

NATIONWIDE SURVEY ON DOMESTIC VIOLENCE AGAINST WOMEN IN ARMENIA 2008-2009

EXECUTIVE SUMMARY



National Statistical Service of RA

UNFPA “Combating Gender-Based Violence
In the South Caucasus” Project

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INTRODUCTION

Background to the Study

A. The Report

This report is based on the *Armenia Nationwide Survey on Violence against Women*, conducted in 2008 by UNFPA “Combating Gender-Based Violence in the South Caucasus” project ¹ (UNFPA CGBV) and the National Statistical Service (NSS) of Armenia. The Survey is a first nationally representative sample survey on violence against women and is one of a kind because of its scope, scale, methodology and the status of the obtained results.

The report summarizes the major findings of the survey, with a focus on relevant indicators and specific topics covered. The survey findings provide valuable information on *prevalence and incidence of major forms of violence against women*, including intimate partner and non-partner violence, on *effects of gender-based violence* on women’s physical, mental and reproductive health, on *women’s coping strategies and mechanisms*, on *attitudes* towards violence against women, on *childhood sexual abuse* as well as on the relationship between women’s *socioeconomic status, financial autonomy* and *gender-based violence*.

The primary objectives of the final report are *to convey* the survey data and the results of the analysis of the survey findings to policy-makers, relevant State agencies and other government entities, international organizations and donors, non-governmental organizations, expert community, the media and the general public, *to raise* their awareness with regard to prevalence of violence against women in this country and thus *to enable them* to make better informed policy decisions and choices and to make a more effective response, including better-targeted campaigns to combat gender-based violence.

The present Report contains both a descriptive level and a more in-depth and detailed as well as complex analysis of the survey findings, in which case data are placed in a broader socio-economic and cultural context and reviewed from the perspective of the current gender situation.

B. Study Objectives and Research Questions

The objectives of the study were as follows:

- to produce accurate and reliable official and internationally comparable baseline data on prevalence and incidence of major forms of intimate partner and non-partner violence against women and thus to obtain valid estimates about the scale and scope of the phenomenon in this country;
- to identify some reasons of intimate partner violence;
- to get an estimate of sexual abuse of children of under 15 years of age;
- to identify and assess the risk and protective factors for intimate partner violence;
- to explore the association of intimate partner violence with outcomes for women’s physical, mental and reproductive health;

¹ “Combating Gender-Based Violence in the South Caucasus” project was launched in April of 2008. The main goal of this three-year project is to create enabling environment for reduction of gender based violence in Armenia, Azerbaijan and Georgia and support the countries in fulfilling their international obligations in the field. One of the main components of the project is “Nationwide Survey on Domestic Violence against Women”. The finding will be used in awareness raising activities and as a basis for the formulation of appropriate national policies and strategies to combat gender based violence.

- to identify and assess effectiveness of coping strategies, mechanisms and services that women (may) resort to when subjected to violence;
- to examine whether women resort to violence as a response to male partner violence or unprovoked;
- to probe attitudes towards violence against women;
- to make a detailed and in-depth data-based analysis and to draw conclusions;
- to contribute to strengthening the capacity of stakeholders to protect women from both intimate partner and non-partner violence;
- to make recommendations with a view to helping relevant government agencies design more effective and better-targeted policies and interventions to address the problem of violence against women;
- to highlight the relationship between females' subordinate status in the society (which is a result of persisting gender inequalities) and their increased vulnerability to violence;
- to contribute to greater public awareness of the issue of violence against women in the Armenian society since this awareness is a *sine qua non* for effective prevention and combating of gender-based violence;
- to show that violence against women is preventable;
- to trigger public discussions and to stimulate further research of the phenomenon and its prevalence in Armenia;

The research questions of the study were as follows:

- Is violence against women a widespread phenomenon in Armenia?
- What forms of violence against women are more prevalent?
- Is domestic violence/intimate partner violence more common than violence committed by other perpetrators?
- What are risk and protective factors in case of intimate partner violence?
- What are some putative reasons for intimate partner violence and is their relative weight?
- Does intimate partner violence have significant negative health outcomes for women? If yes, which and to what extent?
- What percentage of women subjected to physical and/or sexual violence sustains injuries/physical harm and what are the prevalent types of the injuries?
- Is sexual abuse of children under 15 years of age a reality?
- Do women exonerate violence against women? If yes, what forms and in what cases? How entrenched are some gender stereotypes?
- What coping strategies do victims of violence against women pursue?
- What actions do women take to prevent or reduce intimate partner violence? Is a violent response a rare occurrence?
- What is the association of intimate partner violence with woman's economic empowerment or lack thereof? How prevalent are forms of economic disempowerment of women?
- To what extent in all of the above situations is each of the select background characteristics of the respondents significant as per disaggregated data?

ORGANIZATION AND METHODOLOGY OF THE STUDY

With a view to creating an official baseline for policy-makers and to assisting them in formulating targeted policies and programmes aimed at GBV reduction as well as to contributing to awareness raising among the population, the project initiated a nationwide research on GBV to ensure a comprehensive analysis of accurate data on gender-based violence, in particular on Domestic Violence Against Women.

The research in Armenia was part of the bigger region-wide effort in the field of GBV data collection. In Armenia, it was implemented by UNFPA CGBV in cooperation with the **National Statistical Service** (NSS). The undertaking heavily relied on knowledge of and consultations with local and international experts in the field.

Sample Design: Sample & Cluster Size

The research consists of a **quantitative survey** component providing representative information at 1) Yerevan, 2) other urban and 3) rural levels. The quantitative component is a cross-sectional population-based household survey. The sampling frame for the survey was built using the database of addresses created for the 2001 Population Census. All the regions (marzes), as well as all urban and rural settlements were included in the sample population according to the share of population residing in those settlements as percent to the total population in the country.

A representative probability sample of 4,720 households was selected for the survey sample. The sampling was designed in two stages. In the first stage, 236 clusters (with 20 h/h per cluster) were selected from the list of enumeration areas. In the second stage households were selected randomly.

For Yerevan the sample size of households was calculated as 1,440, for other urban areas – 1,280, and for rural areas – 2,000. The total sample size was calculated as 4,720 h/h.

The confidence interval was 95.0%.

The target group for the survey was women in the age bracket 15-59. Thus, all women aged 15-59 were eligible to be interviewed. Interviews/questionnaires were completed with 2,763 women.

Stratification

The database of addresses of all households was divided into 48 strata. It included: 12 communities of Yerevan city (12 strata), big towns with 15000 and more residents (16 strata), and other urban areas (10 strata), and villages (10 strata).

According to this division, a random, two-step sample stratified at the marz level was developed. All regions (marzes), as well as all urban and rural settlements were included in the sample population according to the share of population residing in those settlements as percent of the total population in the country. In the first step, the settlements were selected, in the second step – the respondent households.

Sample Implementation

Result	Residence			
	Yerevan	Other urban	Rural	Total
Completed (C) %	78.0	70.2	73.3	73.9
No of h/h members at home at the time of the visit, entire h/h speaking only strange language, h/h respondent (HR) %	3.8	2.0	0.7	2.0
Refused (R) %	3.8	2.9	1.7	2.7
Dwelling not found (DNF) %	0.8	2.3	0.8	1.2

Household absent (HA) %	8.6	20.3	21.2	17.1
Dwelling vacant/address not a dwelling (DV) %	4.4	2.1	2.3	2.9
Dwelling destroyed (DD) %	0.6	0.2	-	0.2
Total	100.0	100.0	100.0	100.0
Number of sampled households	1,440	1,280	2,000	4,720
Household response rate (HRR) ² %	90.3	90.7	95.8	92.6
Eligible women				
Completed (EWC) %	98.2	97.3	98.8	98.2
Not at home (EWNH) %	0.2	0.3	0.3	0.3
Postponed (EWP)	-	-	-	-
Refused (EWR) %	0.9	1.1	0.4	0.8
Partly completed (EWPC)%	0.6	0.7	0.4	0.5
Incapacitated (EWI) %	0.1	0.6	0.1	0.2
Total	100.0	100.0	100.0	100.0
Number of women	903	699	1,196	2,798
Number of eligible women interviewed (including partly completed)	892	685	1,186	2,763
Eligible women response rate (excluding partly completed) %	98.2	97.3	98.8	98.2

Questionnaire

The model WHO questionnaire³ was adapted only slightly so as to ensure comparability with data and findings from numerous other studies conducted on the basis of the said questionnaire (in line with the national specifics and priorities) for use by experts from the NSS and UNFPA, as both agencies were responsible for survey design and implementation. All changes were approved by international consultants and UN experts from UN agencies (e.g. anti-drug, reproductive health and human rights projects).

The Questionnaire, the “Question-to-Question Interviewer’s Manual” and Guidelines for Interviewers were revised in English and then translated into Armenian.

The Questionnaire was pre-tested in early October 2008.

The Questionnaire was structured to obtain information on the following topics from women aged 15-59:

- Characteristics of the respondent and her community
- General health status
- Reproductive health
- Information regarding children

² (C)*100/(C)+(HR)+ (R)+ (DNF)

³ http://www.who.int/gender/violence/who_multicountry_study/Annex3-Annex4.pdf

- Characteristics of current or most recent partner
- Attitudes towards gender roles and violence against women
- Experience of intimate partner violence
- Injuries caused by violence
- Impact and coping mechanisms used by women subjected to violence
- Non-partner violence and other experiences
- Financial autonomy
- Anonymous reporting of childhood sexual abuse; respondents' feedbacks

Field Staff Training

For conducting the study a team was set up that consisted of 65 interviewers, 30 quality control personnel, 8 code clerks and 8 data entry clerks. Prior to the survey, a special five-day workshop on GBV and its forms, results of the recently conducted surveys on domestic violence, legal field on domestic violence, questionnaire interviewing techniques and code of conduct for interviewers, as well as the survey sample and the questionnaire filling procedure was held for the personnel to be involved in the fieldwork, including also supervisors and field editors.

Ethical & Safety Considerations

In line with the WHO guidelines, conscious efforts were made to collect data in a manner that presents the least risk to respondents, i.e. to ensure confidentiality and privacy with a dual purpose of *protecting the safety* of respondents and interviewers and of *improving the quality* of the survey data. It is also important that respondents feel psychologically comfortable in the course of the interview. All field workers received special training to that end.

The research team proceeded from the assumption that unless failure to take safety and security issues are carefully reviewed and taken care of in advance, interviews may in some instances pose a danger for interviewees and, albeit to a lesser extent, for interviewers. Consistent efforts were made to make sure that all fieldworkers have appropriate communication and interviewing skills, that they have empathy and ability to demonstrate sensitivity, to be sympathetic to interviewees' experiences and to conduct interviews in a non-judgmental manner and to build good rapport with respondents and that they stick to the interview protocol and the standard operating procedures so as not, however inadvertently, to force victims of violence to relive their traumatic experience, thereby increasing their feelings of shame, distress, anxiety and mental anguish and, possibly, self-blame and self-stigmatization and, most importantly, not to cause further harm to respondents' well-being. Disclosure of some sensitive personal information in the third party's presence and even the very fact of participation in the survey that studies various forms of violence against women, controlling behavior and economic abuse can have serious social, material, psychological, health and other consequences and repercussions for interviewees, including potential retaliatory violence.

It was imperative that interviewers should therefore:

(a) make conscious efforts to ensure that no one else is present in the course of the interview, especially when questions on sensitive issues are asked;

(b) obtain respondents' informed consent (through the initial consent procedure) before the start of the interview;

(c) state clearly and unequivocally at the start of the interview that participation is fully voluntary and that confidentiality is guaranteed and identity of interviewees is protected;

(d) inform interviewees about confidentiality procedures;

(e) remind the respondents during the course of the interview (and, definitely, prior to each section that deals with personal experience of violence) that they can terminate it at any point and refrain from answering some questions and/or skip some sections.

Overall, the research team made sure that eventually all data be *de-identified*, i.e. they cannot be traced and linked to a concrete respondent.

Fieldwork

Armenia has used the Personal Interviewing Method for collecting data through survey. Fieldwork began in early October 2008 and was completed almost by the end of December 2008. While handing in the filled out questionnaires, each interviewer also presented a report on number of h/h visited according to the list of addresses randomly selected in the cluster, or interviews conducted and on addresses where interviews were not held. The senior technical staff visited teams regularly to review the work and monitor the data quality. Teams of interviewers, field editors and a team supervisor collected the survey data.

The processing of the 2008 survey results began shortly after the fieldwork was commenced. The completed questionnaires were returned regularly from the field to NSS headquarters in Yerevan, where they were entered and edited by data processing personnel who were specially trained for this task. The data processing personnel ensured that the expected numbers of the questionnaires from all clusters were received.

The concurrent processing of the data was an advantage because the senior technical staff was able to advise the field teams of problems detected during the data entry. In particular, specific feedback was given to the teams to improve performance.

Response Rates

- A total of 4,720 households were selected for the sample, 3,613 of which were occupied at the time of fieldwork and 3,487 of which were interviewed.

The main reason for the difference is that some of the dwelling units that were occupied during the Census 2001 were vacant or the household eligible woman was away for an extended period at the time of the Nationwide Survey fieldwork.

- Thus, eligible women from 3,487 h/h (97 percent of the occupied households) were successfully interviewed. One woman aged 15-59 from each household was selected by the Kish method for individual interview.

- 2798 women in these households were identified as eligible for the individual interview, and interviews were completed with 2,763 women (including partly completed), which makes 99 percent of all eligible women.

Household interviews	Residence			
	Yerevan	Other urban	Rural	Total
Households selected	1,440	1,280	2,000	4,720
Households occupied	1,177	935	1,501	3,613
Households interviewed	1,122	898	1,467	3,487

<i>Household response rate</i> ⁴ %	90.3	90.7	95.8	92.6
Individual interviews: women				
Number of women, unweighted	903	699	1,196	2,798
Number of eligible women interviewed (including partly completed)	892	685	1,186	2,763
Number of eligible women interviewed (excluding partly completed), unweighted	887	680	1,182	2,749
<i>Eligible women response rate</i> ⁵ (excluding partly completed) %	98.2	97.3	98.8	98.2
<i>Overall response rate</i> ⁶ %	88.7	88.2	94.7	90.9

Data Entry, Cleaning and Processing

The objective of data entry is to convert information from paper questionnaires into intermediate products (machine-readable files) which must be further refined by means of programme editing and clerical processes to obtain “clean” database as a final product.

The data entry began after the fieldwork was over. The filled-out questionnaires were submitted to the Office of the RoA National Statistical Service located in Yerevan, where data were entered and processed by the clerks who had participated in the training workshop. The data entry and cleaning stage was finished in February 2009.

Software used for data entry was Microsoft Access. There were some important requirements that contributed to that: *the data entry screen looked very much like the corresponding pages of the questionnaire thus the operator was able to find from the questionnaire the corresponding field on the screen very quickly. The data entry module had a variable validity control, where the operator immediately received an error message when an invalid value was entered.* All the collected data were converted into an SPSS format and a database was created. Internal consistency checks were performed several times to ensure logical control.

The weights were taken into account when data were calculated for tables.

Characteristics of the Respondents

The breakdown of the sample as to the “age”, “residence”, “marital status”, “number of children”, “education” and “employment status” factors is as follows:

Factor/Background characteristic	%	Number of women (all)
Age		
15-24	10.8	297
15-19	4.7	128
20-24	6.1	169

⁴ Households interviewed/households occupied (HRR)

⁵ Respondents interviewed/eligible respondents (EWRR)

⁶ The overall response rate is calculated as $ORR = HRR * EWRR / 100$

25-34	18.8	518
35-44	25.6	705
45-59	44.7	1,229
Residence		
urban	73.2	2,011
Yerevan	28.8	792
other urban	44.3	1,219
rural	26.8	738
Marital status		
Never married	13.9	382
Currently married	75.7	2,082
Formerly married	10.4	285
Number of children		
0	17.1	470
1-2	54.4	1,495
3+	28.5	784
Education		
No education	0.3	8
Basic general	4.3	118
Secondary general	40.2	1,104
Specialized secondary	32.0	881
Higher	23.2	638
Employment		
Unemployed	62.3	1,712
Employed	31.8	873
Seasonal work	5.4	149
Other	0.5	15
Total	100.0	2,749

Data Analysis and National Report

After the field work and data entry was finished, the UNFPA CGBV established **a group of national experts** to analyze the obtained data. The members of the Group were experts/representatives of the RoA Ministry of Labor and Social issues, RoA Ministry of Health, RoA Police Department as well as of the NGOs and academic community.

CONCLUSIONS AND RECOMMENDATIONS

This Chapter contains the outcome of the efforts to evaluate and synthesize the main findings of the survey.

I. Main conclusions of the study

A. Prevalence of violence against women

The data on violence against women as reported in the survey by the respondents indicate that this phenomenon is **a common occurrence in Armenia** and that **intimate partner violence accounts for the greatest share** of physical and psychological violence and controlling behavior and, probably, of sexual violence.

Here are some data for various forms of intimate partner violence/abuse experienced by **ever-partnered women** at some point in their lives (lifetime prevalence of intimate partner violence):

- **61.0% of women were exposed to controlling behavior**
- **25.0% of women were subjected to psychological violence/abuse**
- **8.9% of women were subjected to physical violence**
- **3.3% of women were subjected to sexual violence**
- **9.5% of women were subjected to physical and/or sexual violence**

As regards prevalence of physical violence and forced sex **by perpetrators other than husbands or other intimate partners** that **all surveyed women** could have been exposed to after age 15, the picture is as follows:

- **2.3% of women were subjected to physical violence**
- **0.1% of women acknowledge in the course of an interview that they experienced forced sex**
- **At the same time, when answering the same question anonymously 9.2% percent of women reported sexual abuse in childhood and early adolescence** (when they were under 15 years of age)
- The survey data show that only 0.1% of the surveyed women said that they had been subjected to physical violence by teachers. Several studies (their being non-representative notwithstanding) conducted in Armenia show that physical violence at schools in Armenia is not a rare occurrence⁷.

With regard to lifetime prevalence of economic violence/abuse in case of **currently-partnered women**, the survey revealed that:

- **7.4% of those women gave up or refused a job because their partner did not want them to work;**
- **8.7% of those women said their partners had taken their earnings/savings against their will.**
- 60.9% of **ever-partnered women** were unemployed. (It may become a part of the problem since it is known from numerous studies that those women victims of domestic violence who are economically dependent on their partner find it difficult to break away from the abusive relationship⁸.)
- The data show that violence against women has an adverse impact on women's health and on their social, mental, physical and economic well-being.

⁷ *Health behavior of school-aged children*. School-based health survey report. Yerevan: Arabkir Institute of Child & Adolescent Health and UNICEF, 2007. Reports of monitoring conducted by Helsinki Committee of Armenia See: *Ditord/Observer Bulletin*, July-August 2008, # 1(#39); *Ditord/Observer Bulletin*, April-June 2009, # 6-7(#44-45); *Human Rights in the Regions of Armenia* (# 4). Yerevan: HCA, 2010, pp. 41-61. *Knowledge against Violence*. Yerevan: HCA, 2010.

⁸ See, e.g., *Violence against Women in France*. Geneva: OMCT, 2003, p. 12.

- 2.1 of **ever-partnered women**, and 22.1% of **ever-partnered women who were ever subjected to physical or sexual violence**, were at least once injured due to physical or sexual violence by intimate partners.
- 3.3% of ever-partnered, ever pregnant women experienced physical violence by intimate partner during pregnancy.
- The percentage of the surveyed women who have an adequate understanding of gender-based violence varies dramatically depending on the form of violence and their background characteristics. Nevertheless, these variations notwithstanding, the **majority** (and not merely the **plurality**) of women have an adequate understanding of GBV with regard to all its forms.
- This majority is within a wide range from **overwhelming** (in perception of acts resulting in physical injury and of forced sex) to **great** (in assessment of intimate partner's degrading woman in public) to clear (with regard to economic violence and verbal threats) to **slim** (with regard to verbal abuse).
- The higher the level of educational attainment the higher the percentage of the respondents who correctly qualify relevant acts of physical, sexual and psychological abuse of women as gender-based violence.
- Current "marital status" is the best predictor for all forms of intimate partner violence: the percentage of women reporting abuse is at least 1.3 times, 3-4 times and 1.9 times lower for psychological, physical and sexual abuse among currently-partnered women as compared to formerly partnered women.
- Education and age are fairly accurate predictors with regard to all three forms of violence. They show consistent patterns. In case of education, an inverse correlation between prevalence of sexual violence and victims' *level of education* is almost unequivocal. In case of age, there is a steady rise for the first three age groups and then a slight decline for the fourth group.
- The findings show that women are vulnerable to multiple forms of violence.
- The survey confirmed a substantial overlap between physical and sexual violence by intimate partners. The findings indicate that in the group of ever-partnered women sexual abuse is usually accompanied by physical violence:
 - 3.3% of the respondents report sexual violence and 2.9% report sexual and physical violence.
 - Among women who were ever abused physically and/or sexually only 4.3% were subjected exclusively to sexual violence, while 28.9% encountered sexual and physical violence.
 - Every fifth woman, who is subjected to physical violence, is also a victim to sexual abuse.
- Consistent prevalence of controlling behavior by women's intimate partners clearly indicates that patriarchal social and cultural stereotypes and norms are deep-rooted and pervasive in this society.

B. Reasons for intimate partner's violent behavior

- Almost half (47.9%) of the respondents indicated that there was no particular reason why their intimate partner abused them physically.
- Reasons are multiple and a relative "weight", or significance, of individual reasons varies within a very wide range. As to their significance, they fall into several groups:
 - **Very insignificant**, as reasons, are woman being disobedient or refusing sex or failing to cook food (2.5%, 3.4% and 3.1% respectively).
 - **A higher percentage of the respondents** regard difficulties at man's work and problems with his or her family as reasons for violent behavior (5.7% and 6.8% respectively).

- A **significantly high prevalence** of male aggression is fueled by economic uncertainty, unemployment and financial problems: **Each tenth respondent** pointed at partner's being unemployed or jealous as reasons for his violent behavior (10.1% and 10.6% respectively). **Money problems** figure prominently as a reason (18.2%).
- **Man's drinking problems** stand out as the single most significant cause for violent behavior. One-third of the respondents (33.0%) associates violent behavior with drunkenness.

C. Inter-generational cycle and pattern of family violence

- Between 6.0% and 7.9% of women in the sample saw or heard, as children, their mothers physically abused.
- Women's partners are more abusive, if their mothers were beaten by husbands: among those ever-partnered women, who were ever subjected to physical intimate partner violence, the percentage of partners with physically abused mothers is 8 times higher (20.9%) than among ever-partnered women, who were NOT ever subjected to physical intimate partner violence (2.6%).
- Likewise, the male intimate partners, whose mothers were beaten by husbands, are almost ten times more likely to be physically abusive towards their women (43.6%) than those whose mothers were not beaten (4.5%).
- Only about 20% of women, who experienced physical violence by partner, fought back, when physically mistreated by their intimate partners.

D. Women's attitudes to violence and to husband's sexual "entitlement" **(all women in the sample)**

- Only 7.7% of women believe that family problems (and domestic violence is one of the most sensitive among those) can be discussed with persons other than family members.
- 54.0% of women disagreed and 31.1% agreed with the statement that law should not intervene since domestic violence is a private issue.
- The survey findings clearly indicate that there is a growing understanding among various segments of the Armenian society that **violence perpetrated against women is not a private matter**, even when committed in the private sphere of the family, and that **the State has a responsibility to interfere to stop and to prevent violence and to provide adequate protection to women targeted by gender-based violence**.
- Women's attitudes towards wife beating vary significantly depending on the circumstances and on the respondents' background characteristics. Almost no circumstances are seen as legitimate reasons for a husband to hit his wife, with a marked exception of adultery, as 34.3% of women exonerate and condone the husband who hits his wife when he finds out that she has been unfaithful.
- The higher the level of educational attainment, the less likely the respondents are to condone intimate partner violence.
- A vast majority of women reject the idea of men's sexual entitlement: only 14.2% agree with the statement that it is a wife's obligation to have sex with her husband even if she does not feel like it.
- 82.2% of women agree with at least one reason as being valid for a married woman to refuse to have sex with her husband.

E. Economic empowerment, self-reliance and abuse of women

- Most women **do not have** sufficient economic resources for economic security, self-reliance and empowerment through entrepreneurship, employment and ownership.

- While ownership of and control over means of production are important indicators of economic self-reliance and autonomy, on the whole women lack economic resources that would be sufficient for entrepreneurial activities, especially in urban areas: 2.8% - 9.0% in rural areas and 0.6% in urban areas own those resources by themselves. Therefore, their autonomy and capacity to make independent decisions are extremely limited.
- While earning money by themselves is an important aspect of women's economic, particularly financial, status, only 37.7% of the surveyed women are engaged in income-generating activities, primarily in *gainful employment*. In other words, two in three women do not earn money through employment or other income-generating activities and are, thus, dependent on others for support and livelihood, with intimate partners being provider of that support in most cases.
- While more equitable and less violent relations are easier achieved and sustained when incomes earned by men and women do not differ greatly, only 13.9% and 19.4% of the currently-partnered women who earn money by themselves report that the money that they bring into the family is respectively more than or about the same as what their partner contributes.
- Women's economic disempowerment or economic violence against them is manifested more directly when their intimate partners take their earnings or savings from them against their will or make them quit or refuse a job. The survey data indicate that this does not constitute a major problem in Armenia: less than 9.0% of the currently-partnered women report that their partner has ever taken their earnings/savings against their will (when he has, that usually happened only once or twice) and only 7.4% of women in that group report that they ever gave up a job because their partners did not want them to work.

F. Impact of violence on women's health

The survey findings unequivocally confirm the conclusions drawn by many studies and surveys the world over that gender-based violence is not merely an issue of human rights and social justice but that it is also a public health issue.

- The survey data clearly indicate that violence has an adverse impact on women's physical, mental and reproductive health and on their children's mental health.
- Even though the degree of that impact is perceptibly different, nevertheless, the pattern is almost the same for all three forms of violence.
- The percentage of women who describe their overall health as "excellent" or "good" is considerably lower in the subset of women who were subjected to violence as compared to women who were not subjected to violence (1.5 times lower in case of psychological violence and 2 times lower in case of physical and sexual violence), whereas the percentage of women in the same group describing their health as "poor" or "very poor" twice as high as compared to women who were not subjected to violence.
- The percentage of the respondents who report problems related to their ability to walk around is higher among women who were subjected to violence.
- The percentage of the respondents who report using medication for sleep and for pain quite frequently is perceptibly higher among women who were subjected to violence.
- There is a direct correlation between individual health-related symptoms (headaches, poor appetite, sleeping badly, hands shaking, etc.) and a violence factor. Thus, as regards all three categories of violence the percentage of women reporting those symptoms is one the average 1.5-2 times higher among women who were subjected to violence as compared to women who were not.

- In terms of mental health-related pathological signs, the percentage of the respondents who have those symptoms is higher for women who were subjected to violence (the percentage is higher 2 to 3 times as regards being “easily frightened” and 3 to 4 times as regards “feeling unhappy”).
- The severest signs of a negative impact of the violence factor on mental health are thoughts of and attempts at ending one’s life. The percentage of the respondents who thought about ending their life is 2.7, 6.4 and 8.9 times higher in case of psychological, physical and sexual violence respectively for women who were subjected to violence.
- Almost half of women who were subjected to psychological violence and who thought about ending their life and almost two-thirds of women who were subjected to physical and sexual violence and who thought about ending their life made an attempt to end their life.
- At-risk behavior, especially smoking, is much more prevalent among women subjected to violence.
- The following patterns were identified in terms of correlation between the violence factor and reproductive health/reproductive behavior:
 - Impact of violence on pregnancy: the percentage of women whose pregnancy ended in a stillbirth was 5 times higher among women subjected to physical violence. In case of induced abortion, the percentage of women who had it is on the average 1.5 times higher for all three forms of violence.
 - Violence is also a powerful risk factor with regard to avoiding unwanted pregnancy and to limitations on the use of contraceptives to that end: the percentage of intimate partners, who refused to use a method or tried to stop woman from using a method to avoid getting pregnant is 1.3-1.6 times higher among violent partners.
 - The percentage of intimate partners, who refuse to use a condom, is 1.8-3 times higher among men who are prone to violence. In such cases violence is accompanied by unsafe and unprotected sex, which may result not only in unwanted pregnancy and abortion but also in venereal diseases.
 - The percentage of women who have symptoms of venereal diseases (itching, vaginal discharge) is about 2 and more times higher among the respondents who were subjected to violence than among those who were not.
 - Violence has an adverse impact on mental health of children of those women who are subjected to violence. The percentage of children who have frequent nightmares, who are aggressive and who wet their bed often is almost two, three and 1.5 times higher respectively among children of those women who were subjected to violence than among children of the women who were not.

G. Some hypotheses tested

Several important findings of international studies and surveys, primarily those conducted by WHO and UNFPA, were taken as hypotheses and tested in the present survey. The results are mixed. More often than not the Armenian situation tends to be different.

1. Some WHO studies postulate that more educated women face an increased risk of physical and sexual violence by intimate partners. Researchers conclude that more educated and, thus, more empowered women tend to offer more determined resistance to patriarchal norms and traditions. In an attempt to regain control their men may resort to violence⁹.

⁹ “The relationship between education and intimate-partner violence is complex: in some cases, women who are becoming more educated and empowered face a greater risk of violence as their male partners try to regain control.” *Addressing violence against women and achieving the MDGs*. Geneva: WHO, 2005, p. 44. : “Women are at increased risk of sexual violence, as they

Our survey data do not support this hypothesis. The relationship between level of educational attainment and physical and sexual violence is inverse, i.e. higher level of education reduces risk of intimate partner violence and becomes protective.

One possible explanation, *inter alia*, is that education, while leading to empowerment, does not immediately translate into it. In other words, more educated women are not necessary feel or are more empowered or are more likely to confront patriarchal norms head-on. Another possible explanation is that better-educated women may tend to select better-educated and more open-minded men, who have to a greater extent internalized and are more sympathetic to ideas of gender equality or who, at least, are inclined to accept more egalitarian relationships.

2. UNFPA research indicates that although women of all ages are affected by intimate partner violence, women most at risk are between 20 and 35 years of age.

The findings in our survey show a different picture. The percentage of women subjected to any of the three forms of intimate partner violence is definitely lower (and in most cases significantly lower) in age groups 20-24 and 25-34 than in age groups 35-44 and 45-59 (See Table 8.1 below). The survey data indicate clearly that women most at risk are in age groups 35-44 and 45-59.

Table 8.1 Prevalence of intimate partner violence

Percentage of ever-partnered women age 20-59 who were ever subjected to psychological, physical or sexual violence by intimate partner, by age:

Age group	Form of violence		
	Psychological	Physical	Sexual
20-24	7.9	2.3	1.7
25-34	17.0	5.3	2.3
35-44	29.1	10.5	5.7
45-59	27.4	9.9	2.6

3. UNFPA research findings indicate that unemployed women are more likely to face violence than women who are working. Our findings indicate that employment is not a differentiating factor as the percentage of women subjected to any of the three forms of violence is roughly the same for working and unemployed respondents. The only difference is a group of seasonally employed women. The percentage of women who are subject to intimate partner violence in that group is on the average 1.5 times (in case of psychological violence), 3 times (in case of physical violence) and 3.6 times (in case of sexual violence) higher than among permanently employed or unemployed women.

4. Given a sensitive nature of the phenomenon, researchers are anxious lest they cause additional anguish and mental distress and suffering to victims of intimate partner violence by surveying them. Some studies, however, indicate that an impact of asking women and talking to them can be positive. Thus, a study conducted by the *Center for Health and Gender Equity* led researchers to the conclusion that “rather than being a barrier, evidence suggests that many women find participating in violence research

are of physical violence by an intimate partner, when they become more educated and thus more empowered. ... The likely explanation is that greater empowerment brings with it more resistance from women to patriarchal norms ..., so that men may resort to violence in an attempt to regain control.” World report on violence and health. Krug, E.G. et al., eds. Geneva: WHO, 2002, p.158.

beneficial.”¹⁰ Some researchers affiliated with the *WHO Multi-Country Study on Women’s Health and Domestic Violence* concluded that “[i]n all countries, the overwhelming impression from the study was that women were not only willing to talk about their experiences of violence but also were often deeply grateful for the opportunity to tell their stories to a nonjudgmental, empathetic person.”¹¹

The study conducted in Armenia does not tend to support this sweeping generalization made from similar studies conducted in other countries. At the same time, however, our findings indicate that indeed more women feel good (or even better) (28.2%) than bad (or worse) (10.8%) after the interview but definitely not too many of them as a clear majority of the surveyed women (61.0%) felt no difference.

5. It is unfortunate that the answer options for basically same questions with regard to attitudes towards wife beating and towards wife refusing sex with husband differ significantly in the WHO questionnaire from those in the DHS¹² questionnaire thereby rendering any data comparisons impossible.

H. Limitations of the Study

The WHO standard questionnaire was modified and adapted but only slightly so as to make possible international comparisons with data obtained with the use of the same questionnaire and methodology in many countries. That, however, came at a high price. The survey was based on face-to-face interviews. Thus, the format allowed very little anonymity, if at all.

Study after study and survey after survey demonstrated time and again that gender-based violence is “shrouded in silence and shame”¹³. In many cultures, including in the South Caucasus, victims of violence, especially of intimate partner violence and of sexual violence or harassment, seldom come forward, if at all, because if they do, they have to face numerous negative social, economic, psychological and other consequences. Many experts emphasize that the fear of being socially stigmatized and, in extreme cases, ostracized and of ending up in an economically and socially vulnerable and precarious situation is not infrequently a powerful deterrent against women’s coming out, reporting and/or ending a violent relationship.

Thus, the first thing that should be done is to take social context and cultural sensibilities into consideration so as to minimize the respondents’ feelings of shame, frustration and humiliation and, hence, the resulting underreporting.

While there is realization that the population-based surveys should be culture-specific, still their methodology does not entirely take that into consideration. In this case, the culture of shame (and sometimes of fear) that shrouds the problem in silence distorts the results and produces unauthentic findings that have deleterious effects on policies in the field. The publication by WHO, which is a staunch proponent and implementer of a large number of population-based surveys on a sensitive topic of domestic violence, acknowledges a general feeling that “shame, self-blame or fear of further violence will prevent women from discussing their experiences.”¹⁴

It is our contention here that even though the population-based surveys such as the present one are justly said to provide the most compelling evidence, the flaws originating in the disregard of cultural specifics (the disregard is inevitable owing to the necessity of ensuring standardization and comparability)

¹⁰ Center for Health and Gender Equity, 1996 Second Annual Meeting of the International Research Network on Violence against Women. Dec. 8-19, 1996. Unpublished document. Quoted in: *Putting Women First...* Geneva: WHO, 2001, p. 9.

¹¹ Jansen, H. A. F. M. et al. “Interviewer Training in the WHO Multi-Country Study on Women’s Health and Domestic Violence.” *Violence against Women*, Vol. 10 No. 7, July 2004, p. 845.

¹² See: *Armenia Demographic and Health Survey 2000*. RoA National Statistical Service, Ministry of Health, and ORC Macro. Calverton, Maryland, December 2001, pp. 43-50. *Armenia Demographic and Health Survey 2005*. By RoA National Statistical Service, Ministry of Health, and ORC Macro. Calverton, Maryland, December 2006, pp. 217-223..

¹³ *Addressing violence against women: piloting and programming*. Rome, Italy: UNFPA & AIDOS, September 2003, p.5.

¹⁴ *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women* (Document WHO/FCH/GWH/01.1). Geneva: WHO, 2001, p. 9.

resulted in predictably sizeable underreporting¹⁵. While it is universally recognized that the survey, including the construction of the questionnaire as a survey instrument, should be culture-specific, the practice does not always comply with that principle. In Armenia, for one, asking questions concerning sex life, especially experience of sexual abuse or assault, and sometimes even about victimization by partner and non-partner can be not so much an arduous or dangerous as an extremely sensitive task in a survey interview situation.

In many countries, including Armenia, women are reticent to report GBV-related incidents, especially rape – as it can entail blame, stigma, suspicions/accusations of adultery or immoral conduct that “provoked” the perpetrator and even ostracism). It is not surprising that many victims are not likely to report such crimes and abuses to relevant authorities facing social consequences. Legal and medical procedures, involving medical and other forensic examination, investigation and prosecution of sexual abuses, especially rape, minimal confidentially (if at all) usually tend to re-traumatize victims thus making them and other victims more reluctant in most cases to come forward and to report and prosecute. Alongside social consequences and cultural restraints, underlying causes for non-reporting may also include fear of the perpetrator and, as indicated in the UNODC Paper, of the police, especially “where there is a risk that they may suffer secondary victimization.”¹⁶ It should be borne in mind that secondary victimization is further violence and abuse perpetrated by a State authority. It is not necessarily or exclusively committed by police officers. The victims may experience it at the hands of other service providers, such as, e.g., health or social welfare systems. Thus, there are grounds to believe that the “dark figure” of rape and other sexual offenses and abuses (i.e. the difference between police recorded rape, etc. and the level actually experienced) may be quite high.

In this culture, people, especially women, are not open about intimate aspects of their lives, especially those that do not fit well into prevalent social stereotypes and (usually patriarchal) social norms and traditional notions of female chastity, that come close to some (perceived) taboos, that may affect their public image they wish to project and that may “denigrate” their reputation in other person’s eyes (even if it is a non-judgmental and caring female interviewer who is going out of her way in order to develop a good rapport with the interviewee) the disclosure and admittance of one’s status of a victim of violence because that will also arguably lower their self-esteem.

While underreporting is an undesirable outcome in an of itself since it distorts the real picture, it has, in addition, quite a dangerous spin-off. By camouflaging the real situation, underreporting (especially in case of low numbers) may give rise to complacency.

The face-to-face interview methodology, which is not culturally appropriate in this part of the world for surveying women on very sensitive issues related to their private lives, thereby resulting in considerable underreporting, is most unfortunate for another reason as well. It may well be the case that the study findings will play into the hands of those individuals, entities and political forces that prefer to deny the existence or wide prevalence of gender-based violence.

¹⁵ WHO is well aware of the fact. “As women are commonly stigmatized and blamed for the abuse they experience, there is unlikely to be over-reporting of violence. In practice, the main potential form of bias is likely to reflect respondents’ willingness to disclose their experiences of violence – which may differ between different age groups, between different geographical settings, and between different cultures and countries...” *WHO Multi-country Study on Women’s Health and Domestic Violence against Women*, 2005 p. 23. Even though the group of experts in that Study are optimistic that a number of measures (such as the standardization of the study tools, the careful pretesting of the study questionnaire and intensive interviewer training) can help to “minimize bias, maximize disclosure, and reduce the potential for inter-site variability,” nevertheless, they admit that the remaining disclosure-related bias would be likely to lead to an underestimation of the levels of violence” and that the prevalence figures that presented in the Report “should be considered to be minimum estimates of the true prevalence of violence in each setting.” Ibid, p. 23.

¹⁶ *Indicators, crime and violence against women*. Paper submitted by UNODC, p.3. Presented on 5 October 2007 at the Expert Group Meeting on indicators to measure violence against women (Geneva 8-10 October 2007).

This point is made very powerfully by WHO as well. In one of its important documents WHO emphasizes that “ethically, it is unacceptable to conduct a poorly designed study that cannot hope to address its primary study aims. This is particularly true for studies on violence against women, where women are asked to disclose difficult and painful experiences and where, moreover, the nature of the subject matter may put women at risk. Practically, too, it is of concern if a study documents low levels of domestic violence in a setting where prevailing evidence is to the contrary. Bad data may be worse than no data, because low prevalence estimates could potentially be used to question the importance of violence as a legitimate area of concern.”¹⁷

However, the whole point of VAW surveys, is, as the UN Secretary General’s Report put it, to “galvanize political will and result... in legislative and policy reforms”¹⁸.

The fact that most forms and instances of gender-based violence are underreported is very counter-productive since it is difficult to persuade both general public and the authorities (Government, Parliament, provincial and local administrations) that gender-based violence is a serious problem that has serious physical, mental and sex health, social and other consequences and repercussions and, hence, that combating and preventing it should become a priority for all parties concerned. To change the perceptions and the mindset and to make people realize that gender-based violence or domestic violence is a problem and to initiate and boost awareness-raising campaigns, policy measures, etc. credible evidence is required.

It is one of the reasons why entirely anonymous surveys are preferable as additional tools for in-depth studies of violence against women since they can help to avoid the pitfalls of substantial underreporting and to produce more reliable baseline figures and assessments on the prevalence (and incidence) of all forms of gender-based violence in similar cultural contexts¹⁹. While such surveys can pose huge methodological, technical, logistical, financial and other challenges, they may well prove to be not only the most but probably the **only** effective tool for identifying comparatively accurately the scope and various dimensions of the phenomenon.

Our study provides a telling, albeit a cursory, illustration of this point. When asked point-blank whether before the age of 15 anyone touched them sexually, or made them do something sexual that they did not want to, only 0.1% of all the respondents in the sample replied in the affirmative, with only a boyfriend being the “perpetrator.”

However, when the same question was given to the respondents at the end of the interview in a somewhat anonymous way (through a card with a happy and a sad face, which they had to mark and to seal in an envelope), which, at least in theory, could protect their identity, 9.2% (!) of the respondents, i.e. **92 times more** respondents, answered in the positive!

It is this underreporting that helps explain striking differences between our survey data for Armenia and data for Europe. Otherwise, a conclusion would have to be drawn that the percentage of women subjected to physical violence is at least twice and to sexual violence almost three times lower in this country than in Europe. Considering all forms of violence against women, the percentage would seem to be at least 1.5 times lower here than in Europe.

Says Rosa Logar, a member of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence, “According to prevalence studies in this field, approximately 20% to

¹⁷ *Putting Women First: ...* Geneva: WHO, 2001, p. 15.

¹⁸ UN SG Report, p. 68.

¹⁹ This is, in fact, not disputed by WHO Study experts. They themselves state that the differences observed in their Study between “the prevalence of childhood sexual abuse disclosed in face-to-face interviews versus anonymous methods is consistent with other studies that have found that respondents often find it easier to disclose highly stigmatized behaviors using anonymous formats. Studies of sensitive topics such as sexual behavior ..., induced abortion ..., sexual abuse ..., and coerced sex ... have consistently found a higher reporting of risky behaviors using anonymous or computerized methods than with interviewer-based methods of data collection.” *WHO Multi-country Study on Women’s Health and Domestic Violence against Women.*

Initial results on prevalence, health outcomes and women’s responses. Claudia García-Moreno et. al. Geneva: WHO, 2005, p. 53.

25% of all women [in Europe] have suffered physical violence, and more than 10%, sexual violence, during adult life. If all forms of violence against women are taken into account, around 45% of women have experienced violence.”²⁰ The 2010 Report by the European Women’s Lobby also states that 45% of all women in Europe have been subjected to gender-based violence²¹.

According to our survey findings, lifetime prevalence of physical violence, sexual violence, psychological violence and physical and/or sexual violence against ever-partnered women is 8.9%, 3.3%, 25.0% and 9.5% respectively.

Prevalence of physical violence and of forced sex in women’s adult life (after age 15) by perpetrators other than husbands or partners is 2.3% and 0.1% respectively.

It would be short-sighted to believe that the overall level of violence against women in Armenia is several times lower than it is in Europe.

Therefore, the data obtained in our Survey can be regarded as reflecting only the tip of the iceberg.

I. Further research

1. While focused mostly on prevalence and degree of severity of violence against women, the present study addressed only selectively some causes of gender-based violence, including domestic violence. In-depth exploration of the root causes of violence against women is one of the areas that can be suggested for further research.

2. In addition, one of the principal definitive conclusions of this study is that it demonstrated clearly and convincingly that other types of surveys (methodologies) are needed to adequately assess the scope and scale of gender-based violence as one of the most socially important and culturally and politically sensitive issues.

3. The ideal solution would be to complement the WHO questionnaire-based surveys with entirely anonymous surveys and with qualitative studies focused on the same issues. Longitudinal and follow-up studies would definitely be a plus as they could accurately capture and reflect the dynamic and assess efforts and progress made.

II. Recommendations

- Gender-based violence is still a persisting problem in this country. At the risk of belaboring the obvious we need to say that consistent efforts should be made to combat and to eliminate it. To be able to do so, the UN Secretary-General’s Report “requires clear political will, outspoken, visible and unwavering commitment at the highest levels of leadership of the State and the resolve, advocacy and practical action of individuals and communities.”²²
- More aggressive and better-targeted public awareness-raising and advocacy campaigns need to be launched – get the message across and - to “combat attitudes and behavior that condone, tolerate, excuse or ignore violence committed against women”²³ and that contribute to perpetuation of various forms of violence. Thus, it is also crucial to invoke and to strengthen those social and

²⁰ Logar, Rosa. *Good Practices and Challenges in Legislation on Violence against Women*. Expert Paper prepared for Expert Group Meeting on good practices in legislation on violence against women. United Nations Office at Vienna, Austria 26 to 28 May 2008. Document EGM/GPLVAW/2008/EP.10, p.1.

²¹ *From Beijing to Brussels*. The European Women’s Lobby Beijing+15 Report on the activities of the European Union. Brussels, 2010, p. 8.

²² *In-depth study on all forms of violence against women*. Report of the Secretary-General. UN doc. A/61/122/Add.1. N.Y, 2006, p. 9.

²³ *UN SG Ban-Ki-moon’s message for the International Day for the Elimination of Violence against women. 25 November 2008*. SG/SM/11942 OBV/748 WOM/1705.

www.un.org/News/Press/docs/2008/sqsm11942.doc.htm

cultural norms and values that cultivate positive attitudes towards women and that regard violence in general and gender-based violence in particular as unacceptable.

- Even though intimate partner violence takes place in the private sphere, it is not a private matter. Furthermore, it is a human rights issue²⁴. Therefore, on behalf of the society at large the State has the responsibility to combat all forms of violence against women, regardless of who the perpetrator is and where violence occurs (i.e. to combat domestic/intimate partner violence), and to set up, maintain and supervise a comprehensive system of prevention of all forms of gender-based violence, while at the same time ensuring effective operation of mechanisms for prosecution of perpetrators and for protection and rehabilitation of and provision of assistance and support to victims.
- The efforts to combat gender-based violence will significantly benefit, if the Armenian Government takes a more pro-active stand in elaborating further and operationalizing the relevant section in the *Conceptual Framework of the State Gender Policy*. The section can be expanded into a Concept Note, which will set forth the basic principles and approaches of the Government policy to effectively combat GBV and will lay a conceptual groundwork for the future law.
- Armenian legislation on violence against women should be comprehensive. In line with UN GA Resolution 61/143 of 19 December 2006, which was adopted in response to the SG's in-depth study on all forms of violence against women and which "stresses the need to treat all forms of violence against women and girls as a criminal offence, punishable by law;"²⁵ it should include, *inter alia*, such concepts as "incest," "domestic violence", "marital rape" and "nonconsensual sex" into the Criminal Code, Family Code, etc. and should explicitly criminalize them.
- In order to ensure viable protection to victims of gender-based violence the law should introduce a "civil order for protection" as a remedy to victims who will not have to seek shelter but will stay at home since the courts will be authorized to order violent offenders out of the home²⁶. Those women should not be placed at a disadvantage in child custody issues. In addition a comprehensive social safety net (including financial support arrangements) should be established for victims of domestic violence.
- In order to be effective the law should further reflect the prevalent European approaches and should build on the experience and practices of the European countries and entities. First and foremost, while setting up standards and mechanisms, the law should be in line with the underlying philosophy of the *Convention on Preventing and Combating Violence against Women and Domestic Violence*, which will be finalized in early 2011. Thus, the prospective law should be built around the four "P" (protection, prosecution, prevention and policies)²⁷. Therefore, it should be a more comprehensive and encompassing law than merely a law on Domestic Violence.
- While laws are important (especially Gender Equality laws and Domestic Violence laws), they are no panacea in and of themselves because their implementation and enforcement are crucial. In addition, there should be clear, well-designed, transparent and effective procedures for application and enforcement of the law.

²⁴ More emphasis should be placed in public awareness-raising campaigns and in other public-opinion-molding efforts on advancing the idea that human rights have been re-conceptualized in the today's world and that they are no longer limited to the public sphere but that they also apply to the private sphere.

²⁵ *General Assembly Resolution 61/143* adopted on 19 December 2006. UN Document A/RES/61/143, p. 3.

²⁶ So far the prevalent mentality and practice is for police and court authorities to remove the victim rather than the violent offender from the home. As Cheryl A. Thomas rightly puts it, "This practice undermines the primary goals of domestic violence legal reform – victim safety and offender accountability." Thomas, Cheryl A. *Legal Reform on Domestic Violence in Central and Eastern Europe and the Former Soviet Union*. Expert Paper prepared for the Expert Group Meeting on good practices in legislation on violence against women. United Nations Office at Vienna, Austria 26 to 28 May 2008. Document EGM/GPLVAW/2008/EP.01, pp.3-4.

²⁷ See CAHVIO (2009) 4 FIN document (check through www.coe.int/violence)

- Overall, the policy in the field of combating gender-based violence should be grounded in a comprehensive/holistic approach, which incorporates, coordinates and harmonizes education – prevention – investigation-prosecution/ punishment – rehabilitation and support to victims, especially financial support and other efforts, including provision of accommodation, legal advice, etc.
- Such an approach will lead to the setting up of a comprehensive, flexible and efficient women-friendly system with a focus on GBV prevention, fast response, prosecution and rehabilitation. Its full and effective implementation must be considered to be a priority for the Government. The approach will also be instrumental in strengthening a national policy framework and in formulating a coherent and comprehensive Strategy (National Action Plan for combating all forms of violence against women in public and private spheres). Ideally, it will lay the groundwork for a gradual transition in the future to the system, which not simply proceeds from women needs but also incorporates women’s capacities, perspectives and experiences.
- To make sure the adequate policies are formulated and implemented and legislative and other measures taken and in line with the Concluding Observations of the CEDAW Committee²⁸ a dedicated governmental body or coordinating institution tasked with implementing measures to counter all forms of gender-based violence against women should be set up.
- Measures should be taken /projects should be implemented for primary prevention of violence. As it is a tangled problem the projects should be implemented through joint efforts on the part of various government Ministries and agencies.
- There is a necessity to draft legislation, in particular legal normative Acts concerning the health sector and medical procedures aimed to secure analysis and identification of violence.
- Formulation and implementation of projects in the health sector that aim to identify violence, for instance projects of systemic screening, can significantly alleviate the problem of violence and reduce the related healthcare “burden.”
- Knowledge and skills of medical staff in identifying victims of gender-based violence and in organizing provision of necessary support (including social, legal and psychological support) to them are in need of considerable improvement. Therefore, training projects, which are focused on the solution of these problems, can be very efficient.
- Creation of opportunities for provision of psychological, legal, consultancy and social services in healthcare and educational institutions, community structures and in non-governmental youth/children’s centers can prove to be an effective measure in the process of support to victims of gender-based violence.
- It is very important to mold public opinion about and adequate attitude to the violence issue, to design and implement public awareness project aimed to overcome stereotypes and to ensure broad engagement of non-governmental organizations in that area.
- The measures aimed to support persons in a difficult situation and victims of gender-based violence should be carried out under the patronage of the State and through the establishment of necessary infrastructures, including shelters, temporary shelters, specialized social support centers, etc. From that perspective, implementation of socio-psychological and health rehabilitation projects within the framework of free services guaranteed by the State is no less important.
- Setting up a 24-hour hotline in relevant State and in non-governmental entities can prove to be very effective in terms of support to persons in a difficult situation.

²⁸ *Concluding observations of the Committee on the Elimination of Discrimination against Women* with regard to the combined third and fourth periodic reports of Armenia. Armenia. Document CEDAW/C/ARM/CO/4/Rev.1 (2 February 2009), p. 5.

- Establishment of an alternative system for collection of gender-based violence-related information is important for evaluation and analysis of the violence issue and for formulation of effective projects and measures.
- Given a multi-factor nature of the issue, enhanced efficiency of measures aimed to overcome and/or reduce violence is predicated on inter-sector and inter-agency cooperation.
- There is a perceived need of improving and streamlining support and services for GBV victims. Based on the survey findings and on the international experience, a recommendation can be made that comprehensive victim support centers should be set up integrating the existing information and counseling centers, shelters and centers that provide medical or legal services and a system of permanent 24-hour hotlines and effective referral services should be established.
- The capacity of the national body for collecting information and statistical data should be strengthened.
- Normative shifts have yet to occur (e.g. acceptance of the idea that the woman victim should not leave the family home and go to a shelter but the perpetrator has to leave, etc. or that adequate reparations have to be made/damages paid to VAW victims). Therefore, all major stakeholders, such as the Government entities, civil society organizations and international organizations, should focus both on legal reform, policy changes and advocacy campaigns.
- The education component should be strengthened and given more prominence as it entails longer-term efforts than one-time campaigns, reaches out to victims, perpetrators and public at large and is conducted on a regular basis. It should be incorporated in both formal and non-formal education systems. Gender-based violence, including domestic violence, will be substantially minimized and eventually eradicated only when it becomes culturally inappropriate and when there is zero tolerance for violence in the society at large. While not prevalent (as in some societies that tolerate or even promote male chauvinism and machismo), cultural views exonerating and condoning violence still hold ground in the present-day Armenian society and unless well-coordinated and consistent efforts are made to change public perceptions and, broader, mentality there is always a chance that one day they may be in ascendancy given the background of the resurging archaic and patriarchal norms and practices, thereby exposing women to a latent risk of violence. The prospect is not entirely hypothetical, since some social groups that hold patriarchal views have to position of power in the society and may affect and “infect” large segments of the population.
- Therefore, a particular emphasis should be placed on production and use of education materials, which seek to effect behavior and attitude changes, and on experiential learning, when people acquire skills of conflict prevention and resolution, effective inter-personal communication, etc. through simulations.
- Efforts should be scaled up to sensitize men (especially those who are opinion-makers and who hold positions of leadership, visibility and authority) to health, economic, political, social and other ramifications and effects of violence against women.
- To adequately measure progress and to effectively monitor the situation a comprehensive set of relevant VAW indicators should be adopted and used consistently. The approach proposed by the Office of the United Nations High Commissioner for Human Rights (OHCHR) is a good starting point. These indicators should “capture aspects of States’ *commitment, efforts* and *results* of these efforts in the elimination of violence against women.”