

POLICY BRIEF 2019

Further Analysis of Findings on Violence Against Women From the 2016 Ethiopia Demographic and Health Survey



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INTRODUCTION

Violence against women (VAW) is a pervasive violation of human rights and a global public health problem of epidemic proportions. Globally, more than 1 out of 3 (35%) 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 specifically, 30% of ever-partnered women experienced physical and/or sexual violence by an intimate partner in their lifetime, and 7% experienced sexual violence by a non-partner in their lifetime.¹ 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.²

In 2019, UNODC documented that although homicides of women and girls account for only 19% of total homicides globally (men account for 81% of total homicides), women and girls account for 64% of intimate partner/family-related homicides and 82% of intimate partner homicides (men account for only 36% of intimate partner/family-related homicides and 18% of intimate partner homicides). More than two thirds of all women (69%) intentionally killed in African in 2017 were killed by intimate partners or other family members. This data shows that women and girls bear the greatest burden of intimate partner/family-related homicides and intimate partner homicides.³

VAW is recognized as both a cause and consequence of gender inequality, and is a major obstacle to women and girls' enjoyment of human rights and their full participation in society and the economy. There is no single factor that causes VAW; rather, there are a combination of elements operating at individual, family, community and institutional levels that perpetuate and reinforce gender discriminatory and biased attitudes, norms, and practices that contribute to the pervasive imbalance of power that exists between men and women within societies and contributes to VAW.

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."

1993 Declaration on the Elimination of Violence against Women

VAW manifests in various forms of physical, sexual, psychological, and economic violence that occur in public and private spaces. VAW undermines the mental and physical health and well-being of women and girls and can have a negative impact on their long-term sense of safety, stability, and peace. VAW also has serious implications for the development and advancement of women, and their contribution to the economy.

VAW is not a new phenomenon in Ethiopia, but has deep roots in the patriarchal traditions and customs that have long-shaped Ethiopia, including strict gender identities and

roles, patriarchal authority, customs of hierarchal ordering within the family, and intergenerational

1 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.

2 Haarr, R.N. (2081). ASEAN Regional Guidelines on Violence against Women and Girls Data Collection and Use. UN Women: Bangkok, Thailand.

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

family control. Lack of availability and access to quality essential services, including protection, health care, psycho-social support, shelter, legal advocacy, and police and justice responses are some of the main barriers and challenges that VAW survivors' face in Ethiopia.

The 2030 Agenda for Sustainable Development identifies the elimination of VAW as a crucial priority for achieving gender equality and sustainable development.⁴ After all, VAW 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 VAW is a cross-cutting priority across the Sustainable Development Goals (SDGs) and vital for achieving SDGs of No Poverty, Good Health and Well-being, Quality Education, Sustainable Cities and Communities, and Peace, Justice and Strong Institutions.⁵ The 2030 Agenda builds on existing international frameworks that address VAW, 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.

NATIONAL FRAMEWORKS FOR ENDING VIOLENCE AGAINST WOMEN

Although Ethiopia has not enacted specific VAW legislation or domestic violence laws, existing laws have been reformed as an interim response.⁶ 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.⁷ Both Codes, among others, address core elements of the definition of VAW in the Ethiopian context, however, fall short of criminalizing all forms of VAW.

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 VAW 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.⁸

In recent years, the Government of Ethiopia (GoE) has taken steps to develop an enabling policy framework that supports multi-sectoral and coordination framework to end VAW 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 VAW by developing two strategies that are currently under revision:⁹

4 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.

5 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.

6 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

7 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.

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

9 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.

- 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 VAW and harmful practices. Interventions identified in the Strategy's package include: awareness-raising; strengthening law enforcement responses to VAW; increasing availability of legal aid to VAW survivors; improvement of health care responses to VAW survivors; establishment shelters and one-stop centres that provide essential services to VAW survivors; and, establishment of coordination mechanisms.¹⁰

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 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 VAW 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).¹¹

VIOLENCE AGAINST WOMEN IN ETHIOPIA

The 2016 EDHS was the first national population-based study that included a focus on VAW; prior to the 2016 EDHS comprehensive data on VAW in Ethiopia was not available. The 2016 EDHS was conducted at the request of the GoE, particularly the Ministry of Health, and was implemented by the Central Statistical Agency. The Domestic Violence Module was added to the 2016 EDHS at the request of the Ministry of Women, Children, and Youth Affairs.

SAMPLE OF WOMEN

The 2016 EDHS Domestic Violence Module was administered to a total of 5,860 women age 15-49, and measured women's experiences of violence, including violence experienced by those who never married and those who were currently and/or formerly married (ever-married). Twenty-four percent were never married and 76% were ever-married (87% of ever-married women were currently married and 13% were formerly married, i.e., divorced or widowed).

WOMEN'S EXPERIENCES WITH PHYSICAL AND SEXUAL VIOLENCE

More than 1 out of 4 (26%) women age 14-59 experienced physical and/or sexual violence since the age of 15. More specifically, 23% of women experienced physical violence since age 15, and 15% experienced physical violence in the 12 months prior to the survey (current). Ten percent of women ever experienced sexual violence at some point in their lives, and 7% were currently experiencing sexual violence. Four percent of women experienced physical violence during pregnancy.

¹⁰ Ibid.

¹¹ Ibid.

Among never married women who experienced physical violence since the age of 15, perpetrators were most often sisters/brothers (27%), other relatives (14%), fathers/step-fathers (13%), teachers (11%) and former boyfriends (8%). Other perpetrators were employers/someone at work, mothers/step-mothers and daughters/sons but to less extent.

The majority of ever-married women who experienced physical and/or sexual violence identified their current husbands/partners (68%) and former husbands/partners (25%) as the perpetrators. Similarly, ever-married women who experienced sexual violence, most often identified the perpetrators as their current husband/partner (69%) and former husband/partner (30%).

WOMEN'S EXPERIENCES WITH SPOUSAL VIOLENCE

Table 1 reveals 1 out of 3 (34%) ever-married women age 15-49 ever experienced spousal violence in the form of emotional, physical and/or sexual violence by their current/most recent husband/partner. More specifically, 24% of ever-married women experienced emotional violence, 24% experienced physical violence, and 10% experienced sexual violence.

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
SPOUSAL VIOLENCE COMMITTED BY CURRENT OR MOST RECENT HUSBAND/PARTNER¹		
Physical violence	24%	17%
Sexual violence	10%	8%
Emotional violence	24%	20%
Physical and/or sexual violence	26%	20%
Emotional, physical and/or sexual violence	34%	27%
SPOUSAL VIOLENCE COMMITTED BY ANY HUSBAND/PARTNER		
Physical violence	25%	17%
Sexual violence	11%	8%
Physical and/or sexual violence	28%	20%
MARITAL CONTROL (3 OR MORE SPECIFIC BEHAVIORS) BY ANY HUSBAND/PARTNER		
Controlling behaviors	16%	

Source: 2016 Ethiopia Demographic and Health Survey, p. 305

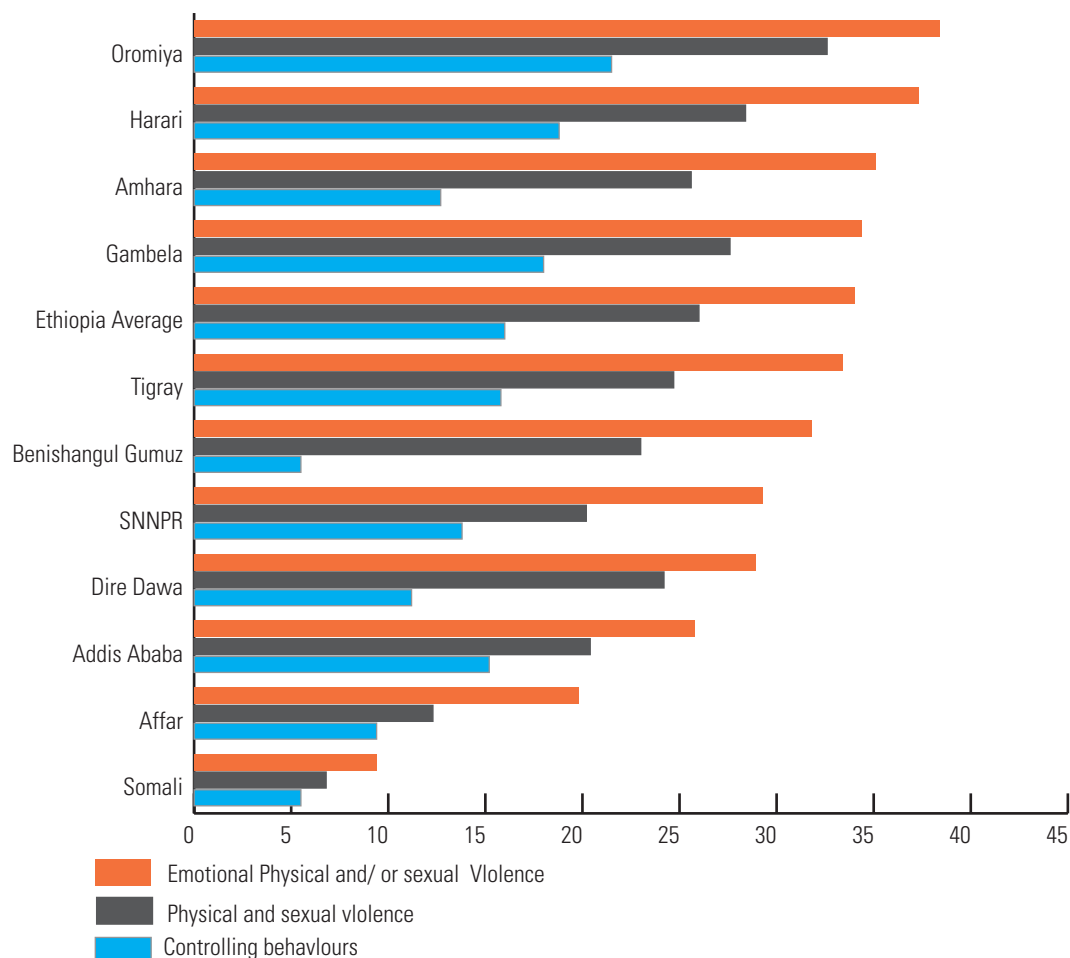
In regard to current experiences of spousal violence, more than 1 in 4 (27%) ever-married women age 15-49 experienced spousal violence in the form of emotional, physical and/or sexual violence by their current/most recent husband/partner in the 12 months prior to the survey (20% were currently experiencing physical and/or sexual violence). More specifically, 20% of ever-married women were currently experiencing emotional violence, 17% were currently experiencing physical violence, and 8% were currently experiencing sexual violence.

Table 1 also reveals more than 1 out of 4 (28%) women ever experienced physical and/or sexual violence at the hands of any husband/partner (25% experienced physical violence and 11% experienced sexual violence) and 20% experienced physical and/or sexual violence by any husband in the 12 months prior to the interview. In addition, 16% of women experienced three or more controlling behaviors by any husband. The most common controlling behaviors were husbands/partners being jealousy or angry if she talks to other men (39%) and insisting on knowing where she is at all times (33%).

Spousal Violence by Location

Location (region and urban/rural) is a strong predictor of women's experiences with spousal violence. Spousal violence (emotional, physical and sexual violence) is most prevalent in Oromiya (38%), Harari (37%), Amhara (35%) and Gambela (34%), and least prevalent in Somali (9%). A similar pattern emerges in the prevalence of physical and/or sexual spousal violence. Ever-married women age 15-49 in Oromiya (33%), Harari (28%) and Gambela (28%) were most likely to experience physical and/or sexual violence at the hands of their current/former husbands/partners.¹² In addition, women in Oromiya (22%), Harari (19%) and Gambela (18%) were most likely to experience three or more controlling behaviors at the hands of their current/former husbands/partners.

Chart 1: Spousal violence by region



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

The 2016 EDHS also found that women in rural areas (35%) were more likely to experience emotional, physical and/or sexual spousal violence, compared to women in urban areas (28%). Women in rural areas (28%) were also more likely to experience physical and/or sexual spousal violence, compared to women in urban areas (20%).

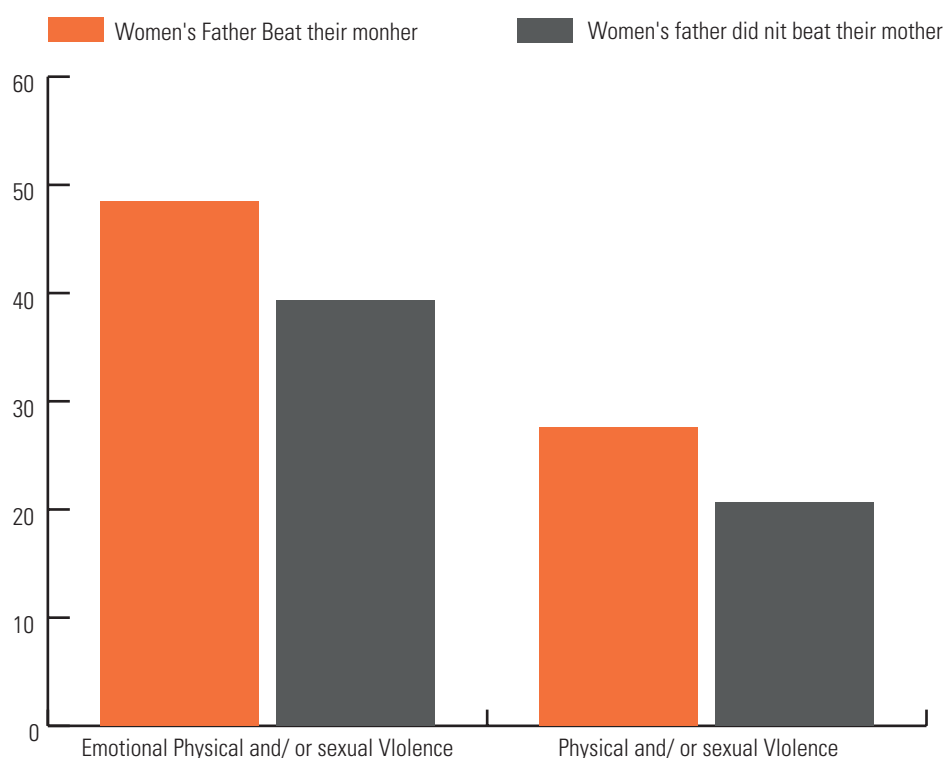
¹² Regional differences in spousal prevalence rates are likely affected by the significant differences in sample size across regions, coupled with cultural influences, such as ethnic make-up of regions. Sample sizes in Harari (n=10), Gambela (n=13), Dire Dawa (n=23), Affar (n=43), Benishangul-Gumuz (n=44), 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).

Such information can be used to inform the development of EAW 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.

EXPOSURE TO SPOUSAL VIOLENCE IN CHILDHOOD

Existing cross-cultural research on domestic violence has established that exposure to domestic violence in childhood can have lasting impacts in adulthood.¹³ 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.¹⁴ Thus, it is not surprising that the 2016 EDHS found a significant relationship between women’s exposure to domestic violence in childhood (witnessing their fathers beating their mothers) and experiencing spousal violence in adulthood.

Chart 2: Relationship between women’s exposure to spousal violence in childhood and adulthood



Source: Ethiopia Demographic and Health Survey 2016.

Chart 2 shows that women whose fathers beat their mothers (49%) were significantly more

13 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.

14 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.

likely to experience emotional, physical and/or sexual spousal violence in adulthood, compared to women who reported their fathers did not beat their mothers (28%). This same pattern emerged for women who experienced both physical and/or sexual spousal violence. It is notable that women whose fathers beat their mothers were nearly two times more likely to experience emotional violence (35%) and physical violence (36%) at the hands of their husbands/partners, compared to women whose fathers did not beat their mothers (19% and 18% respectively).

VIOLENCE-RELATED INJURIES

Battered women often experience injuries related to spousal violence and more than one type of violence-related injury. More than 1 out of 4 (28%) women who experienced sexual spousal violence and 24% who experienced physical spousal violence suffered one or more violence-related injuries. Battered women were most likely to experience cuts, bruises and/or aches (22% of sexual violence victims and 20% of physical violence victims), 13% of women experienced broken bones, broken teeth and/or suffered any other serious injuries, and 10% experienced eye injuries, sprains, dislocations and/or burns.

HUSBAND'S ALCOHOL USE/ABUSE AND SPOUSAL VIOLENCE

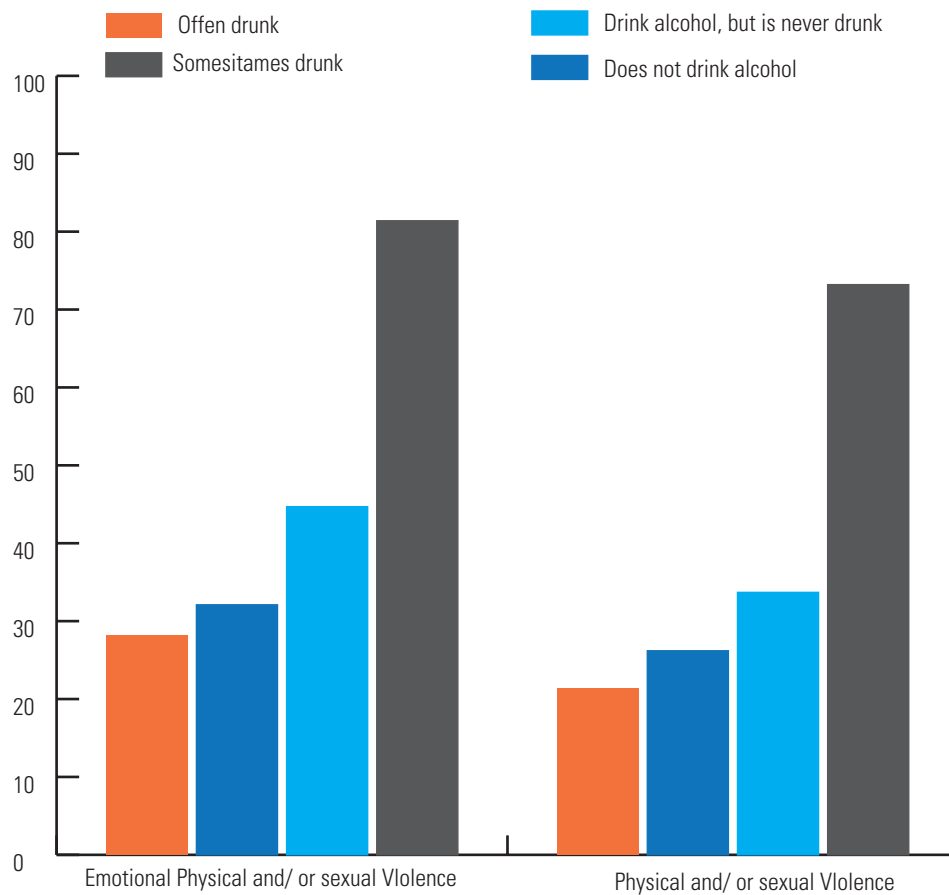
The relationship between alcohol use/abuse and spousal violence is complicated.¹⁵ One of the myths or widely held false beliefs about domestic violence is that alcohol is a cause of domestic violence; in reality, alcohol does not cause domestic violence, although some abusive husbands/partners use alcohol as an excuse for becoming violent.¹⁶ 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.

The 2016 EDHS found that 81% 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 (45%). Women who reported their husband drink alcohol, but are never drunk (32%) and do not drink alcohol (28%) also experienced emotional, physical and/or sexual spousal violence, but to lesser extent than women whose husbands were sometimes or often drunk.

15 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; 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.

16 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.

Chart 3: Husbands' alcohol use and spousal violence



Source: Ethiopia Demographic and Health Survey 2016.

WOMEN'S FEAR OF THEIR ABUSIVE HUSBANDS

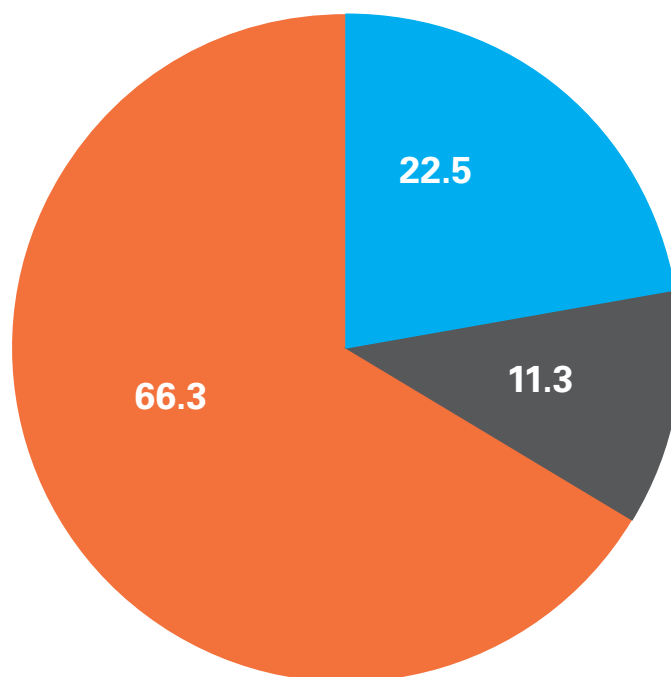
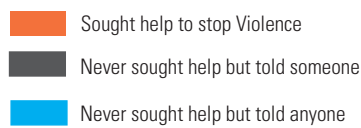
Existing research has shown that women who experience controlling behaviors by husband/partners often fear their husbands/partners, particularly when the controlling behaviors aim to limit women's freedom of movement, decision-making abilities, and actions in their daily lives. Women's fear of their abusive husbands/partners also limits their ability to seek help for the violence in their lives.

The 2016 EDHS found that 45% of women who experienced three or more controlling behaviors by their husbands/partners feared their husbands/partners (27% were afraid most of the time and 18% were afraid sometimes); only 9% of battered women 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%) and when he insists on knowing where she is at all times (84%).

HELP-SEEKING BEHAVIORS OF VAW SURVIVORS

VAW survivors are often reluctant to seek help for the violence in their lives, whether the violence occurs in the context of marriage and family or in public spaces. Chart 4 shows that only 1 out of 5 or 23% of women who experienced physical and/or sexual violence sought help for the violence. In comparison, as many as 89% of women never sought help, of which 66% never sought help and never told anyone and 11% never sought help, but told someone about the violence. These findings demonstrate the majority of VAW survivors in Ethiopia suffer in silence; they do not receive protection, support services or access to justice that are their legal and human rights.

Chart 4: Help-seeking behaviors of VAW survivors



Source: Ethiopia Demographic and Health Survey 2016.

A significant proportion sought help from family, including their own family (31%) and their husband's/partner's family (14%). Some women also sought help from informal networks, mainly neighbors (34%), but also friends (10%) and religious leaders (6%). Far fewer VAW survivors sought help from formal networks, such as police (8%), lawyers (3%), social work organizations (2%) or health care workers (2%).

ATTITUDES TOWARD WIFE BEATING

A major barrier to ending VAW are attitudes supportive of wife abuse that are held by Ethiopian men and women alike. Most notable is that 63% of women and 28% of men age 15-49 held the belief that a husband is justified in beating his wife in at least one of five specified circumstances (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 declined (but not as drastically as men) from 85% in the 2000 EDHS to 63% in the 2016 EDHS. Still, women are significantly more likely than men to hold attitudes supportive of wife beating for what are considered as 'justifiable reasons.'

RECOMMENDATIONS FOR THE 2021 EDHS

There were lessons to be learned from the 2016 EDHS as it relates to data collection and analysis on VAW, and recommendations for consideration as the GoE and partners plan for the 2021 EDHS. 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. For a more detailed explanation of each of the recommendations refer to the document entitled, **Further Analysis of Findings on Violence against Women from the 2016 Ethiopia Demographic and Health Survey (2019)**.

METHODOLOGY AND SAMPLING

1. For each region, sample sizes need to be sufficient for reliable estimates of VAW prevalence rates. 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 VAW prevalence rates at the national and subnational levels, and regional comparisons.
2. **Improve the selection and training of interviewers.** Given the sensitive nature of questions, qualified interviewers need to be selected and all interviewers need to be properly trained and supervised to ensure they have the capabilities and confidence needed to effectively conduct the interviews and administer the Women's Questionnaire and to appreciate the sensitivity of the survey questions, especially those measuring women's experiences of violence. Interviewers also need to be trained on how to ask questions and communicate with respondents in a gender sensitive manner, and to record data (without errors) at the same time. They also need to be fully trained on ethical guidelines when researching VAW, in keeping with international ethical guidelines advanced by the World Health Organization and the United Nations.
3. **Include VAW experts and researchers from educational institutions in Ethiopia on the technical working group for the 2021 EDHS.** It is important that experts and researchers invited to join the technical working group for the 2021 EDHS have expertise on VAW, including regional and ethnic group differences in VAW and harmful traditional practices, coupled with social science research methods and survey research.

4. **Address data gaps that exist for girls under 15 year of age and women over the age of 49.** Some VAW prevalence studies have included women up to age 69 or 74, such as 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 VAW. As it relates to measuring the prevalence of FGM/C, the exclusion of girls under the age of 15 creates gap in terms of understanding the prevalence of FGM/C; this needs to be considered when planning for the 2021 EDHS. Although some information is captured by asking women whether their daughters were circumcised, age at circumcision, and time when circumcised; however, for other variables related to FGM/C mothers are not positioned to report on their daughters' experiences.
5. **Address data gaps that exist for women who have been displaced internally as a result of ethnic conflicts.** It would be beneficial if the 2021 EDHS use a sampling framework that includes marginalized women and girls, particularly in regions where there are large numbers of IDPs.

Measures of VAW

6. **Measures of economic violence against women in the context of marriage. UN Guidelines for Producing Statistics on Violence against Women** recommends measurement of economic violence. The 2016 EDHS did not measure prevalence of economic violence in the context of marriage. It is important to measure economic violence which involves denying a woman access to financial resources, to property and durable goods, to the labour market and education, and participation in decision-making relevant to economic status, as well as deliberately not complying with economic responsibilities, such as alimony or financial support for the family, thereby expose her to poverty and hardship.
7. **Measures of sexual violence in all forms, including forced, coerced and attempted (but unsuccessful) sexual assaults and rape, and unwanted touching.** The 2016 EDHS included three questions that measured forced engagement in sexual acts, but did not measure the range of harmful and unwanted sexual behaviors that are imposed on women 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.
8. **Measures of sexual harassment experienced by women since the age of 15.** VAW prevalence studies can cover specific acts of sexual harassment which are unwanted and offensive. These can be categorized into four broad groups:¹⁷ physical harassment (unwelcome touching, hugging or kissing); verbal harassment (sexually suggestive, offensive, comments or jokes; intrusive, offensive questions about a woman's private life or physical appearance); non-verbal 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); and cyber-harassment (receiving unwanted, offensive, sexually explicit emails or SMS messages; inappropriate, offensive advances on social networking website or internet chat rooms).

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

9. **Measure locations where women experience incidents of sexual harassment and violence.** 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.
10. **Measures of emotional violence.** Questions related to emotional violence can be expanded to include more forms of emotional violence.
11. **Measures of controlling behaviors.** It would be beneficial to include a question that reflects controlling behaviors 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 behaviors, such as your husband/partner limits/restrict you from getting health care, which can be correlated with their access to health care for violence-related injuries.
12. **Measures of violence during pregnancy and the perpetrators of such violence.** It is important to ask women who were ever pregnant a series of questions about violence (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 these things to physically hurt you while you were pregnant?) to provide more in-depth understanding about the types physical violence experienced during pregnancy and the perpetrators of that violence.
13. **Measures of social norms versus attitudes toward violence against women and girls.** Understanding women's risks of experiencing violence requires understanding the extent to which VAW is tolerated in the wider community (social norms). 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.¹⁸ 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.¹⁹ 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."²⁰ When social norms contradict the attitude, personal attitudes are unlikely to direct behaviour for the majority of people in a reference group.²¹ 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.²²

18 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.

19 Ibid, p. 8

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

21 Ibid p. 11.

22 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.

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 Girls²³, supported by UN Women Malawi. With technical assistance, UN Women Malawi developed a study-specific survey entitled, Social Norms, Attitudes and Behaviours Survey on VAWG.²⁴

14. Measures of violence-related injuries, access to medical care, and disruptions to work.

More types of violence-related injuries in more distinct categories, including: fear, anxiety, irritability, depression, feelings of isolation and/or sleeplessness; 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; and, permanent injury or disfigurement

Women who experience violence-related injuries should also be asked 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. It is also important to measure disruptions to work (paid and unpaid work, household work and work outside of the home) and the costs of VAW for women and their families.

15. Measures of help-seeking behaviors and reasons for seeking help.

Question related to help-seeking behaviors, particularly from whom women seek help should include formal sources/authorities that exist in the country. Women who sought help for violence should also be asked to identify the reasons they sought, if they ever left home because of domestic violence, the number of days/nights left home because of domestic violence in the 12 months prior to the interview, and the reason for leaving home the last time they left. VAW survivors' who did not seek help should be asked why they did not seek help for the violence they experienced.

16. Measuring 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.

Data Analysis and Reporting

Further analyses of EDHS VAW data would be beneficial. Some of that analyses that would be beneficial are outlined in the following recommendations.

17. Calculate the total numbers of specific-acts of violence that women experience by type of violence.

Determine the number of specific-acts of emotional, physical and sexual violence, and controlling behaviors experienced by women to demonstrate that women do not experience only one type, but often experience multiple types of violence.

18. 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 behaviors in women's lives, including in childhood and adulthood, and in their marriages/intimate relationships.

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

24 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).

- 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.
- 20. Analyse lost productivity and economic costs of VAW.** VAW is an economic issue which carries significant costs for women, families, businesses, the economy and society at-large. VAW 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.
- 21. Analyse the relationship between experiences of sexual violence, use of contraceptives and risk of sexually transmitted infections (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.
- 22. Analyse the relationship between alcohol use/abuse and domestic violence-related injuries.** It is important to analyse the relationship between husbands/ partners' alcohol use/abuse, particularly frequency of drunkenness, and women's experiences of domestic violence and violence-related injuries.
- 23. Analyse the help-seeking behaviors by women's experiences of different types of violence.** Understanding how types of violence women experience can influence their help-seeking behaviors is important; thus, data should be analyzed to understand help-seeking behaviors by women's experiences of different types of violence, including from whom they seek help.
- 24. Generate a research brief on comparisons of findings across the 2016 and 2021 EDHS as it relates to VAW.** In the future, it will be important to generate a research brief that focuses specifically on comparing findings on VAW from the 2016 EDHS and the 2021 EDHS so that policy makers can better understand VAW prevalence rates in the country and how increases and/or decreases in prevalence rates (particularly in current rates of VAW) over time may be linked EVAW initiatives.
- 25. Need for additional research and studies on VAW 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 VAW in Ethiopia will be needed to provide a more in-depth understanding of VAW in different contexts in Ethiopia.

RECOMMENDATIONS FOR ENDING VIOLENCE AGAINST WOMEN AND GIRLS IN ETHIOPIA

The recommendations that follow respond to CEDAW general recommendation 35 (2017) which build on general recommendation 19 (1992) and concluding observations of the Committee on the Elimination of Discrimination against Women (Forty-ninth session 11 — 29 July 2011), and are aligned with the United Nations Development Assistance Framework for Ethiopia 2016-2020 and SDG 5, and the Concluding Observations by the CEDAW Committee on Ethiopia's eighth periodic report (2017). For a more detailed explanation of each of the recommendations refer to the document entitled, Further Analysis of Findings on Violence against Women from the 2016 Ethiopia Demographic and Health Survey (2019).

- 26. The GoE should take steps to create an enabling legislative and policy environment on EAW that is aligned with international conventions and standards EAW.**²⁵ There remain gaps in existing legal and normative frameworks in Ethiopia, including those related to VAW. Aligning federal and regional EAW legislation and policies with international human rights conventions is key in order to influence decision- and policy-makers and to start building a political and judicial environment that contributes to ending violations of women's rights, including the right to live a life free from violence.²⁶
- 27. Effective steps should be taken to translate EAW policy into action.** Effectively translating EAW policy into action requires capacity building of ministry officials, government authorities and frontline service providers to understand EAW legislation and policies, and coordination mechanisms for delivery of multi-sectoral services for VAW survivors. Frontline service providers also require capacity building on how to properly respond to incidents of VAW and VAW survivors, and to avoid victim-blaming.
- Translating policy into action also requires oversight and monitoring of coordinated multi-sectoral approaches to VAW and progress made to prevent VAW, protect VAW survivors, and prosecute perpetrators of VAW. Bottlenecks and gaps in essential service delivery and access to justice need to be identified and addressed.
- 28. Ensure all VAW survivors have access to a coordinated set of quality essential services.** Quality essential services should be available to all VAW survivors. In keeping with the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence, 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.
- 29. Strengthen the capacities of the national coordinating body to deliver a coordinated set of quality multi-sectoral essential services to VAW survivors.**²⁷ 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 VAW 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** and provide them with technical guidance and support to adopt and integrate these global standards and guidelines on essential services.²⁸
- 30. Support a Community of Practice (CoP) to support the Ethiopia Network of Women's Shelters (ENWS).** A CoP of the ENWS 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 that strengthen the delivery of quality essential service to VAW survivors.
- 31. Training to improve knowledge, attitudes and skills of frontline service providers to provide gender-responsive and victim-centred responses and essential services to VAW survivors.** Providing trainings to improve knowledge, attitudes and skills of frontline service providers to provide gender-responsive and victim-centred responses and essential services to VAW survivors is crucial.

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

26 CEDAW general recommendation 28.

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

28 Ibid.

- 32. Develop behaviour change and awareness-raising campaigns about VAW, in all forms, to change social norms, attitudes and behaviors.** Develop evidence-based communication for development strategies that aim to bring social norms toward ending VAW, in all forms. This includes behaviour change campaigns and strategies that correct misinformation and stereotypes related to intimate partner violence, domestic violence, rape/sexual assault and sexual harassment in public and private settings. Such campaigns should encourage VAW survivors to know their rights and to seek help for VAW, and share true stories of VAW survivors who sought help and benefited from it.
- 33. Collection of quality administrative data on VAW across ministries and sectors.** Strengthening administrative data collection on VAW is an important and useful investment.²⁹ Administrative data can 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.³⁰
- 34. Strengthen partnership and coordination.** It is important to strengthen partnerships and coordination among relevant institutions, organizations and agencies, including representatives from government and civil society, as well as international organizations, universities, research institutes, and the private sector for purposes of improving research and programme and policy development to end VAW.

29 ASEAN Regional Guidelines on Violence against Women and Girls – Data Collection and Use, UN Women, 2018.

30 Ibid.

