services to VAWG survivors
- Establishment of coordination mechanisms.

These various strategies have been accompanied by supporting structures to fulfil the protection of the rights of women and children. For instance, Women, Children and Youth Affairs Offices have been established in justice administration bodies at federal and regional level (i.e., the police, the Offices of the Prosecutor, and the judiciary). In some regions, specialized units that deal with violence against women and children (VAW/C) cases and children's and women's rights have also been set up. This includes Child and Women Protection Units within various police units, a special bench for VAWG cases in the Federal Criminal Court, child friendly courts, and Child Crime Investigations Units in the Federal Office of the Attorney General (FOAG) and regional Bureaus of Justice (BoJ).<sup>21</sup>

17 Programme Document, Preventing and Responding to VAWG in Ethiopia, UN Women, 2019; Department of State (2016): Country Reports for Human Rights 2012 Ethiopia: US Department of State, Bureau of Democracy,

18 Programme Document, Preventing and Responding to VAWG in Ethiopia, UN Women, 2019.

19 Ibid; Both strategies have finished their implementation period. The Strategic Plan for an Integrated and Multi-Sectoral Response was until 2015 and The National Strategy and Action Plan on HTPs was until 2017.

20 Ibid.

21 Ibid.

In 2008, in response to the need for a multi-sectoral and integrated approach to prevent and respond to VAW/C, a national coordinating body<sup>22</sup> was formed. The national coordinating body was envisaged to be the policy level body responsible for: effective implementation and evaluation of the strategic plan and forthcoming operational plans; oversight of coordination among stakeholders at all levels, including effective service delivery towards prevention and response on VAW/C; information sharing on programs and issues affecting the rights of women and children; and, guidance on evidence generation on similar issues through research and work on advocacy.

This national coordinating body has been instrumental at ensuring the provision of essential services across all sectors, including social service, health care and justice.<sup>23</sup> In addition to the national coordinating body, the majority of regions established referral mechanisms for VAW/C prevention and response in the regional capitals, and some regions established referral mechanisms at zonal and Woreda levels. Lack of awareness, however, of referral mechanisms and available services for VAW/C survivors has been a challenge.<sup>24</sup>

In 2008, to provide a comprehensive response mechanism on VAWG, the national coordinating body set up a one-stop centre at Ghandi Hospital in Addis Ababa. Recognizing that one-stop centres are essential to an EVAWG response strategy, the GoE scaled up these one-stop centres in other regions of the country. The GoE's commitment to increase accessibility and availability of one-stop centres, as well as women's shelters is evident by the target set in the Growth and Transformation Plan II and the Sectoral Plan 2016-2020 of the MoWCYA.

In 2016, UN Women commissioned a national assessment of women's shelters<sup>25</sup> which documented 12 shelters (11 operated by CSO and one by the government in Dire Dawa) which provide rehabilitation and reintegration services for VAWG survivors. The assessment found that women's shelters are few and far between in the country, and are unable to meet the needs of the increasing numbers of VAWG survivors in different regions of the country. In addition, the package of services provided by the different shelters differed significantly; some shelters attempted to provide comprehensive services, while others provided the bare minimum services. The range of services included: legal, medical, psycho-social, life skills, music therapy and self-defense programs.<sup>26</sup> The assessment also found that some shelters do not accommodate pregnant women or VAWG survivors with mental illness or disabilities, and others limit services to child survivors of violence; a few extend services to male (boy) victims of sexual violence. Exclusion and inclusion criteria are set by shelters, taking into account the availability of facilities and staff that can accommodate the unique needs of different types of VAWG survivors. The assessment concluded that there are notable gaps in the capacities of women's shelters to provide comprehensive and essential services to VAWG.

In 2017, in an effort to strengthen support service for VAWG survivors, a Ethiopia Network of Women's Shelters (ENWS) was established to coordinate the work of women's shelters, share information among network members, strengthen referral mechanisms among shelters, lobby the government for land and rentals, and to facilitate smooth operations of women's shelters. The Network also agreed to develop Standard Operating Procedures (SOPs)<sup>27</sup> for delivery of support services to VAWG survivors.<sup>28</sup> In addition to SOPs, a Minimum Standards Package listing the core set of services that ought to be provided to VAWG survivors is in the process of being developed.

22 The body is composed of participating institutions drawn from governmental and nongovernmental organizations, including: Ministry of Education (MoE), Ministry of Labor and Social Affairs (MoLSA), Ministry of Women, Children and Youth Affairs (MoWCYA), Ministry of Justice (MoJ)/Attorney General, Ministry of Health (MoH), Ethiopian Human Rights Commission, the Federal Police Commission, Federal Prison Commission, Federal Supreme Court, Federal First Instance Court, Coalition of Interfaith Institutions, the United Nations Children's Fund (UNICEF), EWLA, Addis Ababa Bureau of Health, Addis Ababa Police Commission, Oromia Bureau of Justice, Amhara Bureau of Justice, and Benishangul Gumuz Supreme Court.

23 Programme Document, Preventing and Responding to VAWG in Ethiopia, UN Women, 2019.

24 National Assessment on women's shelters, UN Women, 2016.

25 Ibid.

26 UN Women Ethiopia, Shelters for Women and Girls who are survivors of violence in Ethiopia National assessment on the availability quality and demand for rehabilitative and reintegration services, 2016.

27 The SOPs were developed with support of Ethiopia Society of Obstetricians and Gynecologist.

28 UN Country Team Ethiopia CEDAW Report, 2018.



Another initiative by the Ministry of Health and the World Health Organization resulted in the development of a practical handbook for health workers on responses to gender-based violence and sexual violence against women and children. The handbook provides the practical aspects of appropriate health response to survivors of gender-based violence and sexual violence, including the basic steps of clinical assessment and management, and follow-up and applicable local procedures. The handbook was rolled out in late 2017.<sup>29</sup>

## Violence Against Women in Ethiopia

To date, VAWG studies in Ethiopia are limited in number and scope, and most existing VAWG studies have been conducted at the subnational/regional or community levels. There have been very few national and/or population-based prevalence studies on VAWG in Ethiopia. The 2016 Ethiopia Demographic and Health Survey (EDHS)<sup>30</sup> was the first national population-based study that included a focus on VAWG, particularly women's experiences with domestic violence since the age of 15. The 2016 EDHS was conducted at the request of the Government of Ethiopia, particularly the Ministry of Health, and was implemented by the Central Statistical Agency. For the first time in the history of the EDHS, the 2016 EDHS included the Domestic Violence Module at the request of the Ministry of Women, Children, and Youth Affairs (MoWCYA). Prior to the 2016 EDHS, comprehensive data on VAWG in Ethiopia was not available.

The 2016 EDHS found that as many as 1 out of 4 or 26 per cent of women age 15-49 experienced physical and/or sexual violence by an intimate partner or non-partner in their lifetime. More specifically, 23 per cent of women experienced physical violence since age 15 and 10 per cent experienced sexual violence at some point in their lives by either a husband or anyone else. Four per cent of women experienced physical violence during pregnancy. Among ever-married women age 15-49, as many as 1 in 3 or 34 per cent ever experienced spousal violence in the form of emotional, physical and/or sexual violence by their current or most recent husband/partner (24 per cent of ever-married women experienced emotional violence by their current or most recent husband/partner, 24 per cent experienced physical violence, and 10 per cent ever experienced sexual violence).<sup>31</sup> Only 23 per cent of women who experienced physical and/or sexual violence sought help, whereas 66 per cent of women never sought help and never told anyone about the violence. Findings from the 2016 EDHS reveal VAWG is a pervasive problem in Ethiopia, and a major challenge and threat to women's empowerment.

Inclusion of the Domestic Violence Module in the 2016 EDHS was an important step forward in documenting VAWG prevalence rates in Ethiopia. Data and findings from the 2016 EDHS provide baseline data on VAWG and will allow Ethiopia to monitor trends in VAWG prevalence rates over time and to assess progress made toward SDGs. Data and findings can also be used for evidence-based ending VAWG (EVAWG) initiatives (legislation, policies, action plans and programmes), as well as to assess the impact of EVAWG initiatives on current VAWG prevalence rates (i.e., in the 12 months prior to the survey). In addition, data and findings from the EDHS are regionally and internationally comparable.

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<sup>29</sup> Ibid.

<sup>30</sup> The EDHS 2016 was the fourth DHS study conducted in Ethiopia by the Ministry of Health and the Central Statistical Agency.

<sup>31</sup> Ethiopia Demographic and Health Survey 2016, p. 305.

# Framework for Further Analysis of 2016 EDHS Violence Against Women Data

In 2019, the National Alliance to End Child Marriage and Female Genital Mutilation (FGM), in partnership with UN Women Ethiopia, the United Nations Population Fund (UNFPA) Ethiopia, and the Packard Foundation commissioned this further analysis of findings on VAWG from the 2016 EDHS. The aim of the further analysis was to identify data gaps and lessons learned from the 2016 EDHS and provide guidance and recommendations for the next EDHS (referred to from here on as the 2021 EDHS). This report also provides guidance and recommendations for policy and programme development that will contribute to EVAWG in Ethiopia.

The framework for further analysis of the 2016 EDHS VAWG data focuses on examining women's experiences of VAWG since the age of 15, including non-partner and intimate partner violence, but with a particular focus on intimate partner violence. The analysis also explores the relationship between VAWG and women's empowerment, along with the negative consequences of VAWG (particularly violence-related injuries), and women's help-seeking behaviours.





# **VIOLENCE** **AGAINST WOMEN:**

KEY FINDINGS FROM THE 2016  
ETHIOPIA DEMOGRAPHIC AND  
HEALTH SURVEY

The 2016 EDHS included for the first time the Domestic Violence Module, which was administered to a total of 5,860 women age 15-49 (constructed weights were used to adjust for the selection of only one woman per household to ensure that the domestic violence subsample was nationally representative).<sup>32</sup> The 2016 EDHS obtained information about women's experiences of violence since age 15, including those who were never married and those who were currently and/or formerly married (ever-married).

Both never married and ever-married women were asked about non-partner violence, but only ever-married women were asked about their experiences of violence committed by their husbands/partners (currently married women were asked about experiences of violence by current and/or former husbands/partners and formerly married women were asked about violence committed by their most recent husband/partner). The focus was on three types of spousal violence:<sup>33</sup>

- **Emotional spousal violence** – say or do something to humiliate you in front of others; threaten to hurt or harm you or someone close to you; insult you and/or make you feel back about yourself.
- **Physical spousal violence** – push you, shake you or throw something at you; slap you; twist your arm or pull your hair; punch you with his/her fist or with something that could hurt you; kick you, drag you or beat you up; try to choke you or burn you on purpose; and/or threaten or attack you with a knife, gun or any other weapon.
- **Sexual spousal violence** – physically force you to have sexual intercourse with him even when you did not want to; physically force you to perform any other sexual acts you did not want to; force you with threats or in any other way to perform sexual acts you did not want to.

In addition, information was obtained from ever-married women on their experiences of **marital control**, often referred to as controlling behaviours by one's current husband/partner (if currently married) or most recent husband/partner (if formerly married). Women experienced marital control if they experienced at least one of the behaviour-specific controlling behaviours: husband/partner is jealous or angry if she talks to other men; husband/partner frequently accuses her of being unfaithful; husband/partner does not permit her to meet her female friends; husband/partner tries to limit her contact with her family; and, husband/partner insists on knowing where she is at all times.

Information was obtained from all women (ever-married and never married) about physical violence committed by a husband or anyone else since the age of 15. They were specifically asked if anyone had hit, slapped, kicked, or done something else to hurt them physically. All women were also asked about experiences of sexual violence committed by a husband or anyone else at some point in their lives. They were asked if at any time in their life, as a child or as an adult, they were forced in any way to have sexual intercourse or to perform any other sexual acts when they did not want to do so.<sup>34</sup> All women who experienced physical or sexual violence were asked whether and from whom they sought help.<sup>35</sup>

<sup>32</sup> Three percent of women eligible for the Domestic Violence Module could not be successfully interviewed due to lack of privacy. See, Central Statistical Agency (CSA) [Ethiopia] and ICF. 2016. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF, p. 290.

<sup>33</sup> Ethiopia Demographic and Health Survey 2016, p. 290.

<sup>34</sup> Ibid.

<sup>35</sup> Ibid.

## Demographics of the Sample of Women

Among the 5,860 women age 15-49 years who completed the 2016 EDHS Domestic Violence Module, 23.7 per cent were never married and 76.3 per cent were currently or formerly married (ever-married). At the time of the survey, 87.2 per cent of ever-married women were currently married and 12.8 per cent were formerly married (i.e., divorced or widowed).<sup>36</sup>

In regard to age groupings, 6.5 per cent of ever-married women were 15-19 years of age, 37.0 per cent were 20-29 years, 36.7 per cent were 30-39 years, and 19.8 per cent were 40-49 years. In comparison, women who were never married were generally younger; 88.0% were younger than 24 years of age (66.0 per cent were age 15-19). The majority of never married women were daughters or granddaughters of the head of the household.<sup>37</sup>

There were also important differences between never married and ever-married women as it relates to place of residence, level of education and work status. In regard to residence, 18.0 per cent of ever-married women lived in urban areas and 82.0 per cent in rural areas; whereas, never married women were more likely to reside in urban areas.<sup>38</sup> In regard to education, the majority of ever-married women had no education (61.0 per cent); only 27.7 per cent had a primary school education and 11.4 per cent had a secondary education or higher. In comparison, only 10.0 per cent of never married women had no formal education. Women who were never married actually had higher levels of education, with 53.0 per cent having a primary education and 37.0 per cent having a secondary education or higher.<sup>39</sup> At the time of the survey, only 33.0 per cent of never married women worked outside of the home, whereas 66.0 per cent did not work outside of the home.<sup>40</sup>

## Women's Experiences with Physical and Sexual Violence

Women were asked about their experiences with physical violence since the age of 15 and their experiences of sexual violence at some point in their lives, by their husband or anyone else. Table 1 shows that as many as 1 out of 4 or 26.3 per cent of women age 14-59 experienced physical and/or sexual violence in their lifetimes. More specifically, 23.3 per cent of women age 15-49 experienced physical violence since age 15, and 14.8 per cent of women experienced physical violence in the 12 months prior to the survey (current). Ten per cent of women ever experienced sexual violence at some point in their lives, and 6.5 per cent were currently experiencing sexual violence. Women who were ever pregnant were asked if they experienced physical violence during their pregnancy. Table 1 shows that 3.7 per cent of women experienced physical violence during pregnancy.

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<sup>36</sup> Ethiopia Demographic and Health Survey 2016.

<sup>37</sup> Ibid.

<sup>38</sup> Ibid.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

Table 1. Forms of spouse violence experienced by ever-married women, age 15-49 (N=4,469)		
	Ever experienced	Experienced in the past 12 months
WOMEN AGE 15-49 YEARS (N=5,860)		
Physical violence since age 15	23.3%	14.8%
Sexual violence	10.1%	6.5%
Physical and/or sexual violence	26.3%	na
WOMEN AGE 15-49 WHO HAVE EVER BEEN PREGNANT (N=4,207)		
Physical violence during pregnancy	3.7%	

Source: *Ethiopia Demographic and Health Survey 2016*.

Among never married women who experienced physical violence since the age of 15, perpetrators were most often sisters/brothers (26.5 per cent), other relatives (14.1 per cent), fathers/step-fathers (13.0 per cent), teachers (10.9 per cent) and former boyfriends (8.1 per cent). Other perpetrators included employers/someone at work, mothers/step-mothers and daughters/sons but to less extent. In contrast, the majority of ever-married women who experienced physical and/or sexual violence identified current and former husbands/partners as the perpetrators of violence. More specifically, ever-married women who experienced physical violence since the age of 15, most often identified perpetrators as their current husbands/partners (68.2 per cent) and former husbands/partners (25.2 per cent). Similarly, ever-married women who experienced sexual violence, most often identified perpetrators as their current husband/partner (69.3 per cent) and former husband/partner (29.8 per cent).

## Women's Experiences with Spousal Violence

The 2016 EDHS focused mainly on violence in the context of intimate partner relationships. Table 1 reveals among ever-married women age 15-49, as many as 1 in 3 or 33.8 per cent ever experienced spousal violence in the form of emotional, physical and/or sexual violence by their current or most recent husband/partner (1 in 4 or 26.3 per cent experienced physical and/or sexual violence). More specifically, 24.0 per cent of ever-married women ever experienced emotional violence by their current or most recent husband/partner, 23.5 per cent ever experienced physical violence, and 10.1 per cent ever experienced sexual violence.<sup>41</sup>

In regard to current experiences of spousal violence, Table 1 shows that more than 1 in 4 or 27.0 per cent of ever-married women age 15-49 experienced spousal violence in the form of emotional, physical and/or sexual violence by their current or most recent husband/partner in the 12 months prior to the survey (19.7 per cent were currently experiencing physical and/or sexual violence). More specifically, 20.2 per cent of ever-married women were currently experiencing emotional violence, 16.9 per cent were currently experiencing physical violence, and 8.3 per cent were currently experiencing sexual violence.

<sup>41</sup> *Ethiopia Demographic and Health Survey 2016*, p. 305.

**Table 1. Forms of spouse violence experienced by ever-married women, age 15-49 (N=4,469)**

	Ever experienced	Experienced in the past 12 months
<b>SPOUSAL VIOLENCE COMMITTED BY CURRENT OR MOST RECENT HUSBAND/PARTNER<sup>1</sup></b>		
Physical violence	23.5%	16.9%
Sexual violence	10.1%	8.3%
Emotional violence	24.0%	20.2%
Physical and/or sexual violence	26.3%	19.7%
Emotional, physical and/or sexual violence	33.8%	27.0%
<b>SPOUSAL VIOLENCE COMMITTED BY ANY HUSBAND/PARTNER</b>		
Physical violence	24.9%	16.9%
Sexual violence	11.1%	8.3%
Physical and/or sexual violence	28.0%	19.8%
<b>MARITAL CONTROL (3 OR MORE SPECIFIC BEHAVIOURS) BY ANY HUSBAND/PARTNER</b>		
Controlling behaviours	16.4%	

**Note:** Includes current husband/partner for currently married women and most recent husband/partner for divorced, separated or widowed women; Source: 2016 Ethiopia Demographic and Health Survey, p. 305.

Women who were married more than one time were asked about spousal violence committed by any husband/partner (current or former). Table 1 reveals more than 1 out of 4 or 28.0 per cent of women 'ever' experienced physical and/or sexual violence at the hands of any husband/partner (24.9 per cent experienced physical violence and 11.1 per cent experienced sexual violence) and 19.8 per cent experienced physical and/or sexual violence by any husband in the 12 months prior to the interview. Table 1 also shows that 16.4 per cent of women experienced three or more controlling behaviours by any husband.

The frequency of controlling behaviours is more significant than the display of any single controlling behaviour; therefore, the focus is on the 16.4 per cent of women whose husbands/partners displayed at least three of the five controlling behaviours listed in Table 2. The most common controlling behaviours experienced by women were their husbands/partners jealousy or anger if she talks to other men (38.5 per cent) and insisting on knowing where she is at all times (33.4 per cent).

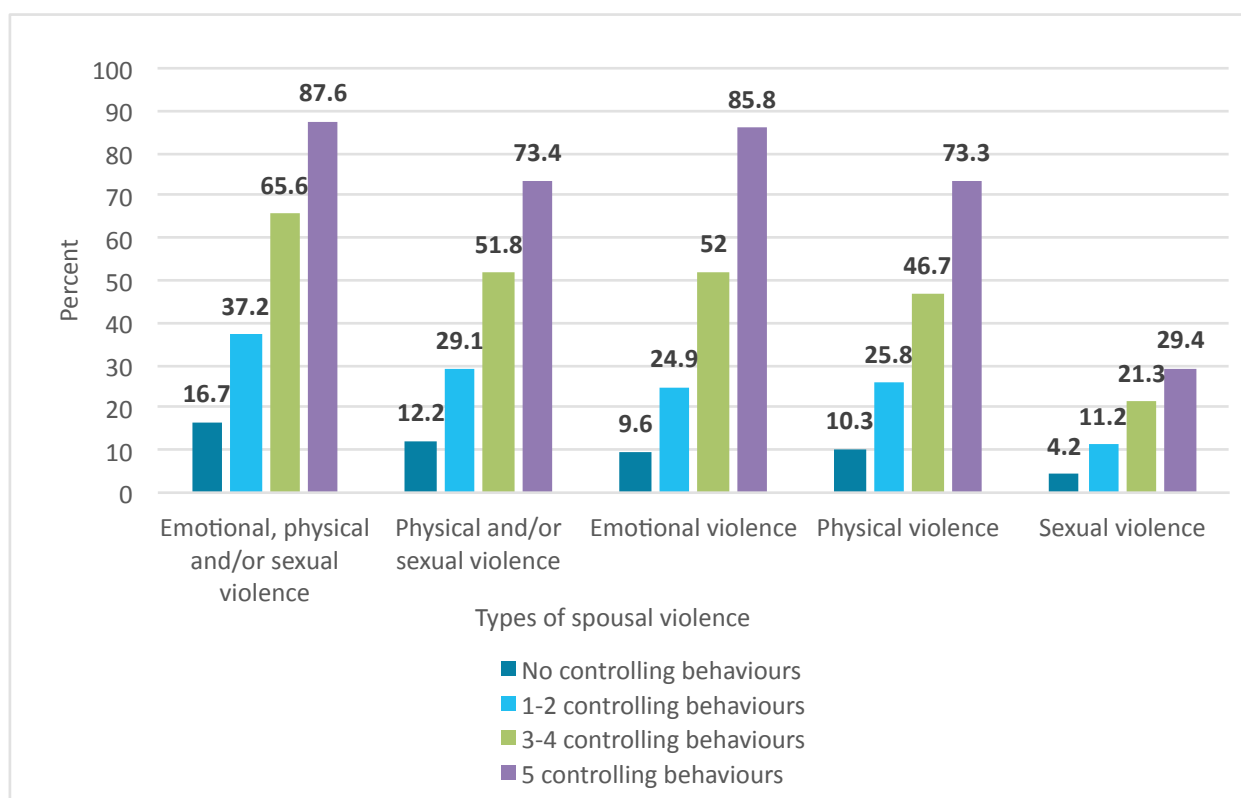
**Table 2. Ever-married women's experiences of controlling behaviours by any husband/partner**

	Ever-married women, age 15-49
Is jealous or angry if she talks to other men	38.5%
Insists on knowing where she is at all times	33.4%
Tries to limit her contact with her family	16.0%
Does not permit her to meet her female friends	15.0%
Frequently accuses her of being unfaithful	12.6%
Displays 3 or more of these specific behaviours	16.4%
Displays none of these specific behaviours	43.3%

Source: 2016 Ethiopia Demographic and Health Survey.

Existing research has shown that attempts by husbands to closely control and monitor their wives are important warning signs of spousal violence in a relationship. In fact, Chart 1 shows that women who experienced three to four controlling behaviours or each of the five controlling behaviours listed in Table 2 were significantly more likely to experience emotional, physical and/or sexual spousal violence. It is notable that women who experienced five controlling behaviours (87.6 per cent) were five times more likely to experience emotional, physical and/or sexual spousal violence, compared to women who experienced no controlling behaviours (16.7 per cent).

**Chart 1. Relationship between controlling behaviours and spousal violence**



**Source: 2016 Ethiopia Demographic and Health Survey.**

## Spousal Violence by Location

The 2016 EDHS found that location (region and residence) is a strong predictor of women's experiences with spousal violence. It is important to understand how location is a predictor of spousal violence because such information can be used to inform the development of EVAWG policies and programmes, and evidence-based decision-making as to where resources need to be invested to improve access to and delivery of essential services and communication for change initiatives. Findings related to spousal violence and location, particularly region and residence differences in prevalence rates of spousal violence are presented in the sections that follow.

## Spousal Violence by Region

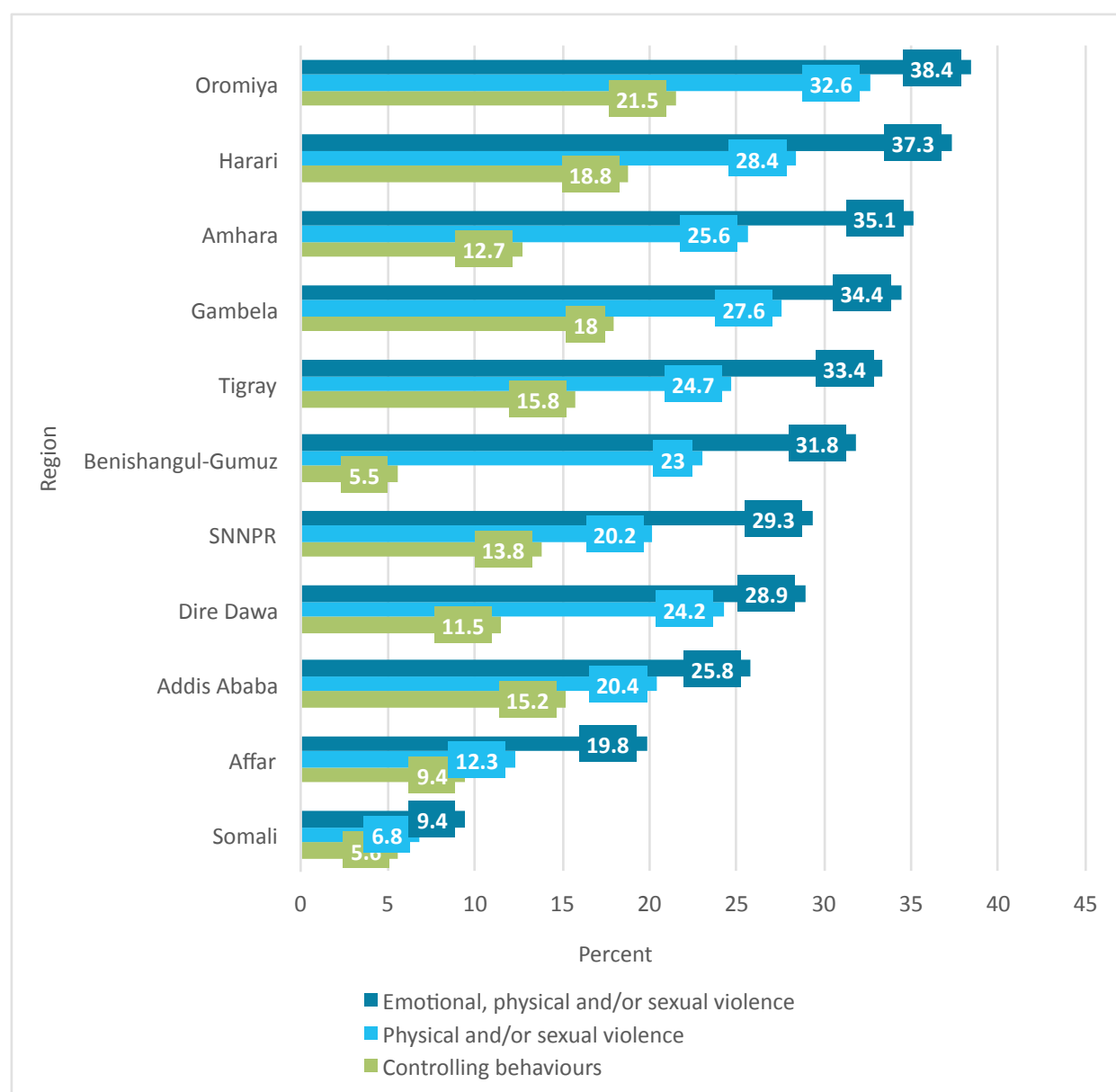
Chart 2 shows that spousal violence (emotional, physical and sexual violence) is most prevalent in Oromiya (38.4 per cent), Harari (37.3 per cent), Amhara (35.1 per cent) and Gambela (34.4 per cent), and least prevalent in Somali (9.4 per cent). A similar pattern emerges in the prevalence of physical and/or sexual spousal violence. Ever-married women age 15-49 in Oromiya (32.6 per cent), Harari (28.4 per cent) and Gambela (27.6 per cent) were most likely to experience physical and/or sexual violence at the hands of their current/former husbands/partners, whereas women in Affar (12.3 per cent) and Somali (6.8 per cent) were least likely to experience physical and/or sexual spousal violence. It is notable that that regional differences in spousal prevalence rates are likely affected by the significant differences in sample size across regions, coupled with cultural influences, such as ethnic make-up of regions.<sup>42</sup>

The 2016 EDHS also found significant differences in prevalence of controlling behaviours by region. Chart 2 shows that women in Oromiya (21.5 per cent), Harari (18.8 per cent) and Gambela (18.0 per cent) were most likely to experience three or more controlling behaviours at the hands of their current/former husbands/partners; whereas, women in Benishangul-Gumuz (5.5 per cent) and Somali (5.6 per cent) were least likely to experience controlling behaviours.

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<sup>42</sup> Sample sizes in Harari (n=10), Gambela (n=13), Dire Dawa (n=23), Affar (n=43), Benishangul-Gumuz (n=44), Somali (n=132), Addis Ababa (n=146) and Tigray (n=316) were much smaller than sample sizes in Oromiya (n=1,746), Amhara (n=1,085) and SNNPR (n=913).

**Chart 2. Spousal violence by region**



**Source: Ethiopia Demographic and Health Survey 2016, p. 304-306.**

Triangulating findings from the 2016 EDHS with other studies in these regions is not possible given differences in the research methods and the way VAWG is measured in these studies. Nevertheless, it is important to note that other regional studies have revealed high rates of sexual violence in Somali and Afar regions. For instance, a study on VAWG in pastoralist areas of Afar shows that FGM and early marriage are common traditional practices that expose women and girls to the consequences of violence, and women and girls in these regions suffered from physical violence (beatings) at the hands of their families and husband/partners. In particular, husbands beat their wives as a means of punishment, and

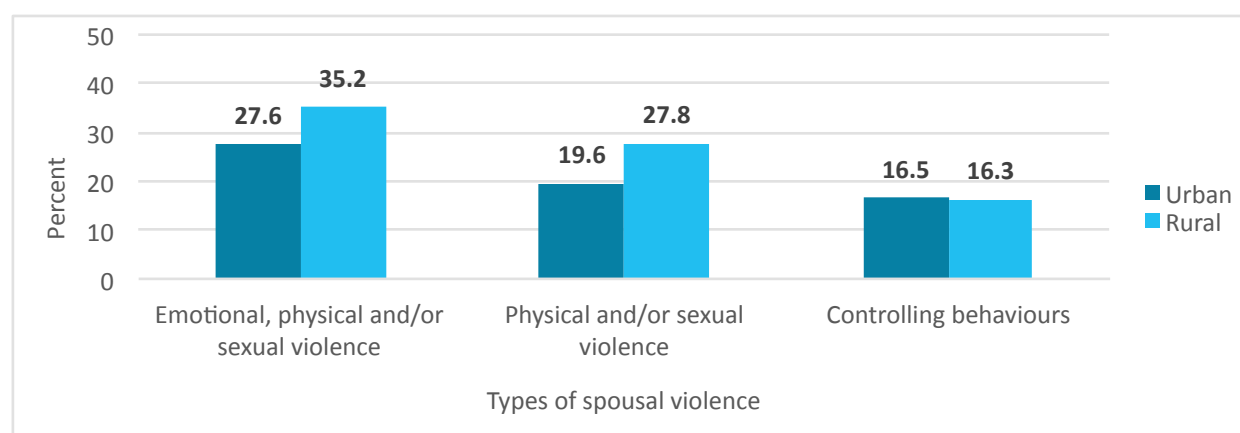


male relatives (particularly fathers and brothers) beat their sisters to make them submissive for their future husbands.<sup>43</sup> In comparison, another study found that sexual violence, such as rape and unwanted touching, are actually rare in Somali region because sexual violence is considered a shameful act and can lead to severe consequences for the perpetrator. This study cites religion as a reason for low rates of sexual violence in the Somali region.<sup>44</sup>

## Spousal Violence by Place of Residence

The 2016 EDHS also found that women in rural areas (35.2 per cent) are more likely to experience emotional, physical and/or sexual spousal violence, compared to women in urban areas (27.6 per cent; see Chart 3). Women in rural areas (27.8 per cent) are also more likely to experience physical and/or sexual spousal violence, compared to women in urban areas (19.6 per cent). It is notable that there were no significant differences between women and rural areas in their experiences of control behaviours by their husbands/partners.

**Chart 3. Spousal violence by place of residence**



Source: Ethiopia Demographic and Health Survey 2016.

## Spousal Violence by Household Wealth

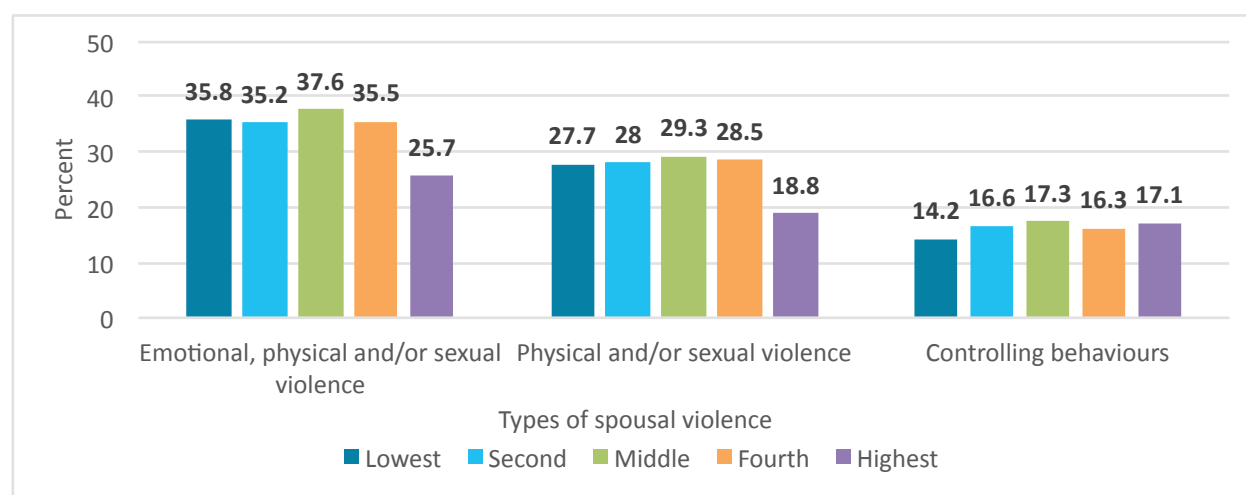
The 2016 EDHS found that spousal violence does not vary consistently in terms of women's household wealth status, except women in the highest wealth quintile were less likely than women in the other wealth quintiles to experience emotional, physical and/or sexual spousal violence (see Chart 4).<sup>45</sup> There were no significant differences in women's experiences of controlling behaviours in the context of marriage based upon women's household wealth status.

<sup>43</sup> Ahmed, M. (2007). *Violence against Women and Girls in the Pastoralist Communities of Oromia and Afar regions: The Case of Fentale and Mille Districts*. MA Thesis, Unpublished.

<sup>44</sup> Lelieveld, M. (2011). *Child Protection in Somali Region of Ethiopia, A Report for BRIDGES project piloting the delivery of quality education services in developing regional states of Ethiopia*.

<sup>45</sup> Ethiopia Demographic and Health Survey, 2016, p. 295.

**Chart 4. Spousal violence by wealth quintile**



Source: Ethiopia Demographic and Health Survey 2016.

## Spousal Violence by Women's Individual Characteristics

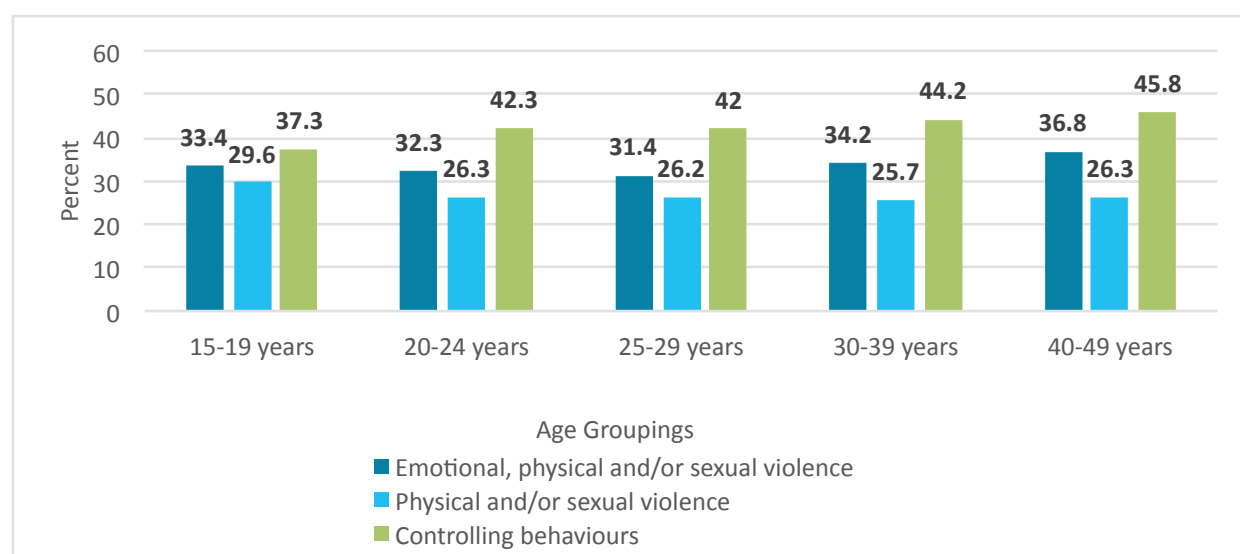
It is important to understand differences in women's vulnerabilities to and experiences of spousal violence based upon individual characteristics so that targeted programming can be developed. Targeted programming often focuses on raising awareness and/or empowering women and girls who are particularly vulnerable based upon their individual backgrounds to experiencing spousal violence in the present and future. Empowerment programmes often focus on promoting education for girls and young women (e.g., encouraging parents/caregivers to educate girls, encouraging girls and young women to remain in school) and ensuring schools are safe places for girls to promote girls learning. Empowerment programmes also focus on creating income-generating activities for vulnerable women and girls, as well as programmes that encourage women's labour force and political participation.

The 2016 EDHS analyzed whether women's individual characteristics were related to their experiences of spousal violence and controlling behaviours by current/former husband/partners. A wide range of individual characteristics were measured and analysed for their relationship to spousal violence. These background characteristics include, but were not limited to age, religion, ethnic group, marital status, education, employment and fear of husband/partner. Only those relationships that are significant are presented in the sections that follow.

## Spousal Violence by Women's Age Group

The 2016 EDHS found no significant differences based upon age groupings in the proportion of ever-married women age 15-49 who experienced emotional, physical and/or sexual spousal violence in their lifetimes (see Chart 5). Finding do reveal, however, significant differences based upon age grouping in terms of women's experiences with marital control or controlling behaviours. In particular, ever-married women age 15-19 were less likely to experience controlling behaviour by their husbands/partners at 37.3 per cent, compared to women in the other age groupings. The reason for this age difference is unclear and requires more research.

**Chart 5. Spousal violence by women's age group**



Source: Ethiopia Demographic and Health Survey 2016.

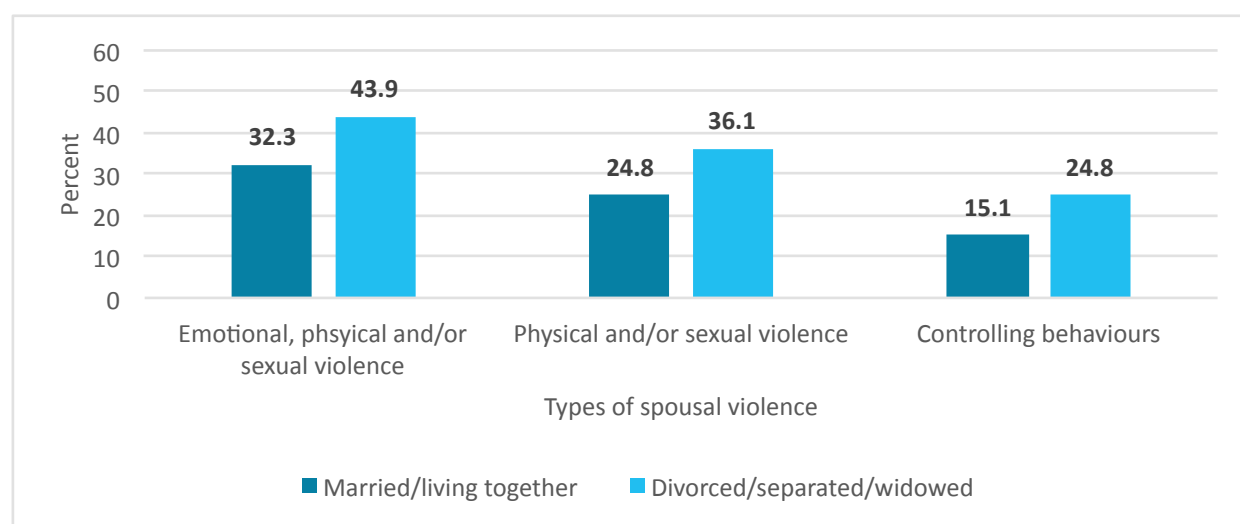
## Spousal Violence by Women's Marital Status

All forms of spousal violence are higher among divorced/separated/widowed women, than among currently married women (see Chart 6). In particular, divorced/separated/widowed women (43.9 per cent) were significantly more likely to experience emotional, physical and/or sexual spousal violence, compared to women who were married/living with a partner (32.3%). Further analysis revealed that divorced and separated women (36.0 per cent) were more likely to experience emotional violence by their most recent husband/partner, compared to women who were married or living with someone (33.0 per cent) and widows (24.0 per cent). Similarly, separated (41.0 per cent) and divorced women (36.0 per cent) were more likely to experience physical violence by their most recent husband/partner, compared to married women (21.6 per cent) and widows (28.3 per cent).

Chart 6 also reveals that divorce/separated/widowed women (24.8 per cent) were more likely to experience controlling behaviours in the context of their marriage, compared to women who were married/living with a partner (15.1 per cent).

Data in Chart 6 can lead one to conclude that spousal violence is likely a contributing factor to divorce and separation; yet, at the same time, it is possible that divorced and separated women may have felt they were more at liberty to report experiences of spousal violence to interviewers, compared to women who were married or living with a partner. It will be important to monitor this pattern in future EDHSs.

**Chart 6. Spousal violence by women's marital status**



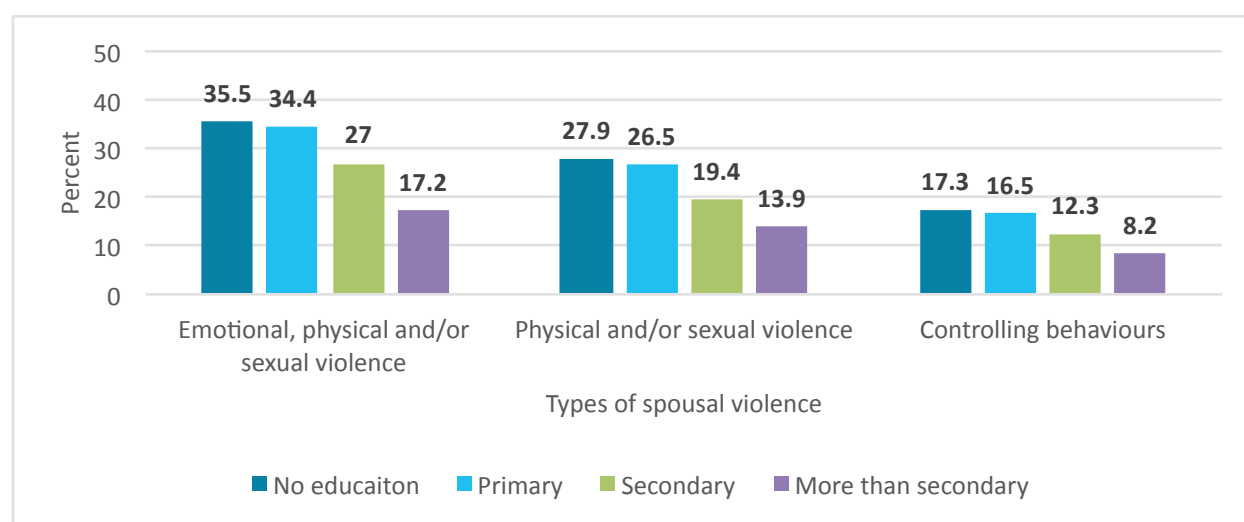
Source: Ethiopia Demographic and Health Survey 2016.

## Spousal Violence by Women's Level of Education

Chart 7 shows that women's level of education is correlated with spousal violence. In particular, ever-married women with no education (35.5 per cent) and only a primary education (34.4 per cent) were more likely to experience physical, sexual and/or emotional spousal violence, compared to women with a secondary education (27.0 per cent) and more than a secondary education (17.2 per cent). In addition, women with no education (17.3 per cent) and only a primary education (16.5 per cent) were more likely to experience controlling behaviours by their husband/partners, compared to women with a secondary education (12.3 per cent) and more than a secondary education (8.2 per cent). Women with no education were actually two times more likely to experience spousal violence in all forms, and controlling behaviours by their husband/partners, compared to women with more than a secondary education.

This data in Chart 7 demonstrates that empowerment of girls and young women through higher education translates to some degree into lower levels of spousal violence in women's lifetimes. Bear in mind, however, that 17.2 per cent of ever-married women with more than a secondary education experienced spousal violence in all forms, and 13.9 per cent experienced physical and/or sexual spousal violence.

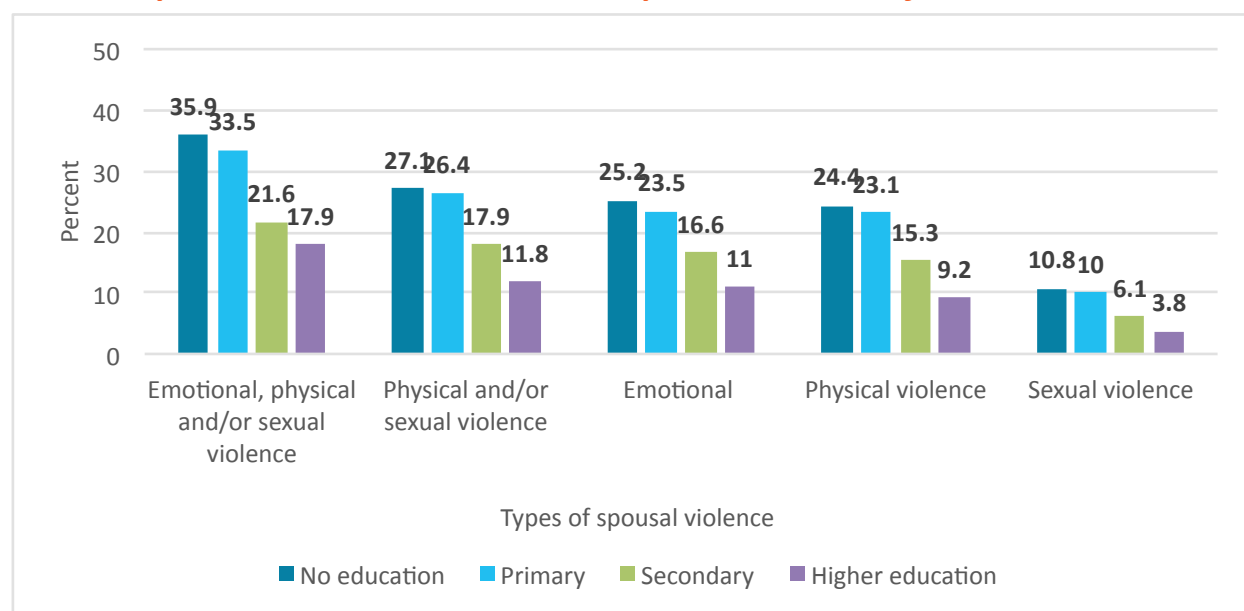
**Chart 7. Spousal violence by women's level of education**



Source: Ethiopia Demographic and Health Survey 2016.

A husband's level of education is also an important predictor of spousal violence. Chart 8 shows that women whose husbands/partners had no education or only a primary education were two times more likely to experience spousal violence in all forms, including emotional, physical and sexual violence, compared to women whose husbands had a secondary education or higher education. Women whose husbands/partners had a higher education were least likely to experience emotional, physical and/or sexual spousal violence. This data demonstrates that promoting higher education for both men and women in Ethiopia is important to EVAWG.

**Chart 8. Spousal violence and husband's/partner's levels of education**



Source: Ethiopia Demographic and Health Survey 2016.

Further analysis of spousal education differences revealed women were more likely to experience emotional, physical and/or sexual spousal violence in situations where they had more education than their husbands (37.7 per cent), their husbands had more education than them (30.5 per cent), and neither they nor their husbands were educated (34.3 per cent), compared to relationships in which husbands and wives had an equal education (15.0 per cent).

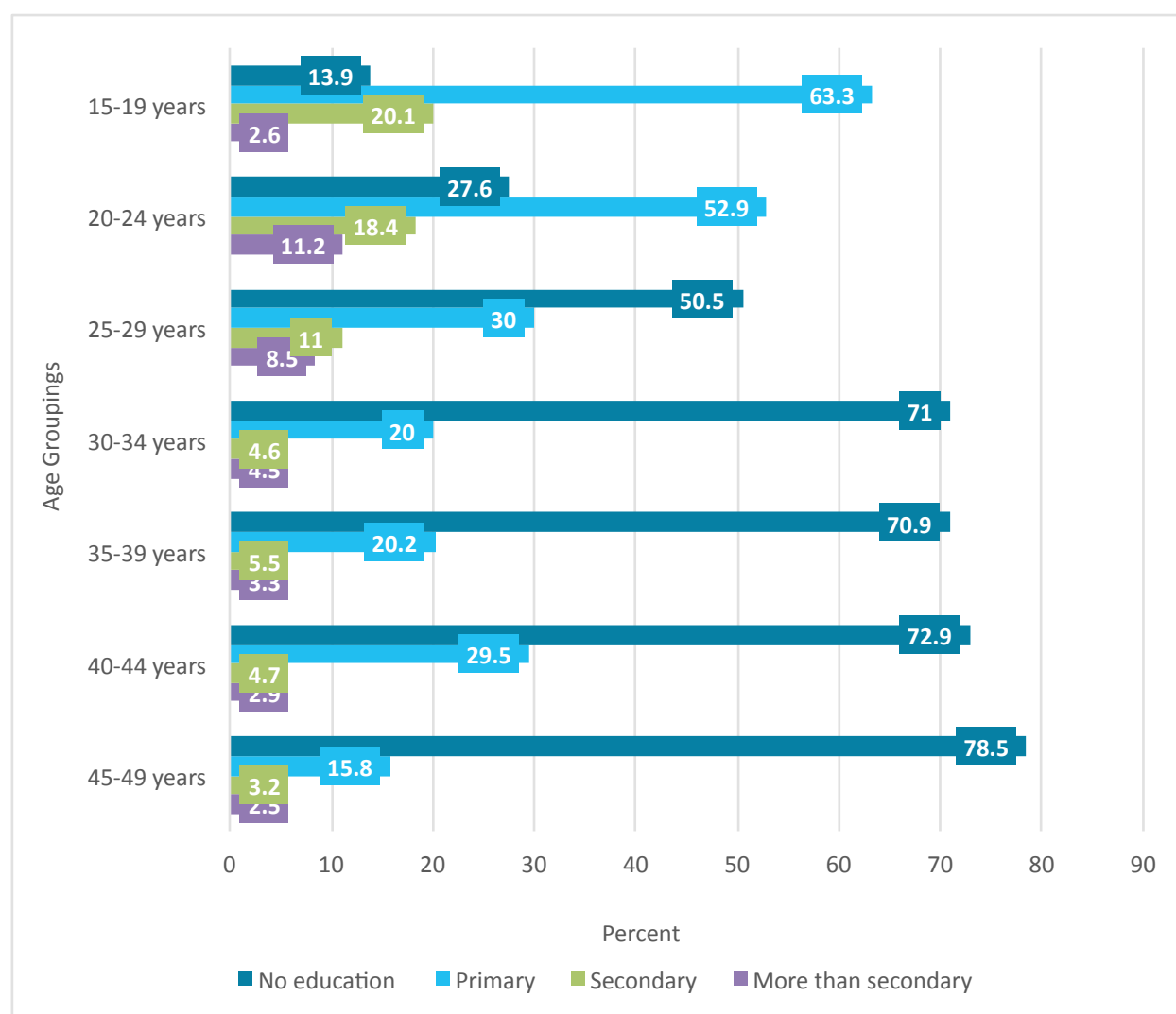
For women, higher education is often related to greater economic independence through employment earning opportunities, particularly in societies and households where women have decision-making power over their earned income and in household spending. In Ethiopia, however, women tend to have low levels of education and subsequently low levels of employment and decision-making power in households. Data related specifically to education is presented below to highlight one of the challenges in Ethiopia related to women's empowerment. It is notable, however, that the 2016 EDHS documented a notable reduction in the proportion of women age 15-49 with no education. In particular, the 2016 EDHS found that 47.8 per cent of women surveyed had no education; this a decrease from 51 per cent in 2011 and 66 per cent in 2005. In comparison, the 2016 EDHS found that only 30.3 per cent of men age 15-49 had no education.<sup>46</sup>

Chart 9 shows the relationship between age and level of education among women age 15-49. Women age 30-49 were significantly more likely to have no education (71.0 to 78.5 per cent), compared to young women age 15-19 (13.9 per cent) and 20-24 years (27.6 per cent). Young women age 15-19 (63.3 per cent) and 20-24 years (52.9 per cent) were most likely to have a primary education, compared to women age 25-49 years (only 15.8 to 30.0 per cent). Young women age 15-19 (20.1 per cent) and 20-24 years (18.4 per cent) were also more likely to have a secondary education, compared to women age 25-49 years (only 3.2 to 11.0 per cent); whereas, women age 20-24 (11.2 per cent) and 25-29 years (8.5 per cent) were more likely to have more than a secondary education, compared to women age 30-49 years.

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<sup>46</sup> Ethiopia Demographic and Health Survey 2016.

**Chart 9. Relationship between women's age and level of education**



**Source: Ethiopia Demographic and Health Survey 2016.**

In Ethiopia, girls traditionally dropout or leave school early due to a combination of early marriage and disapproval from their husbands and/or in-laws to continue their education. The EDHS produced data showing the gravity of this situation. In particular, the median age at first marriage was 17.1 years among women age 25-49 with 58 per cent of women marrying before the age of 18, and 6 per cent marrying before the age of 15. Findings also revealed that among ever-married women, 25 per cent were attending school before marriage, however, 74 per cent of those women discontinued their education after marriage. The reasons they gave for dropping out of school included being too busy with family life (62 per cent) and that their husbands made it clear they did not want them to go to school (23 per cent).<sup>47</sup>

Given these findings, the increase in the proportion of young women with primary and secondary levels of education is most likely related to the fact that the proportion of women marrying before age 18 declined from 63 per cent in 2011 to 58 per cent in 2016, and the proportion of women married before age 15 declined from 8 per cent in 2011 to 6 per cent in 2016. When data is analysed by women's age groupings, those changes look even more dramatic. In particular, 29 per cent of women age 45-49 married before age 15, compared to 14 per cent of women age 20-24 and 6 per cent of women age 15-19. Women age 45-49

<sup>47</sup> Ethiopia Demographic and Health Survey, 2016

were actually four times more likely to marry before at 15, compared to women age 15-19 and two times more likely than women age 20-24.<sup>48</sup> Analysis also found that women living in urban areas tend to marry later than women living in rural areas; the median age at first marriage is 2.6 years older among women in urban areas.<sup>49</sup>

## Spousal Violence and Women's Property Ownership

As highlighted in the previous section, there is a relationship between spousal violence and women's empowerment, particularly as it relates to women's level of education. The 2016 EDHS also examined the relationship between spousal violence and women's property ownership and participation in household decisions.

In Ethiopia, legal and policy frameworks guarantee women's equal rights to land through joint ownership, particularly in marriage. Property ownership is often associated with increased wealth status, and women's property ownership often translates into respect in the household. The 2016 EDHS found no significant relationship between spousal violence and women's land and/or home ownership. In other words, women who did not own land and women who owned land alone or jointly with their husbands were equally likely to experience emotional violence by their husband/partners. Data did reveal an unexpected inverse relationship between spousal violence and women's property ownership. In other words, women who owned land alone were more likely to experience physical violence (29.3 per cent) and sexual violence (14.1 per cent) at the hand of their husbands/partners, compared to women owned land jointly with their husbands/partners (21.7 per cent and 7.4 per cent respectively) and women who did not own land (22.2 per cent and 10.1 per cent respectively).

These findings depart from existing literature that assumes women's access to land ownership, including joint ownership, through laws and policies contribute to increased levels of empowerment among women.<sup>50</sup> The assumption is that women with joint land ownership would have more direct say into how land is used. There is other literature, however, that maintains patriarchal culture and deep-rooted customary practices can often undermine women's empowerment that should be gained by land ownership; in such societies, women remain disempowered although they have the right to own land.<sup>51</sup> A meta-analysis of data from 28 countries found mixed results in the association between women's asset ownership and intimate partner violence.<sup>52</sup>

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48 Ibid.

49 Ibid.

50 Kumar, N. & R. Agnes (2012). Quisumbing Policy Reform Toward Gender Equality in Ethiopia. IFPRI Discussion Paper; Muchomba, F.M. (2017). Women's Land tenure Security and Household Human Capital: Evidence from Ethiopia's Land Certification, World Development.

51 Husen Ahmed Tura, A Woman's right to and Control over Rural Land in Ethiopia: The Law and the Practice, International Journal of Gender and Women's Studies, vol. 2, No. 2, 2014.

52 Peterman, A. et al. (2017). Women's Individual Asset Ownership and Experience of Intimate Partner Violence: Evidence From 28 International Surveys, American Journal of Public Health, Vol. 107, pp. 747-755.

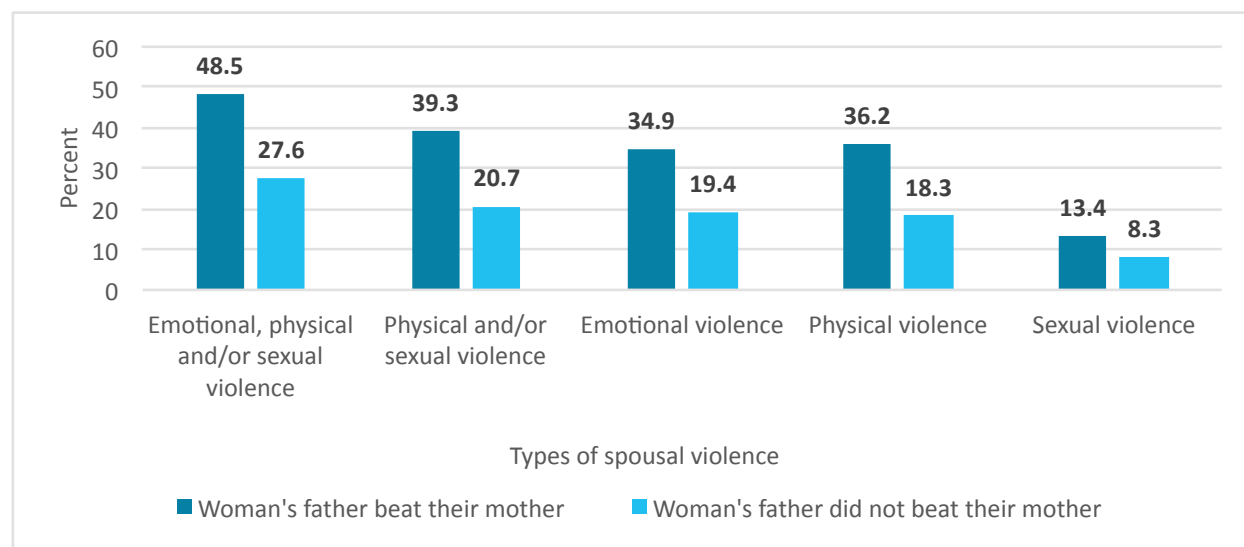


## Women's Experiences Witnessing Spousal Violence in Childhood

Spousal violence is not a new phenomenon in Ethiopia, it has deep roots in Ethiopian society that has long been shaped by patriarchal traditions and customs, including strict gender identities and roles, patriarchal authority, and customs of hierarchal ordering with the family and intergenerational family control. Existing cross-cultural research on domestic violence has established that exposure to domestic violence in childhood can have long-term and lasting impacts in adulthood.<sup>53</sup> For females there is a strong relationship between experiencing domestic violence in childhood and subsequent intimate partner victimization in adulthood; whereas, for males there is a strong relationship between experiencing domestic violence in childhood and subsequent intimate partner perpetration.<sup>54</sup> Thus, it is not surprising that the 2016 EDHS found a significant relationship between women's exposure to domestic violence in childhood, particularly witnessing their father beating their mother, and experiencing spousal violence in adulthood.

Chart 10 shows that women who reported their fathers beat their mothers (48.5 per cent) were significantly more likely to experience emotional, physical and/or sexual spousal violence in adulthood, compared to women who reported their fathers did not beat their mothers (27.6 per cent). This same pattern emerged for women who experienced both physical and/or sexual spousal violence. It is notable that women who reported their fathers beat their mothers were nearly two times more likely to experience emotional violence (34.9 per cent) and physical violence (36.2 per cent) at the hands of their husbands/partners, compared to women who reported their fathers did not beat their mothers (19.4 per cent and 18.3 per cent respectively).

**Chart 10. Relationship between experiencing spousal violence in childhood and adulthood**



Source: Ethiopia Demographic and Health Survey 2016.

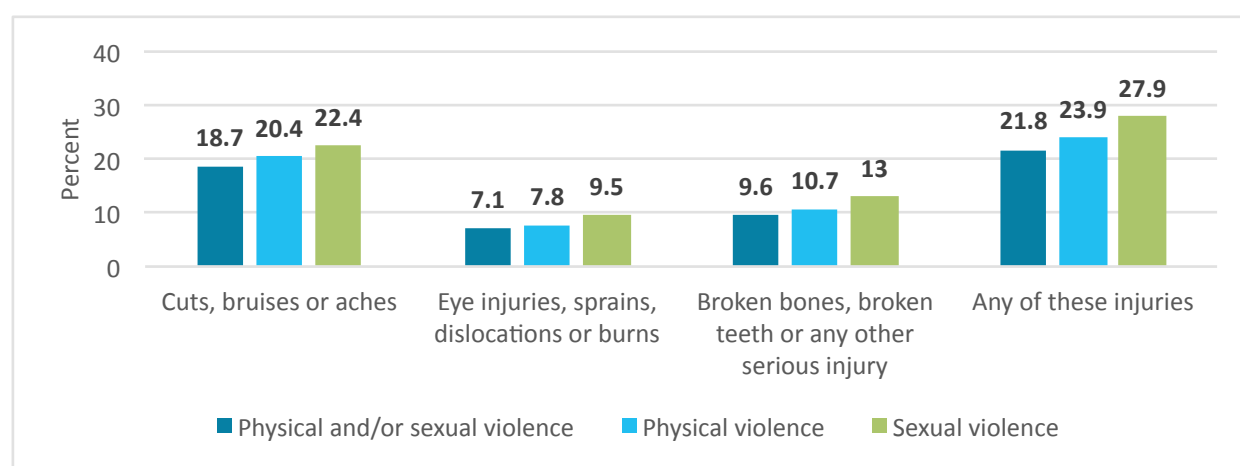
<sup>53</sup> Howell, K.H., S.E. Barnes, L.E. Miller & S.A. Graham-Bermann (2016). Development variations in the impact of intimate partner violence exposure during childhood. *Journal of Injury & Violence Research*, Vol 8, No. 1, pp. 43-57; Smith-Marek, E.N. et al. (2015). Effects of Childhood Experiences of Family Violence on Adults Partner Violence: A Meta-Analytic Review. *Journal of Family & Theory Review*, Vol. 7, No., 4, pp. 498-519.

<sup>54</sup> Howell, K.H., S.E. Barnes, L.E. Miller & S.A. Graham-Bermann (2016). Development variations in the impact of intimate partner violence exposure during childhood. *Journal of Injury & Violence Research*, Vol 8, No. 1, pp. 43-57; Smith-Marek, E.N. et al. (2015). Effects of Childhood Experiences of Family Violence on Adults Partner Violence: A Meta-Analytic Review. *Journal of Family & Theory Review*, Vol. 7, No., 4, pp. 498-519.

## Violence-Related Injuries

Battered women often experience injuries related to spousal violence and more than one type of spousal violence-related injury. Despite the challenge of getting women to talk about their injuries related to spousal violence, the 2016 EDHS was designed to gather information on injuries experienced by women who experienced physical or sexual spousal violence. Chart 11 shows that more than 1 out of 4 or 27.9 per cent of women who experienced sexual spousal violence and 23.9 per cent of women who experienced physical spousal violence suffered one or more of the injuries listed in Chart 9. Battered women were most likely to experience cuts, bruises and/or aches (22.4 per cent of sexual violence victims and 20.4 per cent of physical violence victims), but as many as 13.0 percent of women also experienced broken bones, broken teeth or suffered any other serious injuries, and 9.5 experienced eye injuries, sprains, dislocations and/or burns.

**Chart 11. Domestic violence injuries by types of spousal violence**



Source: Ethiopia Demographic and Health Survey 2016.

## Husband's Alcohol Use/Abuse and Spousal Violence

The relationship between alcohol use/abuse and spousal violence is complicated.<sup>55,56</sup> One of the myths or widely held false beliefs about domestic violence is that alcohol is a cause of domestic violence; in reality, alcohol does not cause domestic violence, although some abusive husbands/partners use alcohol as an excuse for becoming violent.<sup>57,58</sup> While an abuser's alcohol use/abuse may have an effect on the severity of spousal violence or the ease with which abusive husbands/partners can justify their actions, abusive husbands/partners do not become violent because of alcohol. In other words, drinking does not cause an abusive husband/partner to lose control of his temper; rather, domestic violence is used to exert power and control over another person; thus, it does not represent a loss of control.<sup>59</sup>

55 Leonard, K. (2009). Domestic violence and alcohol: what is known and what do we need to know to encourage environmental interventions? *Journal of Substance Use*, 6(4): 235-247.

56 Graham, K. & M. Livingston (2011). The Relationship between Alcohol and Violence – Population, Contextual and Individual Research Approaches. *Drug and Alcohol Review*, 30(5): 453-457.

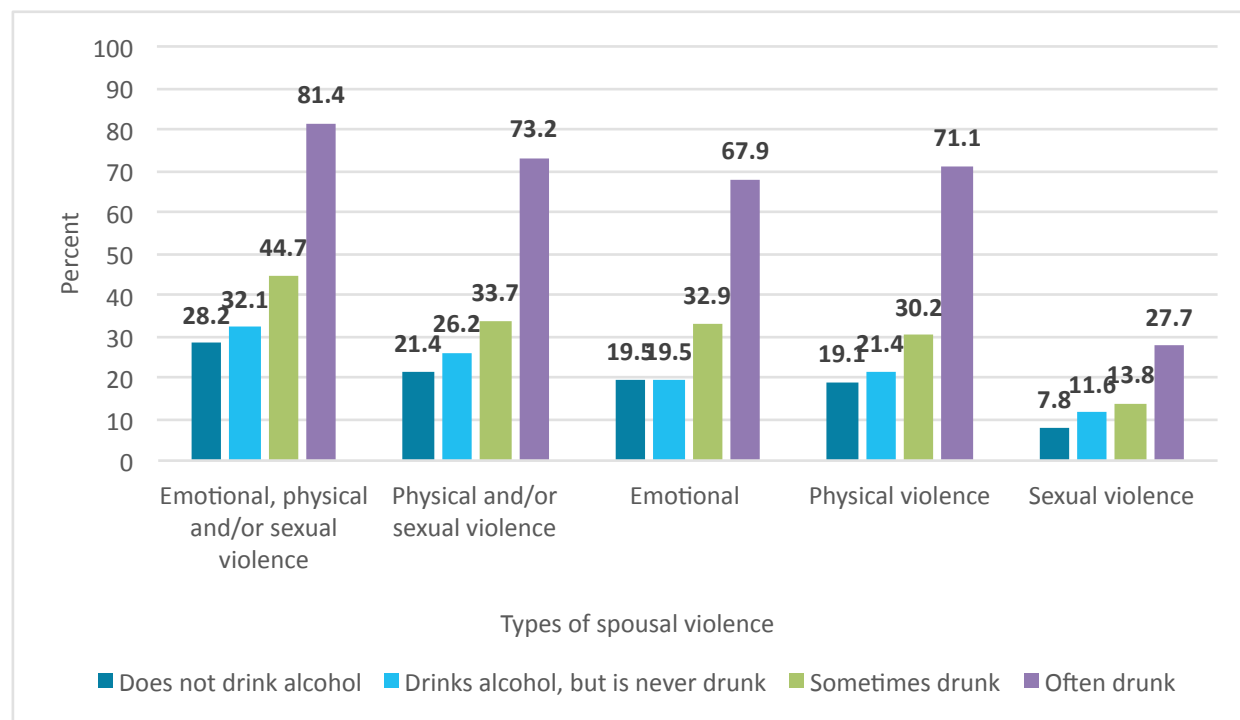
57 Leonard, K. (2009). Domestic violence and alcohol: what is known and what do we need to know to encourage environmental interventions? *Journal of Substance Use*, 6(4): 235-247.

58 Myths about Alcohol and Domestic Violence. Retrieved from: [http://www.stopvaw.org/Myths\\_About\\_Alcohol\\_and\\_Domestic\\_Violence.html](http://www.stopvaw.org/Myths_About_Alcohol_and_Domestic_Violence.html)

59 Myths about Alcohol and Domestic Violence. Retrieved from: [http://www.stopvaw.org/Myths\\_About\\_Alcohol\\_and\\_Domestic\\_Violence.html](http://www.stopvaw.org/Myths_About_Alcohol_and_Domestic_Violence.html)

Chart 12 shows the relationship between husband's/partner's alcohol use/abuse and spousal violence. Most notable is that 81.4 per cent of women who experienced emotional, physical and/or sexual spousal violence reported their husbands/partners were often drunk. A significant proportion of battered women also reported their husbands/partners were drunk sometimes (44.7 per cent). Women who reported their husband drink alcohol, but is never drunk (32.1 per cent) and do not drink alcohol (28.2) also experienced emotional, physical and/or sexual spousal violence, but to lesser extent than women whose husbands were sometimes or often drunk.

**Chart 12. Relationship between husband's/partner's alcohol consumption and spousal violence**



Source: Ethiopia Demographic and Health Survey 2016.

## Women's Fear of their Abusive Husbands/Partners

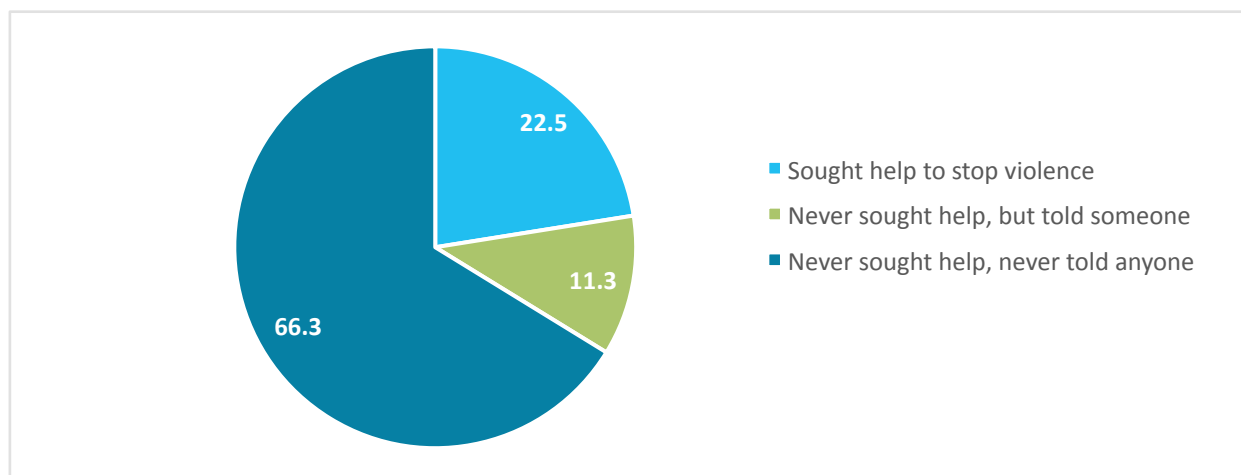
In domestic violence situations, abusive husbands/partners often display controlling behaviours. Ever-married women who experienced at least three of the five controlling behaviours measured in the survey were identified as experiencing marital control. Existing research has shown that women who experience controlling behaviours by current/former husband/partners often fear their husbands/partners, particularly when the controlling behaviours aim to limit women's freedom of movement, decision-making abilities, and actions in their daily lives. Women's fear of their abusive husbands/partners also limits their ability to seek help for the violence in their lives.

Analysis was conducted to explore the relationship between women's experiences with marital control and their fear of their husband/partners. Findings were that 44.9 per cent of women who experienced three or more controlling behaviours by their husbands/partners feared their husbands/partners (26.5 per cent were afraid most of the time and 18.4 per cent were afraid sometimes); only 8.5 per cent of battered women reported they were never afraid of their husbands/partners. Women most often reported being afraid when their husbands/partners are jealous or angry that they are talking to other men (81.1%) and when he insists on knowing where she is at all times (84.3%).

## Help-Seeking Behaviours of Violence Survivors

VAWG survivors are often reluctant to seek help for the violence in their lives, whether the violence occurs in the context of the marriage and family or in public spaces. Chart 13 shows that only 1 out of 5 or 22.5 per cent of women who ever experienced physical and/or sexual violence sought help for the violence. In comparison, as many as 88.8 per cent of women never sought help, of which 66.3 per cent never sought help and never told anyone and 11.3 per cent never sought help, but told someone about the violence. These findings demonstrate the majority of VAWG survivors in Ethiopia suffer in silence despite ongoing efforts to raise public awareness to problems of VAWG and increase VAWG survivors' access to essential services. In other words, the majority of women and girls who experience violence are not receiving the protection, support services, and access to justice that are their legal and human rights.

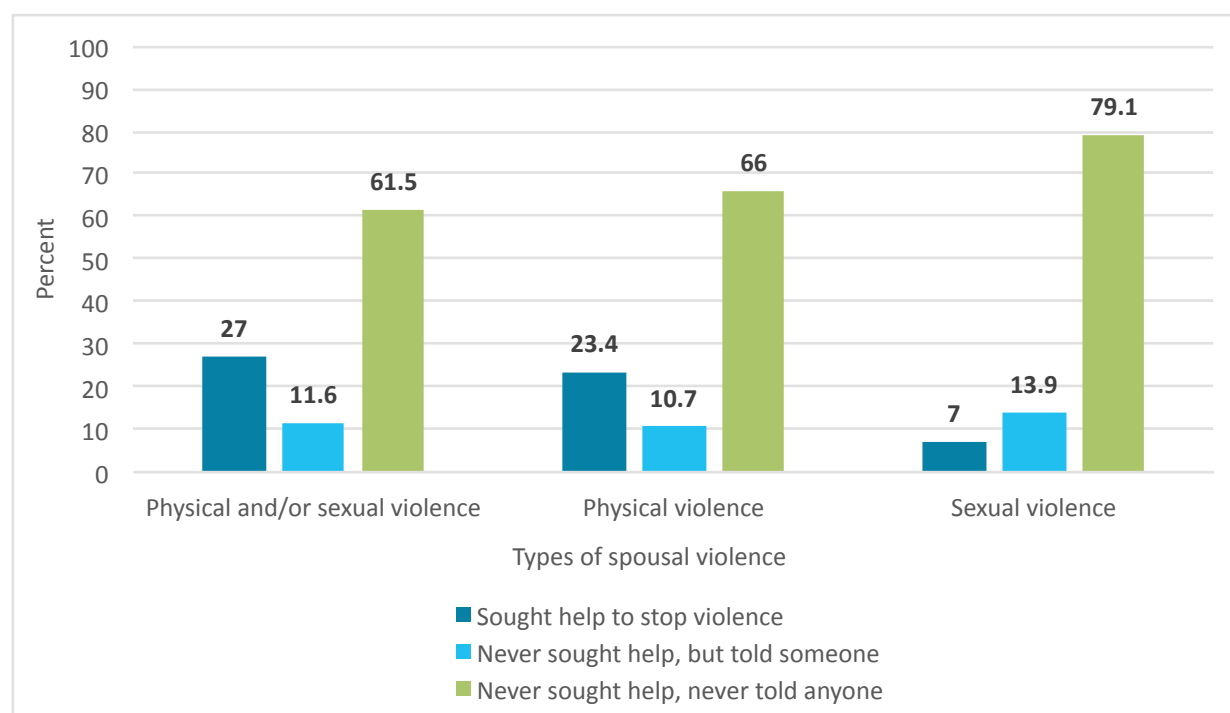
**Chart 13. Help-seeking behaviours among VAWG survivors**



**Source: Ethiopia Demographic and Health Survey 2016.**

Chart 14 shows help seeking behaviours by type of violence. Only 27.0 per cent of women who experienced physical and/or sexual violence sought help to stop the violence, of which 23.4 per cent of women who experienced physical violence and 7.0 per cent who experienced sexual violence sought help for the violence in their lives. It is notable that 61.5 per cent of women who experienced physical and/or sexual violence never sought help and never told anyone about the violence. More specifically, more than 3 out of 4 or 79.1 per cent of women who experienced sexual violence never sought help and never told anyone, and 2 out of 3 or 66.0 per cent of women who experienced physical violence never sought help and never told anyone.

**Chart 14. Help-seeking behaviours by type of violence**



**Source: Ethiopia Demographic and Health Survey 2016.**

Table 3 reveals among only those women who sought help for physical and/or sexual violence, a significant proportion sought help from family, including their own family (30.6 per cent) and their husband's/partner's family (13.5 per cent). Some women also sought help from informal networks, mainly neighbors (34.4 per cent), but also friends (10.2 per cent) and religious leaders (5.5 per cent). Far fewer VAWG survivors sought help from formal networks, such as police (8.1 per cent), lawyers (2.8 per cent), social work organizations (1.8 per cent) or health care workers (1.5 per cent).

Table 3. Sources of help for women who experienced physical and/or sexual violence	
Family	Experienced physical and/or sexual violence N=346
Own family	30.6%
Husband's/partner's family	13.5%
Husband/partner	0.1%
Informal networks	
Neighbor	34.4%
Friend	10.2%
Religious leader	5.5%
Formal networks	
Police	8.1%
Lawyer	2.8%
Social work organization	1.8%
Doctor/medical personnel	1.5%
Other	3.0%

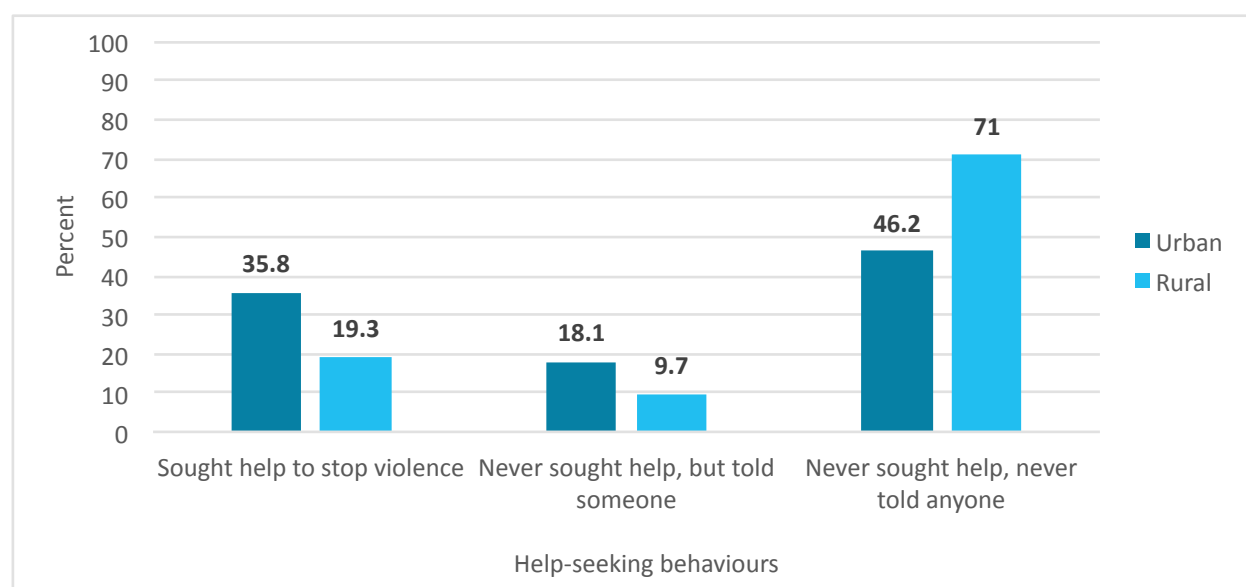
Source: Ethiopia Demographic and Health Survey 2016.

## Differences in Help-Seeking Behaviours of Violence Survivors

Further analysis was conducted to determine if there were any other important characteristics among women that can help to explain their help-seeking behaviours. Charts 15 to 18 reveal important differences in help-seeking behaviours based upon residence, levels of education, household wealth status, and employment status.

Chart 15 shows significant differences in the help-seeking behaviours of women residing in urban and rural areas. Rural women (71 per cent) were significantly more likely to never seek help and never tell anyone about the violence in their lives, compared to women residing in rural areas (46.2 per cent). In comparison, women in urban areas (1 out of 3 or 35.8 per cent) were more likely to seek help for violence, compared to women in rural areas (1 out of 5 or 19.3 per cent).

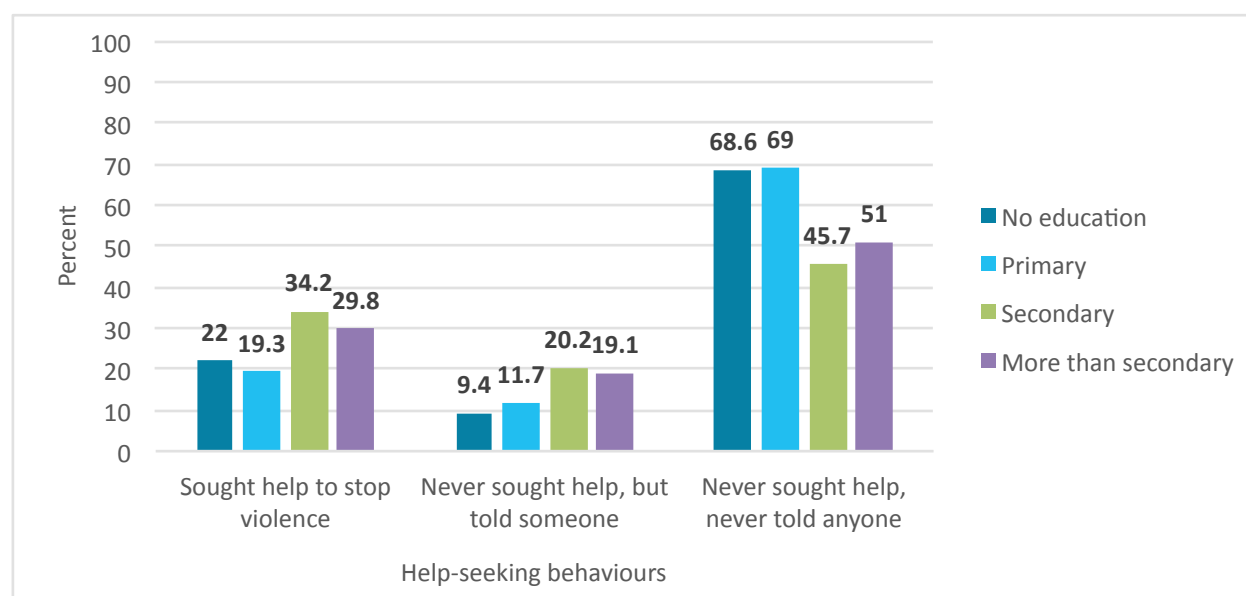
**Chart 15. Helping-seeking behaviours for violence by place of residence**



Source: Ethiopia Demographic and Health Survey 2016.

Chart 16 shows that women with a secondary education (34.2 per cent) and more than secondary education (29.8 per cent) were more likely to seek help for violence, compared to women with no education (22 per cent) or a primary education (19.3 per cent). Women with no education (68.6 per cent) and only a primary education (69.0 per cent) were most likely to never seek help and never tell anyone about the violence they experienced. It is notable that women with a secondary education (20.2 per cent) and more than a secondary education (19.1 per cent) were more likely to never seek help, but they did tell someone about their experiences of violence.

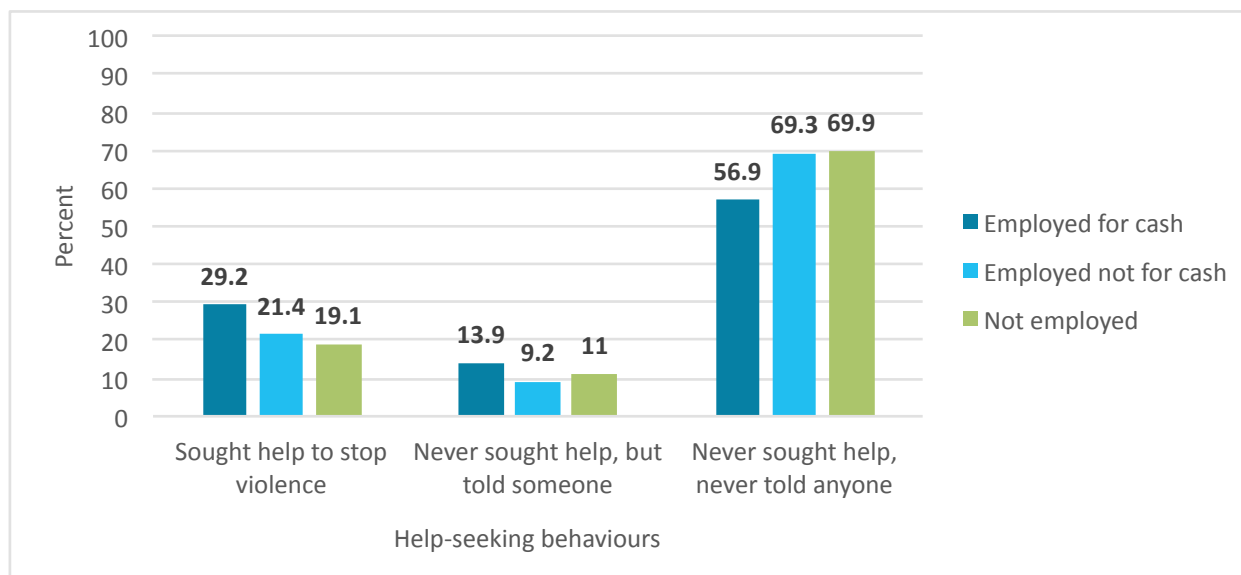
**Chart 16. Helping-seeking behaviours for violence by levels of education**



Source: Ethiopia Demographic and Health Survey 2016.

Chart 17 shows that women who were employed for cash (29.2 per cent) were more likely to seek help for violence, compared to women who were employed, but not for cash (21.4 per cent) and women who were not employed (19.1 per cent); although the difference was not drastic. Still, the majority of women regardless of employment status never sought help and never told anyone about the violence in their lives.

**Chart 17. Helping-seeking behaviours for violence by employment status**

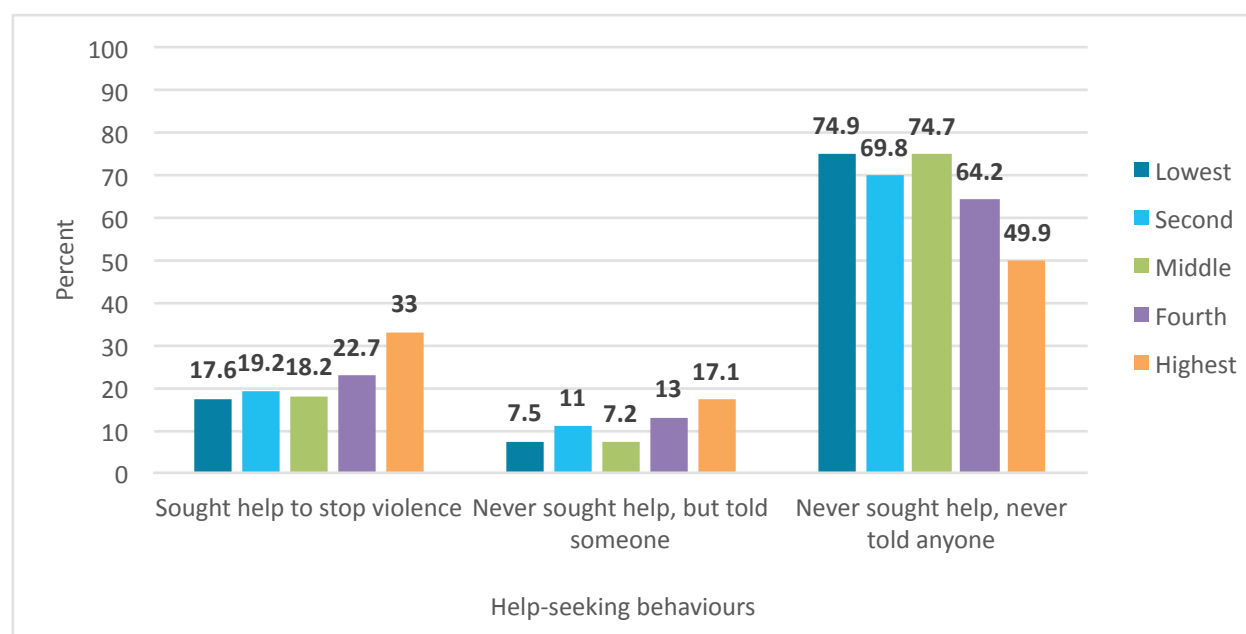


**Source: Ethiopia Demographic and Health Survey 2016.**

Chart 18 shows that women in households from the highest wealth quintile (33.0 per cent) were more likely to seek help for violence, compared to women in the other wealth quintiles. At the same time, women in the highest wealth quintile were least likely to never seek help and never told anyone (49.9 per cent), compared to women in the other wealth quintiles.



**Chart 18. Helping-seeking behaviours for spousal violence by wealth quintile**



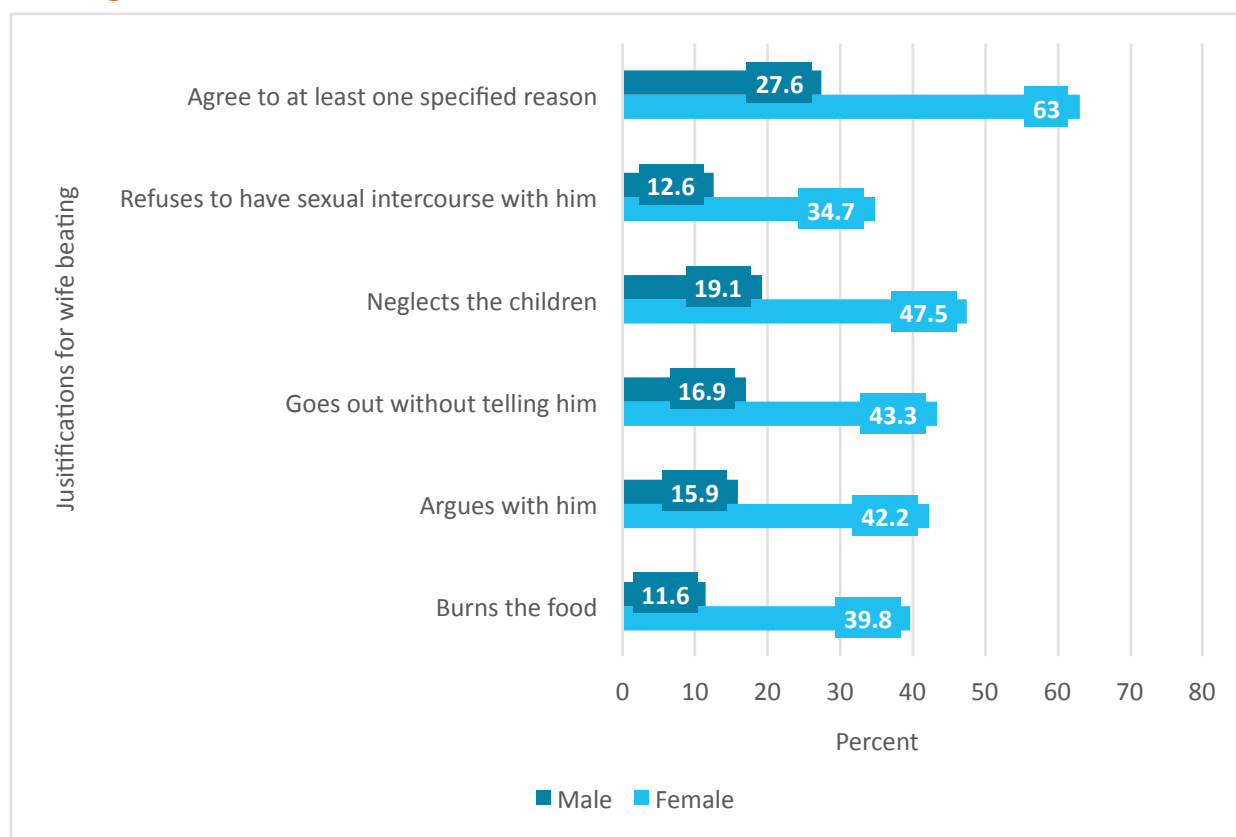
Source: Ethiopia Demographic and Health Survey 2016.

## Attitudes Toward Wife Beating

A major barrier to EVAWG are attitudes supportive of wife abuse that held by both Ethiopian men and women. Chart 19 shows that 63.0 per cent of women and 27.6 per cent of men age 15-49 held the belief that a husband is justified in beating his wife in at least one of the five specified circumstances listed in Chart 19 (i.e., if a wife burns the food, if a wife argues with her husband, if a wife goes out without telling her husband, if a wife neglects the children, and/or if a wife refuses to have sex with her husband). The percentage of men justifying wife beating in at least one of the five specified circumstances decreased significantly from 76% in the 2000 EDHS to 28% in 2016 EDHS. Similarly, the percentage of women who agreed that wife beating was justified in at least one of the five specified circumstances also declined (but not as drastically as men) from 85% in the 2000 EDHS to 63% in the 2016 EDHS.<sup>60</sup> Still, women are significantly more likely than men to hold attitudes supportive of spousal violence, particularly wife beating for what are considered as 'justifiable reasons'.

<sup>60</sup> Ethiopia Demographic and Health Survey, 2016, p. 263.

**Chart 19. Comparisons between men and women in attitudes supportive of wife beating**

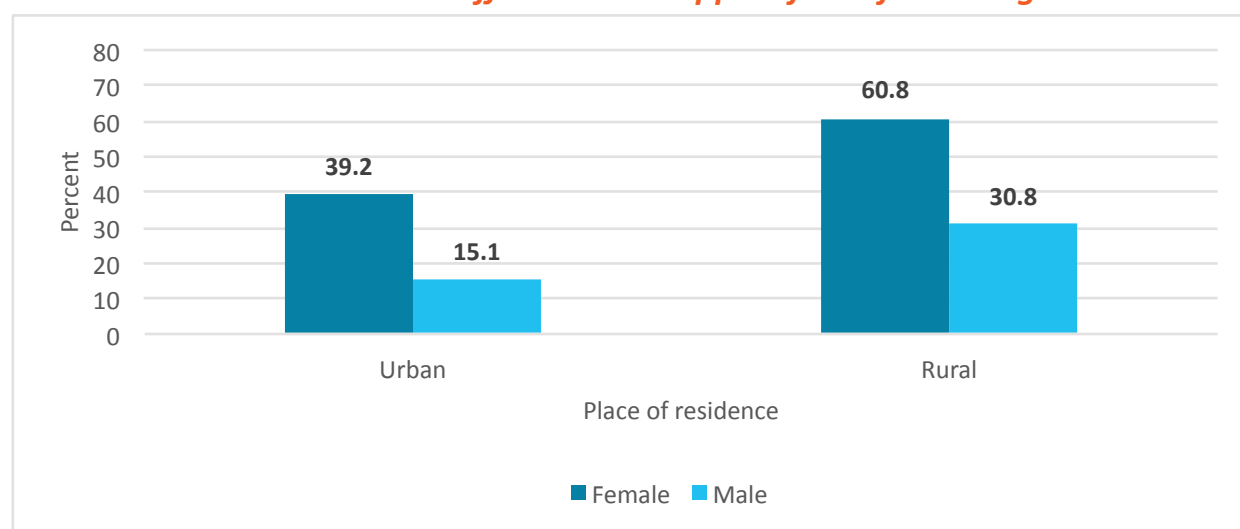


Source: *Ethiopia Demographic and Health Survey 2016*.

Attitudes toward wife beating among both men and women alike varied by residence, levels of education and wealth quintiles (see Charts 20 to 22). Chart 20 shows that wife beating is more acceptable in rural areas (70%) than urban areas (39%) among both men and women age 15-49.<sup>61</sup> More specifically, both women (60.8 per cent) and men (30.8 per cent) in rural areas were more likely than women (39.2 per cent) and men (15.1 per cent) in urban areas to agree that wife beating is justified in at least one of the five specified circumstances listed in Chart 19. Still, however, women in urban and rural areas were more likely to hold attitudes supportive of wife beating than men in rural and urban areas.

<sup>61</sup> Ethiopia Demographic and Health Survey, 2016, p. 263.

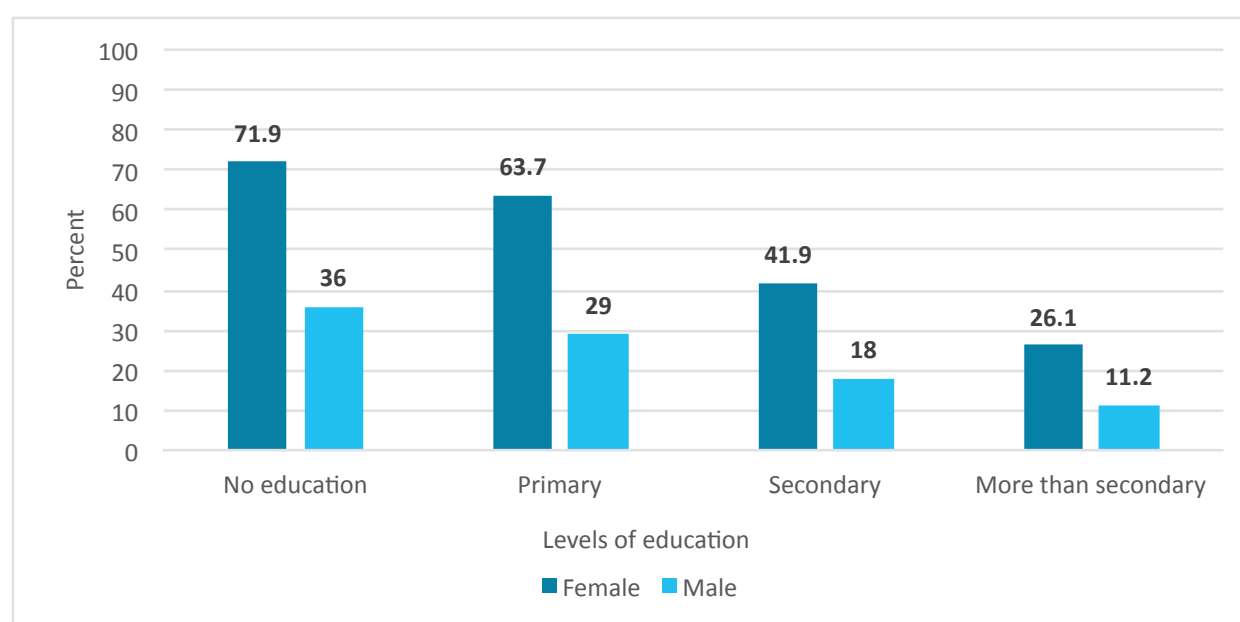
**Chart 20. Residence and sex differences in support for wife beating**



Source: Ethiopia Demographic and Health Survey 2016.

Chart 21 shows that acceptance of wife beating decreases with increased education levels, among both women and men age 15-49. In other words, 71.9 per cent of women with no education and 63.7 per cent of women with a primary education agreed that wife beating is justified in at least one of the five specified circumstances listed in Chart 19, compared to 26.1 per cent of women with more than a secondary education. In addition, as many as 41.9 per cent of women with a secondary education held attitudes supportive of wife beating. Similarly, men with no education (36.0 per cent) and a primary education (29.0 per cent) were more likely to hold attitudes supportive of wife beating, compared to men with more than a secondary education (11.2 per cent).

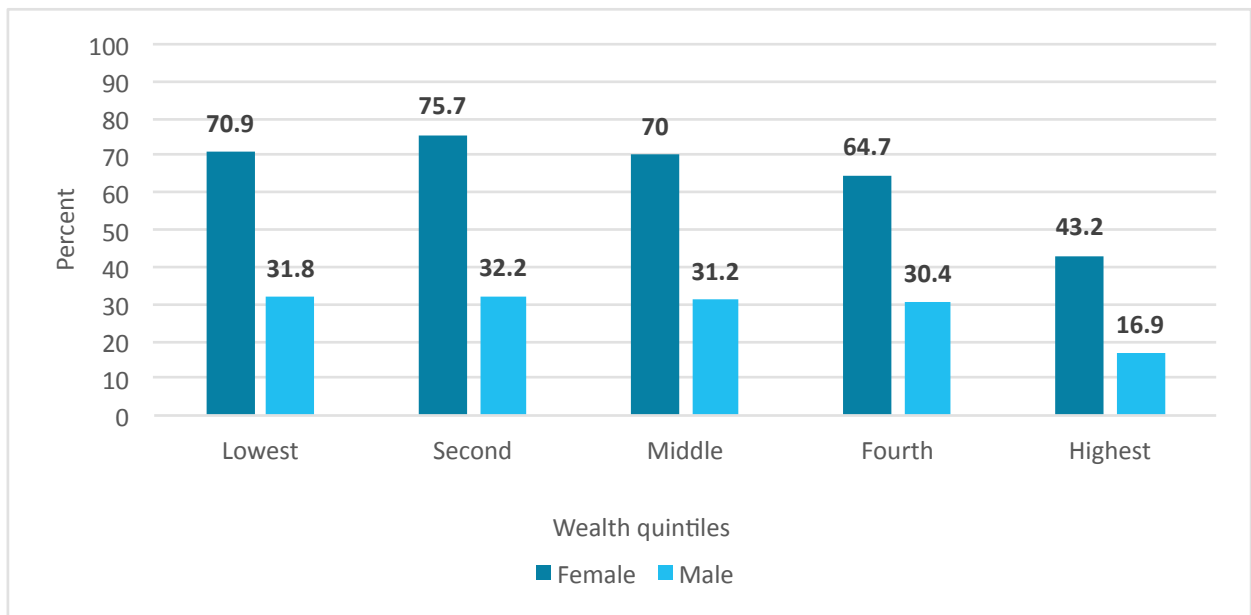
**Chart 21. Levels of education and sex differences in support for wife beating**



Source: Ethiopia Demographic and Health Survey 2016.

Chart 22 also shows acceptance of wife beating decreases with wealth quintile, among both men and women. In other words, women (43.2 per cent) and men (16.9 per cent) in the highest wealth quintile were significantly less likely than women and men in each of the other wealth quintiles to agree that wife beating is justified in at least one of the five specified circumstances listed in Chart 19.

**Chart 22. Wealth quintile and sex differences in support for wife beating**



Source: Ethiopia Demographic and Health Survey 2016.



# **RECOMMENDATIONS**

FOR THE 2021 ETHIOPIA  
DEMOGRAPHIC AND  
HEALTH SURVEY

There were lessons to be learned from the 2016 EDHS as it relates to data collection and analysis on VAWG, and recommendations for consideration as the GoE and partners plan for the 2021 EDHS. The recommendations offered in this chapter should be considered during the planning and implementation phases of the 2021 EDHS; however, will most likely need to be considered in relation to DHS guidelines for methodology, questionnaires and manuals for fieldwork and sampling, and guidance for report tabulations, and statistical and methodological documentation which can be obtained at <https://www.dhsprogram.com/>.

Any efforts to make revisions or adaptations to the 2021 EDHS as it relates to measuring VAWG will require changes to the Domestic Violence Module and/or the development of an additional module related to VAWG, such as non-partner physical and sexual harassment which are not currently measured, or measured to a limited extent. In some cases, the recommendations that follow cannot be addressed in the 2021 EDHS; however, may warrant investment in one or two issue-specific surveys and studies.

The recommendations provided in this chapter are divided into three thematic areas: methodology and sampling; measurement related to VAWG; and, data analysis and reporting. Some of the recommendations were identified and prioritized by key stakeholders during the validation workshop in Addis Ababa, Ethiopia in May 2019, and others were identified during the report writing process.

## Methodology and Sampling

1. **For each region, sample sizes need to be sufficient for reliable estimates of VAWG prevalence rates.** In the 2016 EDHS, the sample of women age 15-49 who completed the Domestic Violence Module was small in some region, compared to other regions. There was discussion among key stakeholders and national partners during the validation meeting that the small sample sizes in some regions were insufficient to provide reliable estimates of VAWG prevalence rates in those regions. Based upon these assumptions, it is recommended that in the next EDHS that adequate sample sizes should be calculated and generated for each region for the Domestic Violence Module to ensure the sample sizes will allow for reliable estimates of VAWG prevalence rates at the national and subnational levels, and regional comparisons.
2. **Improve the selection and training of interviewers.** Another challenge associated with data collection relates to the selection and training of interviewers. Given the sensitive nature of questions in the Domestic Violence Module, as well as the Women's Questionnaire, observers<sup>62</sup> of the 2016 EDHS expressed concern that not all interviewers were qualified or properly trained to administer Women's Questionnaire and to develop the rapport needed to effectively administer the Domestic Violence Module. Based upon these observations, some key stakeholders and experts questioned the quality of data collection and felt that national and subnational VAWG prevalence rates were too low in the 2016 EDHS.<sup>63</sup>

<sup>62</sup> UN Women made observations during the inception meeting that the trainings given to interviewers were inadequate in terms of making them gender sensitive.

<sup>63</sup> It was observed that other studies showed higher prevalence of all forms of violence in different localities in Ethiopia. For instance, a systematic review on domestic violence and factors based on 15 selected studies in Ethiopia found that "lifetime domestic physical violence by husbands/intimate partners against women ranged from 31 per cent to 76.5 per cent . . . lifetime domestic sexual violence against women by husbands/intimate partners ranged from 19.2 per cent to 59 per cent and . . . the mean lifetime prevalence of domestic emotional violence was 51.7 per cent"; See Semahegn & Mengistie, Reproductive Health, 2015, 12:78 DOI 10.1186/s12978-015-0072-1. Another meta-analysis of 23 studies in Ethiopia found that lifetime prevalence rates for physical violence were 38.2 per cent and 39.3 per cent for sexual violence and 39.5 per cent for psychological violence; Getachew et al. (2018). Prevalence of violence against women: A Meta -Analysis.

### **Data collection concerns included:**

- **Selection of qualified interviewers**, including ensuring there are enough female interviewers to administer the Domestic Violence Module.
  - **Quality training for interviewers** to ensure their abilities and confidence to effectively conduct the interviews and administer the Women's Questionnaire and the Domestic Violence Module, and to appreciate the sensitivity of the survey questions. Interviewers need to know how to build a rapport with respondents to make sure they feel comfortable and safe to answer the sensitive questions and to reveal experiences of VAWG. This is crucial given the sensitive nature of VAWG in Ethiopian society.
  - **Quality supervision of interviewers** to ensure they are properly administering the EDHS, including the Women's Questionnaire and Domestic Violence Module, and that they are able to effectively ask the questions and communicate with respondents in a gender sensitive manner, and record data (without errors) at the same time.
3. **Include VAWG experts and researchers from educational institutions in Ethiopia on the technical work group for the 2021 EDHS.** Key stakeholders and experts felt that one mechanism for improving the 2021 EDHS is to include VAWG experts and researchers from educational institutions in Ethiopia on the technical working group for the 2021 EDHS. This includes involving VAWG experts in the process determining what questions should be included in the Domestic Violence Module and what indicators should be measured in the EDHS. It is important that experts and researchers invited to join the technical working group for the 2021 EDHS have expertise on VAWG and harmful traditional practices, including regional and ethnic group differences in VAWG and harmful traditional practices, coupled with social science research methods and survey research.
  4. **Address data gaps that exist for women over the age of 49.** It is well documented that women over the age of 49 experience domestic violence and other forms of VAWG; yet, the 2016 EDHS did not capture VAWG prevalence rates among women 50 years of age and older. Typically, the DHS focuses on women of child-bearing age (15-49 years of age); however, some countries have determined it is advantageous to increase the upper age for women when conducting VAWG prevalence studies. Some VAWG prevalence studies have included women up to 69 or 74 year of age, such as in the case of the *2014 Violence against Women European Union (EU)-wide survey conducted by the European Union Agency for Fundamental Rights* (herein referred to as the *2014 FRA EU-wide survey on VAW*). There is much to be learned from women age 50 and older about their experiences of VAWG.
  5. **Address data gaps that exist for women who have been displaced internally as a result of ethnic conflicts.** In some regions of Ethiopia, ethnic groups have been internally displaced as a result of ethnic conflicts. It is well documented that women and girls are especially vulnerable to sexual and gender-based violence during ethnic conflicts and while living in temporary accommodations and displacement settlements. The sampling framework for the DHS would typically overlook internally displaced persons (IDPs), as well as other groups of vulnerable and marginalized women who do not live at an established or permanent residence that would be identified during the process of establishing enumerations for the sampling framework. It would be beneficial if the next EDHS were able to develop a sampling framework that would include more marginalized women and girls in the sample, particularly in regions where there are large numbers of IDPs.

## Measures of Violence Against Women and Girls

6. **Measure economic violence against women in the context of marriage.** *UN Guidelines for Producing Statistics on Violence against Women*<sup>64</sup> recommends data collection related to not only to physical, sexual and psychological (emotional) violence, which were included in the 2016 EDHS, but also recommends measurements of economic violence. The 2016 EDHS did not measure prevalence of economic violence in the context of intimate relationships. Given women's status within Ethiopian society and families, it is important to measure "the occurrence of economic violence, which is said to occur when an individual denies his intimate partner access to financial resource, typically as a form of abuse or control in order to isolate her or to impose other adverse consequences to her well-being."<sup>65</sup> Economic violence involves the following:

- Denying a woman access to financial resources
- Denying a woman access to property and durable goods
- Deliberately not complying with economic responsibilities, such as alimony or financial support for the family, thereby expose her to poverty and hardship
- Denying a woman access to the labour market and education
- Denying a woman participation in decision-making relevant to economic status

Some of the above mentioned dimensions of economic were included in the 2016 EDHS Woman's Questionnaire under the thematic area of status of women, particularly women's empowerment in the form of decision-making related to how their earnings are used and participation in household decision-makings and major household purchases. These questions, however, do not directly measure husbands' denial of their wives' access to financial resources, property and durable goods, and/or the labour market, or deliberately not complying with economic responsibilities (alimony or financial support for the family). Examples of more direct questions that measure economic violence against women include, but are not limited to:

- Does your current or most recent husband partner prohibit you from getting a job, going to work, trading, earning money or participating in income-generating projects? If yes, has this happened in the past 12 months?
- Does your current or most recent husband partner take your earnings from you against your will or control your money or properties against your will?
- Does your current or most recent husband partner refuse you to give you money that you need for household expenses even when he has money for other things (such as alcohol and cigarettes)?

In a separate national study assessing conditions of VAW in Ethiopia<sup>66</sup>, common forms of economic violence identified were: husbands denying wives money to fulfill household needs; during divorce denying wives the possibility of sharing in the marital property to which they have contributed equally during the marriage; refusing wives their share of common property during marriage; and denying wives the possibility of exercising their rights in relation to land, e.g., leasing land, in-share cropping, and selling products of the land. This study also found that the most incidents of economic violence reported to the

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<sup>64</sup> Guidelines for Producing Statistics on Violence Against Women. United Nations Department of Economic and Social Affairs Statistics Division, 2014.

<sup>65</sup> Ibid, p. 17.

<sup>66</sup> MoWCYA, Assessment of Conditions of Violence against Women in Ethiopia, 2013.



police and Women, Children and Youth Affairs Offices were land claims and divorce cases where women are not provided financial support and denied their share of assets and access to their children.<sup>67</sup>

7. **Measure sexual violence in all forms, including forced, coerced and attempted (but unsuccessful) sexual assaults and rape, and unwanted touching.** The 2016 EDHS includes three questions that measure forced engagement in sexual acts. This includes:

- Physically forced you to have sexual intercourse with him even when you did not want to
- Physically forced you to perform any other sexual acts you did not want to
- Forced you with threats or in any other way to perform sexual acts you did not want to

These three questions do not capture the range of harmful or unwanted sexual behaviours that are imposed on women and girls by non-partners and intimate partners, particularly acts of abusive sexual contact, attempted or completed sexual acts without a woman's consent, sexual harassment, and unwanted touching. The *UN Guidelines for Producing Statistics on Violence against Women* recommends data collection on a minimum list of acts of sexual violence, which can be expanded depending on the specific country context to include:<sup>68</sup>

- Rape - engaging in the non-consensual vaginal, anal and/or oral penetration of a sexual nature of the body of another person with any bodily part or object, including through the use of physical violence and by putting the victim in a situation where she cannot say no or complies because of fear.
- Attempted rape - attempting to have non-consensual sexual intercourse through the use of force or threats
- Other acts of sexual violence- intimate touching without consent; sexual acts other than intercourse forced by money; sexual acts other than intercourse obtained through threats of physical violence; sexual acts other than intercourse obtained through threats to the well-being of family members; and, use of force or coercion to obtain unwanted sexual acts or any sexual activity that the female partner finds degrading or humiliating.

8. **Measure sexual harassment experienced by women since the age of 15.** Sexual harassment is "unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature that constitutes a breach of the principle of equal treatment between men and women; therefore it is recognized as a form of sex discrimination, sexual abuse and VAWG."<sup>69</sup> Existing studies about sexual harassment most often focus on workplace and educational environments; however, some VAWG prevalence studies have adopted a broader scope, asking women first if they experienced specific acts of sexual harassment in any situation, then asking them in more detail who was involved and where the incident occurred.<sup>70</sup>

67 Ibid.

68 Guidelines for Producing Statistics on Violence Against Women. United Nations Department of Economic and Social Affairs Statistics Division, 2014, p. 17.

69 Violence against women: An EU-wide survey, 2014, pp. 96-97.

70 Ibid; OSCE-Led Survey on Violence Against Women - Well-being and Safety of Women, Organization for Security and Co-operation in Europe, 2019; National Population Survey – Violence Against Women and Girls in Albania, UNDP, 2019.

VAWG prevalence studies can cover specific acts of sexual harassment which are unwanted and offensive according to respondents. These can be categorized into four broad groups:<sup>71</sup>

- Physical forms of harassment - unwelcome touching, hugging or kissing.
- Verbal forms of harassment – sexually suggestive, offensive, comments or jokes; inappropriate invitations to out on dates; intrusive, offensive questions about private life; intrusive, offensive comments about a woman’s physical appearance.
- Non-verbal forms of harassment – inappropriate, intimidating staring or leering; receiving or being shown offensive, sexually explicit pictures, photos or gifts; somebody indecently exposing themselves; being made to watch or look at pornographic material against one’s wishes.
- Cyber-harassment – receiving unwanted, offensive, sexually explicit emails or SMS messages; inappropriate, offensive advances on social networking website or internet chat rooms.

Estimates concerning the extent of sexual harassment are based on women’s personal experiences and the subjective meaning respondents attach to what might be considered unwanted and offensive conduct. Existing research has shown that women differ in their perceptions of what behaviours constitute sexual harassment.<sup>72</sup> Variation in ascribed subjective meaning has been shown to be affected by women’s overall level of awareness and information about their legal rights and existing laws, as well as gender cultures (i.e., the recognition of gender equality and non-discrimination on the grounds of sex versus cultures that ‘permit’ or ‘reward’ harassment of women) and the prevalent social and cultural values, norms and attitudes in a society.<sup>73</sup> Thus, women’s preconceived notions of what constitutes sexual harassment can differ significantly from country-to-country. To minimize culturally determined variations in subjective interpretations of sexual harassment, surveys do not ask respondents about ‘sexual harassment’ per se as an issue, rather they ask respondents about experiencing specific unwanted and offensive acts.<sup>74</sup> Box 1 offers survey questions that have been used to measure sexual harassment experiences of women in VAWG prevalence studies.

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71 Violence against women: An EU-wide survey, 2014, pp. 96-97.

72 European Commission (1998). Sexual harassment in the workplace in the European Union. Brussels: European Commission Directorate-General for Employment, Industrial Relations and Social Affairs; Violence against women: An EU-wide survey, 2014, pp. 96-97; OSCE-Led Survey on Violence Against Women - Well-being and Safety of Women, 2019; National Population Survey – Violence Against Women and Girls in Albania, UNDP, 2019.

73 Zippel, K. (2009), ‘The European Union 2002 Directive on sexual harassment: A feminist success?’, *Comparative European Politics*, Vol. 7, No. 1, pp. 137–159; Violence against women: An EU-wide survey, 2014, pp. 96-97.

74 Violence against women: An EU-wide survey, 2014, pp. 96-97; OSCE-Led Survey on Violence Against Women - Well-being and Safety of Women, 2019; National Population Survey – Violence Against Women and Girls in Albania, UNDP, 2019.

### Box 1. Sexual harassment survey questions

At times you may have experienced people acting towards you in a way that you felt was unwanted and offensive. How often have you experienced any of the following? How often has this happened to you in the past 12 months?

- Unwelcome touching, hugging or kissing?
- Sexually suggestive comments or jokes that made you feel offended?
- Inappropriate invitations to go out on dates?
- Intrusive questions about your private life that made you feel offended?
- Intrusive comments about your physical appearance that made you feel offended?
- Inappropriate staring or leering that made you feel intimidated?
- Somebody sending or showing you sexually explicit pictures, photos or gifts that made you feel offended?
- Somebody indecently exposing themselves to you?
- Somebody made you watch or look at pornographic material against your wishes?
- Unwanted sexually explicit emails or SMS messages that offended you?
- Inappropriate advances that offended you on social networking websites such as Facebook, or in internet chat rooms?

*Source: Violence against women: An EU-wide survey, 2014, pp. 96-97.*

#### 9. **Measure locations where women experience incidents of sexual harassment and violence.**

VAWG occurs in different settings and locations, including in the public and private spheres. Examples of specific locations from the broader literature include schools, public transport, the workplace, bars and cafés, parks, deserted streets or areas, and public buildings. It is important when developing surveys that questions about location are tied to specific incidents of sexual harassment and/or violence, and that locations are contextualized to the country context. This approach was taken in the *Violence against women: An EU-wide survey* (2014), *Organization for Security and Co-operation in Europe (OSCE)-Led Survey on Violence Against Women - Well-being and Safety of Women* (2019) and the *National Population Survey – Violence Against Women and Girls in Albania* (2019). This approach has also been taken in UNICEF-supported *Violence Against Children Surveys* (VACS).

Learning what are the locations where women and girls most often experience sexual harassment and violence is important because such data can inform EVAWG policies and programmes aimed at preventing sexual harassment and violence, and improving security of women and girls at school, work and in public places and public transportation.

#### 10. **Measure emotional violence.**

The 2016 EDHS Domestic Violence Module includes only three measure of emotional violence which is limited in scope. The number of questions related to emotional violence can be expanded to include more forms of emotional violence, including: insulted you/made you feel bad about yourself; spoke to you in a way that made you feel stupid and worthless; said things that made you feel scared, such as “if you will not be mind, no one else will have you”; destroyed things that are important to you, such as your personal property or other belongings; made you feel incompetent as a parent. Expansion of the number of questions that measure emotional violence will

lead to increased understanding of the types of emotional violence that women and girls experience in the context of marriage/intimate relationships. Greater understanding of the types of emotional violence that women experience can contribute to the development of communication for change campaigns that aim to raise awareness about emotional violence, and targeted campaigns that speak to girls and young women who maybe experiencing early forms of emotional violence in their dating relationships and/or courtships.

11. **Measure controlling behaviours.** The 2016 EDHS Domestic Violence Module only includes five questions related to controlling behaviours. It would be beneficial include a question that reflects controlling behaviours experienced by women in contemporary society, such as your husband/partner pressure forces you to provide passwords for your mobile phone, email or social media accounts. It would also be important to measure controlling behaviours, such as your husband/partner limits/restrict you from getting health care, which is important to understanding battered women's access to health care, and that can be correlated with their access to health care for violence-related injuries.

12. **Measure women's experiences of violence during pregnancy and the perpetrators of such violence.** It is important to ask women who were ever pregnant a series of close-ended questions about violence, including:

- Were you ever hit, slapped, kicked or physically hurt while pregnant?
- Did this happen during their last pregnancy?
- Were you ever punched or kicked in the abdomen while you were pregnant?
- Who has done any of these things to physically hurt you while you were pregnant?

The 2016 EDHS includes only one question related to violence during pregnancy; however, it should include additional questions that would provide more in-depth understanding about the types physical violence experienced during pregnancy and the perpetrators of that violence.

13. **Measure social norms versus attitudes toward violence against women and girls.** Understanding women's risks of experiencing violence requires understanding the extent to which such violence is tolerated in the wider community (social norms). 'Social norms' are widely held beliefs about what is typical and appropriate in a reference group. Social norms may or may not be based on accurate beliefs, attitudes or behaviours of others; rather, social norms are a rule of behaviour that some people in a group conform to because they believe most other people in the group conform to it (it is typical behaviour), and most other people in the group believe they ought to conform to (it is appropriate behaviour).<sup>75</sup> Individuals may face pressure to conform to the social norms of a social group, particularly if the social group sanctions members who deviate from the groups' social norms and standards.<sup>76</sup> Sanctioning typically occurs through shaming, shunning and ostracism.<sup>77</sup>

<sup>75</sup> Alexander-Scott, M., E. Bell & J. Holden (2016). DFID Guidance Notes: Shifting Social Norms to Tackle Violence Against Women and Girls. London: VAW Helpdesk, p. 9-11.

<sup>76</sup> Paluck, E.L. & L. Bell (2010). Social norms marking aimed at gender-based violence: A literature review and critical assessment. International Rescue Committee, p. 8.

<sup>77</sup> Ibid, p. 9.

## Power of Social Norms Related to VAWG

A man's perception that men in his community do not hit their wives is likely to constrain him from abusing his own wife (e.g., if a man were to hit or abuse his wife, he might invite community disapproval or isolation). Social norms do not only constrain behaviour, but also license behaviour. The perception that rape is common in a man's community might license him to force his wife to have sex with him, with the understanding that he will not experience any social sanctions. He might even experience social approval for taking sex from his wife, even if through force. This example demonstrates how positive and negative behaviours are enforced through social norms and such constraining and licensing forces of social sanctioning.

**Source: Paluck, E.L. & L. Bell (2010). *Social norms marking aimed at gender-based violence: A literature review and critical assessment*. International Rescue Committee, p. 9.**

Social norms are only perceptions of a group's typical or desired behaviour and individuals often misperceive social norms; their perceptions of a group's social norms may be "exaggerated, outdated or plain wrong."<sup>78</sup> Still, however, incorrectly perceived social norms can have a strong effect on individual's attitudes and behaviours, because it is the perception of the social norm that influences attitudes and behaviours.<sup>79</sup> This is why understanding social norms, attitudes, and behaviours are important in the study of VAWG. Bear in mind, however, that measuring attitudes toward wife beating is not the same as measuring social norms in a group or community related to wife beating; these are two different types of measurement that require different questions.

When developing survey questions, it is important to understand the difference between social norms, personal attitudes and behaviours. Social norms are those widely held beliefs about what is typical and appropriate in a reference group; beliefs about what other people think should be done. Social norms may or may not be based on accurate beliefs about attitudes and behaviours of others.<sup>80</sup> In comparison, behaviours are what someone actually does. Although beliefs and behaviours are linked, it is often a social norm that will influence a behaviour, and a behaviour can influence a social norm.<sup>81</sup> While a social norm is a shared belief, a personal attitude is a "tendency to evaluate something (a person, symbol, belief, object) with some degree of favour or disfavor."<sup>82</sup> When social norms contradict the attitude, personal attitudes are unlikely to direct behaviour for the majority of people in a reference group.<sup>83</sup> Social norms, personal attitudes and behaviours are not mutually exclusive, yet they often reinforce each other. Over time, what an individual does because of social norms (social expectations) can become internalized and adhered to because of internal motivations, regardless of what others think.<sup>84</sup>

The 2016 EDHS measured personal attitudes and behaviours; it does not measure social norms. Malawi is one of few countries in Africa to conduct a *Perceptions Study on Social Norms on Violence Against Women and Girls*<sup>85</sup>, supported by UN Women Malawi. With technical assistance, UN Women Malawi developed

78 Ibid, p. 12.

79 Ibid, p. 12.

80 Alexander-Scott, M., E. Bell & J. Holden (2016). DFID Guidance Notes: Shifting Social Norms to Tackle Violence Against Women and Girls. London: VAW Helpdesk, p. 11.

81 Ibid, p. 8

82 Ibid, p. 11; Heise, L. & K. Manji (2015). Introduction to Social Norms. Briefing Note for DFID. DFID: London, UK..

83 Ibid p. 11.

84 Alexander-Scott, M., E. Bell & J. Holden (2016). DFID Guidance Notes: Shifting Social Norms to Tackle Violence Against Women and Girls. London: VAW Helpdesk, p. 12.

85 Haarr, R.N. (2018). Perceptions Study on Social Norms on Violence Against Women and Girls, UN Women Malawi.

a study-specific survey entitled, *Social Norms, Attitudes and Behaviours Survey on VAWG*<sup>86</sup>, that included separate and distinct survey questions that measured:

- Social norms related to gender equality, women's empowerment, tolerance and acceptance for domestic violence, child/forced marriage, sexual violence, EVAW initiatives and punishment of perpetrators;
- Attitudes toward domestic violence, sexual violence, child/forced marriage; police responses to VAWG and EVAWG laws; and
- Behaviours, such as individual's willingness to report incidents of domestic violence and sexual violence against women to authorities, and sources of information about VAWG.

Data analysis in this study included exploring the relationship between social norms, attitudes and behaviours.

14. **Measure violence-related injuries, access to medical care, and disruptions to work.** The 2016 EDHS limited the measurement of physical and sexual violence-related injuries to three questions focused on experiences of: cuts, bruises and/or aches; eye injuries, sprains, dislocations and/or burns; and, broken bones, broken teeth or suffered any other serious injuries. The reality, however, is that violence-related injuries are not limited to broken bones, bruises, black eyes and/or cuts. Research has shown that chronic conditions can be caused or exacerbated by domestic violence and the stress that violence has on battered women.<sup>87</sup> Domestic violence can contribute to:

- **Neurological conditions and injuries** – chronic pain, speech problems, migraines and/or headaches, central nervous system problems, back pain, stroke, traumatic brain injury, hemorrhage and/or vision impairment
- **Cardiovascular and respiratory conditions and injuries** – hypertension, chest pain, hyperventilation, heart disease, asthma and/or heart attack
- **Intestinal and digestive conditions and injuries** – gastrointestinal issues, stomach ulcers, spastic colon/indigestion/ diarrhea, irritable bowel syndrome and/or abdominal pain
- **Reproductive and genital conditions and injuries** – cervical cancer, dysmenorrhea, poor pregnancy outcomes, sexual transmitted infection, vaginal bleeding/tearing, vaginal infection, urinary tract infection, painful intercourse and/or anal bleeding/tearing
- **Physical and visible conditions and injuries** – healing issues, contusions, lacerations, broken bones and fractures, hand prints (marks from another), strangulation marks (around neck), hematomas, tendon/ligament injuries, facial trauma and/or broken teeth
- **Mental health conditions** – depression, suicidal ideations and behaviours, post-traumatic stress disorder, alcohol abuse, drug abuse, anxiety, chronic and/or acute stress

<sup>86</sup> This Social Norms, Attitudes and Behaviours Survey on VAWG was administered in five districts to 692 general public adults, both men and women age 18-49 years, and local opinion leaders (traditional leaders, chiefs, faith-based leaders), district and community officers (social welfare officers, district planning officers and extension officers, gender officers, police victim support officers, community victim support unit staff, mother group members, health surveillance assistants and teachers), and community-based organizations (fathers' groups).

<sup>87</sup> Conditions & Injuries Related to Domestic Violence. National Prevention Toolkit on Domestic Violence for Medical Professionals, 2014. Florida State University.



It is very important to ask women who experience emotional, physical and/or sexual violence in the context of marriage/intimate relationships if they have experienced fear, anxiety, depression, feelings of isolation, sleeplessness and/or irritability. For many women in violent relationships, mental health conditions may be specifically related to their experiences of emotional violence in the relationship, and battered women often experience emotional violence more frequently than physical or sexual violence. The DHS Domestic Violence Module, however, does not ask women who experience emotional violence about their experiences of fear, anxiety, depression, feelings of isolation, sleeplessness or irritability. Surveys should be designed to ask women who experience at least one type of emotional violence about their experience of fear, anxiety, depression, feelings of isolation, sleeplessness and irritability. Women who experience at least one type of physical and/or sexual violence should also be asked about their experience of fear, anxiety, depression, feelings of isolation, sleeplessness and irritability.

VAWG prevalence studies, such as the DHS Domestic Violence Module, should also breakdown the types of violence-related injuries into more distinct categories, and ask more questions that measure a broader range of violence related injuries, including:

- Fear, anxiety, depression, feelings of isolation, sleeplessness and/or irritability
- Cuts, scratches, aches, redness or swelling and/or other minor marks
- Eye injuries, dislocations, sprains and/or blistering from burns
- Head injuries, concussions and/or hearing loss
- Abdominal injuries
- Deep wounds, broken bones, broken teeth, blackened or charred skin from burns or any other serious injury
- Loss of memory
- Miscarriage
- Permanent injury or disfigurement

Only fear, anxiety, depression, feelings of isolation, sleeplessness and/or irritability would relate to all three types of violence – emotional, physical and/or sexual violence. The other types of violence-related injuries in the abovementioned list would relate to physical and/or sexual violence only.

Women who experience these injuries can also be asked if they experienced such injuries on more than one occasion. For instance, a woman who experiences cuts, scratches, aches, redness or swelling and/or other minor marks would be asked how many times in the 12 months prior to the interview she suffered these types of injuries. Such questions can reveal that women experience violence-related injuries not only once, but on multiple occasions in the 12 months prior to the interview. Analysis can also be carried out to see the number of violence-related injuries that women experience through a process of computing the number of different types of injuries they experienced.

Women who experience violence-related injuries should also be asked about the severity of their injuries and whether they required medical attention (whether they accessed medical care or not), and whether they told a health worker about the cause of their injuries. Specific questions can include:

- If they were ever hurt bad enough by their husband/partner that they needed health care (even if they did not receive it)? How many times in the 12 months prior to the interview they needed health care for physical and/or sexual violence-related injuries:

- If they ever spent nights in a hospital due to their violence-related injuries?
- If they told a health worker that violence, including domestic violence, was the cause of their injuries?

It is well documented that women who experience violence, particularly domestic violence, suffer injuries that disrupt their ability to perform household chores and child care, result in their being absent from paid work and/or the loss of jobs. It is important that VAWG prevalence studies measure disruptions to work (both paid and unpaid work, both household work and work outside of the home) and the economic costs of VAWG on women and their families.

Women who report experiencing violence-related injuries in the 12 months prior to the survey should be asked a series of questions that measure disruptions to work and the economic cost of VAWG. These questions include:

- If their violence-related injuries negatively affected their abilities to perform house maintenance and child care responsibilities? And, how many days in the past 12 months they were unable to perform household chores and/or take care of their children?
- If their violence-related injuries resulted in them being absent from paid work? And, how many days in the past 12 months they were unable to go to work (missed days at work) due to violence-related injuries?
- If they ever lost a job or source of income due to domestic violence?

Such questions will allow for more complex analysis of the economic costs of VAWG for women and their families, including calculating:

- Lost productivity in the household (e.g., number of days women missed performing household chores and/or child care responsibilities, average number of lost days due to violence-related injuries, annual estimates as lost productivity, including the equivalent in person-years)
- Lost productivity and income from paid work (e.g., number of days women missed paid work; average number of lost days of work due to violence-related injuries; the value of lost productivity from paid work; the present value of lost earnings; annual costs for lost wages for women who are victims of violence, particularly domestic violence, including the equivalent number of lost full-time jobs each year)

**The National Population Survey – Violence Against Women and Girls in Albania (2019)** is an example of a VAWG prevalence study that expanded data collection on domestic violence-related injuries, access to health care facilities for domestic violence-related injuries, help-seeking behaviours from health care workers by battered women, and lost productivity in the household and labour force experienced by battered women who experienced domestic violence-related injuries. There are lessons to be learned from this VAWG prevalence study.

15. **Measure help-seeking behaviours and reasons for seeking help.** Further data collection related to VAWG survivors' help-seeking behaviours and reasons for seeking help, or not, is important. The question related to help-seeking behaviours, particularly from whom women sought help should include formal sources/authorities that exist within the country. For instance, response categories should include formal hotline (with the phone number), one-stop centres in hospitals, MoWCYA Offices, women's shelters, police, prosecutors/lawyers, courts, nongovernmental organization that provides support services to women/girls and more.



Other VAWG prevalence studies have used close-ended questions to ask women who sought help for violence to identify the various reasons why they sought help (see Box 2 for response categories). Victims of spousal violence, in particular, have also been asked if they ever left home, even if for one night, because of domestic violence, and the number of days/nights they left home in the 12 months prior to the interview because of domestic violence. In domestic violence situations, leaving home is a coping and survival strategy that battered women use to escape violent episodes, reduce their risk of domestic violence-related injuries, and to reduce their risk of death. Women often leave home with their children in an effort to protect the children and ensure their physical safety. Among women who reported leaving home because of domestic violence, even if for one night, should also be asked the reason for leaving home the last time they left home (see Box 2 for response categories).

Finally, VAWG survivors' who did not seek help should be asked why they did not seek help for the violence they experienced, whether it was spousal/intimate partner violence or non-partner violence (see Box 2 for response categories).

## Box 2. Survey questions and response categories for reasons for seeking help, or no

<p><b><i>Why did you seek help?</i></b></p>	<ul style="list-style-type: none"> <li>• I could not endure more violence</li> <li>• I was badly injured</li> <li>• My friends or family encouraged me to seek help</li> <li>• He threatened or tried to kill me</li> <li>• I saw that the children were suffering</li> <li>• He threatened or hit the children</li> <li>• He threw me out of our home</li> <li>• I was afraid I would kill him</li> <li>• I know violence against women is unacceptable</li> <li>• I know violence in relationships is unacceptable</li> <li>• Other</li> </ul>
<p><b><i>What were the reasons you left home the last time?</i></b></p>	<ul style="list-style-type: none"> <li>• No particular incident</li> <li>• Encouraged by friends or family</li> <li>• I could not endure</li> <li>• I was badly injured</li> <li>• He threatened or tried to kill you</li> <li>• He threatened to hit the children</li> <li>• You saw the children were suffering</li> <li>• He threw you out of the home</li> <li>• You were afraid he would kill you</li> <li>• You were encouraged by the police</li> <li>• You were encouraged by an organization</li> <li>• You were afraid you would kill him</li> <li>• Other</li> </ul>
<p><b><i>What were the reasons you did not seek help for the violence that you experienced?</i></b></p>	<ul style="list-style-type: none"> <li>• I don't/didn't know where to ask for help</li> <li>• I believed it would not help/I know other women were not helped</li> <li>• I am/was afraid of being threatened or experiencing more violence</li> <li>• I am/was embarrassed, ashamed or afraid I would not be believed</li> <li>• I am/was afraid of divorce or the relationship ending</li> <li>• I think/thought they will blame me</li> <li>• I think there is no reason to complain/violence is normal</li> <li>• The situation was not serious enough to complain</li> <li>• I am/was afraid of losing my children</li> <li>• I don't want to bring shame to my family</li> <li>• Other</li> </ul>

Understanding the reasons why women seek help for violence and leave home due to domestic violence, or don't seek help for violence is important because it can help to inform awareness-raising and communication for change campaigns, and it can be used to strengthen the capacities of frontline service providers to understand the reasons why women seek help and the barriers that they face when it comes to accessing essential services. Strengthening the capacities of frontline service providers to respond to VAWG survivors' using gender responsive and victim-centered approaches and crucial to ensuring a proper and supportive response, because inappropriate and victim-blaming responses by frontline service providers to VAWG survivors can result in blocked access to protection and support services.

16. **Measure the impact of domestic violence on children.** It is important to ask women who are experiencing spousal violence about the impact the domestic violence maybe having on their children. Among women who reported having children age 0-17 and experienced at least one form of emotional, physical and/or sexual violence should be asked: If the violence affected their child(ren)? If their child(ren) ever witnessed the violence? If their child(ren) lived in fear? If their child(ren) was ever injured as a result of the violence? If their child ever left home or lived with other relatives because of the violence? If their child had difficulties learning in school? Or, any other issues as a result of the violence? Another approach is to ask all women who have children age 5-17 years if any of their children have frequent nightmare, wet their bed often, are very timid or withdrawn, act aggressive with you or other children, or ever ran away from home. Both approaches can be used in the EDHS, then the data can be easily analyzed to explore the impact of domestic violence on children.

## Data Analysis and Reporting

In the future, further analyses of EDHS VAWG data would be beneficial. Some of that further analyses that would be beneficial are outlined in the following recommendations. Bear in mind, the recommendations that follow are not all inclusive.

17. **Calculate the total numbers of specific-acts of violence that women experience by type of violence.** Compute the data to determine the number of specific-acts of emotional, physical and sexual violence, and controlling behaviours that women experience to demonstrate that women do not experience only one type of violence, but often experience multiple types of violence. This is especially true for women and girls who experience domestic violence, whether at the hands of their husband/partners or other family members and/or in-laws.
18. **Analyse the relationship between different types of spousal violence.** Analyse the relationship between different types of spousal violence to help readers understand the relationship between experiences of emotional, physical and sexual violence, as well as controlling behaviours in women's lives, including in childhood and adulthood, and in their marriages/intimate relationships. Currently, 2016 EDHS data related husbands'/partners' controlling behaviours (marital control) are analysed and presented as though controlling behaviours are separate and distinct from emotional, physical and sexual violence; which is far from the truth. In reality, there is typically a strong statistical relationship between coercive controlling behaviours and emotional violence, and to some degree with physical and sexual violence (see image below).<sup>88</sup> Analysis of such relationships can help policy makers and frontline service providers understand how identification of one type of violence (e.g., physical violence) in a woman's marriage/intimate relationship is a strong predictor that other types of violence and abuse are also occurring in their marriage/intimate relationships.

88 National Population Survey – Violence Against Women and Girls in Albania, UNDP, 2019.

**Table 6.3. Relationship between different types of intimate partner domestic violence (weighted data)**

	N=886,374				
	Coercive Controlling Behaviours	Economic Violence	Psychological Violence	Physical Violence	Sexual violence
	%	%	%	%	%
Coercive controlling behaviours	---	16.0a	65.3a	38.4a	20.0a
Economic violence	93.8a	---	88.2a	73.4a	41.7a
Psychological violence	85.5a	19.7a	---	48.7a	25.2a
Physical violence	87.8a	28.7a	85.1a	---	31.2a
Sexual Violence	95.2a	33.9a	91.8a	65.1a	---

a Sign = .000

*National Population Survey – Violence Against Women and Girls in Albania, UNDP, 2019, p. 73.*

19. **Calculate the total number of violence-related injuries experienced by battered women.** Battered women often experience more than one type of domestic violence-related injuries so it is important to calculate the total number of domestic violence-related injuries experienced by battered women in the 12 months prior to the interview. Such analysis can help policy makers and frontline service providers understand that battered women often experience multiple types of injuries and those injuries can be related to one incident of domestic violence or the cumulative effect of multiple and repeated acts of domestic violence. Advancing better understanding of the cumulative effect of multiple and repeated acts of domestic violence is important to improving the battered women's access to justice, and police, prosecutors and court officials understanding of domestic violence as a crime of violence experienced by women in the context of marriage and in the home/family setting.
20. **Analyse lost productivity and economic costs of VAWG.** In recent years, there has been a focus on the economic costs of VAWG. VAWG is an economic issue which carries significant costs for women, their families, for businesses, the economy and society at-large. VAWG results in loss of income and personal costs for women who experience violence, due to costs of seeking assistance and days off from work, including paid and unpaid work. In the event that the DHS Domestic Violence includes questions related to disruptions to work (household chores, child care, paid work) and lost jobs (see recommendation 14), more complex analysis of the economic costs of VAWG for women and their families can be conducted. This includes calculating:
  - Lost productivity in the household (e.g., number of days women missed performing household chores and/or child care responsibilities, average number of lost days due to violence-related injuries, annual estimates as lost productivity, including the equivalent in person-years)
  - Lost productivity and income from paid work (e.g., number of days women missed paid work; average number of lost days of work due to violence-related injuries; the value of lost productivity from paid work; the present value of lost earnings; annual costs for lost wages for women who are victims of violence, particularly domestic violence, including the equivalent number of lost full-time jobs each year)

21. **Analyse the relationship between experiences of sexual violence, use of contraceptives and risk of sexually transmitted infections (STIs).** The 2016 EDHS is limited in its ability to link women's experiences of sexual violence by husbands/partners to women's contraceptive use and risk of STIs. It is important to analyse the relationship between women's experience of sexual violence, particularly by husbands/partners, and women's use contraceptives and their risk of contracting STIs. Such analysis is important because existing research has found that women who experience sexual violence in their marriage/intimate relationships are often restricted by their abusive husbands/partners from using contraceptives and/or practicing methods of birth control, and face increased risks of unwanted pregnancy and exposure to STIs, including HIV/AIDS.<sup>89</sup> Findings from such analysis is important because it can inform policy and programme development on women's sexual and reproductive health and rights.
22. **Analyse the relationship between alcohol consumption and domestic violence-related injuries.** An abuser's alcohol use/abuse may have an effect on the severity of domestic violence and women's risk of domestic violence injuries and the severity of injuries. Given this reality, it is important to analyse the relationship between husbands'/partners' alcohol consumption, particularly frequency of drunkenness, and women's experiences of domestic violence-related injuries and the severity of injuries.
23. **Analyse the help-seeking behaviours by women's experiences of different types of violence.** One should not assume that women who experience violence are not a homogenous group. There can be important differences in help-seeking behaviours between women who experience non-partner violence versus intimate partner violence, and between women who experience physical violence versus sexual violence. Understanding how types of violence women experience can influence their help-seeking behaviour is important; thus, data should be analyzed to understand help-seeking behaviours by women's experiences of different types of violence, including from whom they seek help. If questions are added to measure the reasons for seeking help and/or not seeking help, it is also important to analyse differences reasons for seeking help or not seeking help by types of violence.
24. **Generate a research brief on comparisons of findings across the 2016 and 2012 EDHS as it relates to VAWG.** In the future, it will be important to generate a research brief that focuses specifically on comparing findings on VAWG from the 2016 EDHS and the 2021 EDHS so that policy makers can better understand VAWG prevalence rates in the country and how increases and/or decreases in prevalence rates (particularly in current rates of VAWG) over time may be linked EVAW initiatives.
25. **Need for additional research and studies on VAWG in Ethiopia.** While some of the recommendations outlined in this chapter can be addressed in the 2021 EDHS, others may not. In the future, additional research and studies on VAWG in Ethiopia will be needed to provide a more in-depth understanding and picture of the phenomenon of VAWG in different contexts in Ethiopia.

<sup>89</sup> Garcia-Moreno et al., 2005; Stephenson, R., M. Koenig, R. Acharya & T.K. Roy (2008). Domestic Violence, Contraceptive Use and Unwanted Pregnancy in Rural India. *Studies on Family Planning*, 39(3): 177-186; Haarr, R.N. & Dhamo (2009). National Population-based Survey on Violence against Women and Children in Albania, UNDP Albania; Haarr, R.N. (2013). National Population-based Survey on Violence against Women in Albania. UNDP Albania; Bishwajit, G. & S. Yaya (2017). Domestic violence: a hidden barrier to contraceptive use among women in Nigeria. Dove Press. <https://doi.org/10.2147/OAJC.S154733>; National Population Survey – Violence Against Women and Girls in Albania, UNDP, 2019.



# **RECOMMENDATIONS**

FOR ENDING VIOLENCE  
AGAINST WOMEN AND  
GIRLS IN ETHIOPIA

This report generated many interesting and useful findings related to the VAWG in Ethiopia and recommendations relevant to the design and implementation of the next EDHS to support better collection and analysis of VAWG data. This chapter offers some recommendations or guidance for policy and programmes aimed at EVAWG in Ethiopia, based upon findings from the contextual analysis of legislation, policy and coordination frameworks undertaken by national consultants. The recommendations that follow respond to CEDAW general recommendation 35 (2017) which builds on general recommendation 19 (1992) and the concluding observations of the Committee on the Elimination of Discrimination against Women (Forty-ninth session 11–29 July 2011), and is aligned with the United Nations Development Assistance Framework (UNDAF) for Ethiopia 2016-2020, and the country strategy for UN Women in Ethiopia 2017-2020, and SDG 5.

1. ***The GoE should take steps to create an enabling legislative and policy environment on EAWG that is aligned with international conventions and standards EAWG.***<sup>90</sup> There remain gaps in existing legal and normative frameworks in Ethiopia, including those related to VAWG. Aligning federal and regional EAWG legislation and policies with international human rights conventions is key in order to influence decision- and policy-makers and to start build a political and judicial environment that contributes to ending violations of women's rights, including the right to live a life free from violence. International standards, including recommendations of the CEDAW committee regarding the need to develop and implement effective measures to address VAWG with the active participation of all relevant stakeholders, including line ministries and women's organizations, including those representing marginalised groups of women and girls who are affected by intersecting forms of discrimination.<sup>91</sup>
2. ***Effective steps should be taken to translate EAWG policy into action.*** Effectively translating EAWG policy into action requires capacity building of line ministry officials, government authorities, and frontline service providers, including social welfare/protection officers, health care workers, service providers, police, prosecutors and court officials to understand legislation related to VAWG, EAWG policies and coordination mechanisms for the delivery of multi-sectoral services for VAWG survivors. Frontline service providers also require capacity building to understand how to properly respond to incidents of VAWG and VAWG survivors, and to avoid victim-blaming.

Translating policy into action also requires oversight and monitoring of coordinated multi-sectoral approaches to VAWG and progress made to prevent VAWG, protect VAWG survivors, prosecute perpetrators of VAWG, and of relevant ministries/agencies/service providers to work in partnership with each other. Monitoring often requires tracking of VAWG cases through case management and monitoring case outcomes, including investigation of cases and arrest, prosecution and punishment of perpetrators of VAWG by the justice system. Bottlenecks and gaps in essential service delivery and access to justice and justice system responses to VAWG need to be identified and addressed to ensure effective translation of policy into action.

For the development of policy responses and actions on the ground, civil society actors working with VAWG survivor should be involved in such work to help ensure that practical results for VAWG survivors are effective and sustainable.

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<sup>90</sup> Programme Document, Preventing and Responding to VAWG in Ethiopia, UN Women, 2019; Department of State (2016): Country Reports for Human Rights 2012 Ethiopia: US Department of State, Bureau of Democracy.

<sup>91</sup> CEDAW general recommendation 28.



3. **Ensure all VAWG survivors have access to a coordinated set of quality essential services.**

Quality essential services should be available to all VAWG survivors. In keeping with the *United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence* (a partnership by UN Women, UNFPA, WHO, UNDP and UNODC), providing greater access to a coordinated set of quality multi-sectoral essential services for all women and girls who experience gender-based violence is crucial and can be accomplished by:

- Developing a comprehensive legal framework that provides the legal and judicial basis for VAWG survivors seeking health, social services, police and justice services.
- Establishing governance, oversight and accountability to ensure that the government's duty to provide quality essential services to VAWG survivors is met, and the resources and financing required to build and sustain each sector, along with an integrated, coordinated system that has the capacities and capabilities to provide quality essential services and that can effectively and efficiently respond to VAWG and VAWG survivors needs.
- Investing in training and workforce development to ensure that sector agencies and coordination mechanisms have the capacities and capabilities to deliver quality services, and that service providers have the competencies to fulfill their roles and responsibilities.
- Establishing practices for regularly monitoring and evaluating delivery of essential services to VAWG survivors; this requires strengthening administrative data collection and analysis and publication of such data so that it can be used to monitor access to essential services and promote quality service provision.
- Developing policies in each sector and for coordination mechanisms that advance rights-based and victim-centred approaches, are culturally and age appropriate and sensitive and promote gender equality and women's empowerment, safety as paramount, and perpetrator accountability.

Service delivery across all essential services and actions have the following key characteristics: availability and accessibility; appropriateness; prioritizes safety; informed consent and confidentiality; effective communication and participation by stakeholders in design, implementation and assessment of services; have data collection and information management systems; and, link with other sectors and agencies through coordination.

The GoE should ensure that funding mechanisms exist to support the delivery of prevention and intervention programmes and initiatives which contribute to protection of women and girls from all forms of violence. In particular, funding is needed for the delivery of quality essential services for VAW survivors, and awareness raising as to the range of available victim support services and the rights of women and girls to protection from violence.

4. **Strengthen the capacities of the national coordinating body to deliver a coordinated set of quality multi-sectoral essential services to VAWG survivors.**

<sup>92</sup> To respond to the need to coordinate efforts for provision of essential services for VAWG survivors, it is important to strengthen the functionality and capacities of the national coordinating body at the federal level and referral mechanisms at the regional and sub-regional levels to deliver a coordinated set of quality multi-sectoral essential services to VAWG survivors. This includes providing these bodies with trainings on the *Essential Services Package for Women and Girls Subject to Violence – Core Elements and Quality Guidelines*<sup>93</sup> and provide them with technical guidance and support to adopt and integrate these global standards and guidelines on essential services.<sup>94</sup>

<sup>92</sup> Programme Document, Preventing and Responding to VAWG in Ethiopia, UN Women, 2019.

<sup>93</sup> Retrieved from: <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence#view>

<sup>94</sup> Programme Document, Preventing and Responding to VAWG in Ethiopia, UN Women, 2019.



5. **Support a Community of Practice (CoP) to support the ENWS.** It is important to support a CoP of the ENWS that can serve to strengthen referrals between women's shelters and with other victim support service providers, and to encourage sharing of experiences, including challenges faced, problem-solving solutions, and lessons learned. A CoP can strengthen partnerships within the ENWS and among women's shelters to strengthen the delivery of quality essential service to VAWG survivors, including protection, recovery, rehabilitation, education, economic empowerment and reintegration.
6. **Training to improve knowledge, attitudes and skills of frontline service providers to provide gender-responsive and victim-centred responses and essential services to VAWG survivors.** The 2016 EDHS found that few VAWG survivors seek help from formal authorities (e.g., service providers, health workers, police). In many countries, women do not seek help from formal authorities, in part, because the response from such formal authorities is often inadequate. Thus, providing trainings to improve knowledge, attitudes and skills of frontline service providers to provide gender-responsive and victim-centred responses and essential services to VAWG survivors is crucial.
7. **Develop behaviour change and awareness-raising campaigns about VAWG, in all forms, to change social norms, attitudes and behaviours.** Develop behaviour change and awareness-raising campaigns about VAWG, in all forms, and correct misinformation and stereotypes related to intimate partner violence, domestic violence, rape/sexual assault and sexual harassment. Such campaigns should encourage VAWG survivors to know their rights and to seek help for VAWG, and share true stories of VAWG survivors who sought help and benefited from it. Special efforts need to be taken to develop behaviour change and awareness-raising campaigns about VAWG that target and speak in a meaningful way to girls and women of all ages, and the most marginalized groups of women and girls in Ethiopia, such as women with disabilities, women from remote areas, elderly women, and women displaced by ethnic conflicts.
8. **Collection of quality administrative data on VAWG across ministries and sectors.** Strengthening administrative data on VAWG is an important and useful investment; the strengths of administrative data are numerous. Agencies and organizations automatically and regularly collect VAWG administrative data at points of entry (meaning the point at which women and girls who have experienced violence access services, protection and/or justice), and they regularly compile this data at subdistrict, district, province and national levels.<sup>95</sup>

Ultimately, the purpose of VAWG administrative data is to help service providers, justice agencies, policymakers and decision-makers understand the number of incidents of VAWG reported and responded to, the number of VAWG survivors who access services, points of entry, which services they are accessing and how services are responding to VAWG survivors' needs, within a given time period and across districts, provinces and regions. Administrative data track which services women seek, how often and for which purposes. It can provide insight into the quality of those services, the referrals made, and the outcomes of services.<sup>96</sup>

Administrative data can also be used to explore historical patterns and trends in identification, reporting and response. At a practical level, administrative data can be used to inform general programme planning and resource allocation since the data can demonstrate the use of services, including social welfare, health care, police and justice services, along with the use of community-based services.<sup>97</sup>

<sup>95</sup> ASEAN Regional Guidelines on Violence against Women and Girls – Data Collection and Use, UN Women, 2018.

<sup>96</sup> Ibid.

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