STRIVE
Tackling the structural drivers of HIV

Measuring intimate partner violence

TECHNICAL BRIEF
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This brief provides guidance for the non-expert on how to collect valid quantitative data on partner violence in an ethically and methodologically sound manner. Specifically, it addresses:

- Definitions
- Ethical and safety obligations (informed consent, privacy)
- Methods for increasing disclosure among research participants
- Minimum items necessary for measuring intimate partner violence
- Defining IPV as an outcome or exposure variable

Gender-based violence – including physical, sexual, emotional and economic violence and abuse – is widespread globally. The most pervasive form of gender-based violence is intimate partner violence (IPV), also known as domestic violence or partner/spouse abuse. On average, 30% of women worldwide will experience at least one episode of sexual and/or physical IPV within her lifetime; the incidence and prevalence of violence in relationships, however, varies greatly both between countries and regions, and between neighbourhoods and villages.[1, 2]

Decades of research have demonstrated that the health consequences of violence are cumulative and long term and extend far beyond injury. They include immediate and longer-term physical and mental health outcomes such as chronic pelvic pain, HIV and other sexually transmitted infections (STIs), unwanted pregnancy, adverse pregnancy outcomes, suicidal ideation, depression and increased risk of homicide.[3-11]

Partner violence also affects a range of other development outcomes, including infant and under-5 child mortality, women's political participation and women's ability to better their economic prospects through micro-finance and savings schemes.[12-15] As a result, there has been increasing interest in exploring whether, and under what conditions, violence in relationships may be associated with other health, development and socio-economic outcomes.

In the context of HIV, partner violence has emerged as a barrier to use of services and to the uptake and consistent use of various treatment and prevention strategies. Partner violence is associated, for example, with reluctance to seek HIV testing, fear of disclosing one's HIV status, difficulty in attending clinic visits and reduced adherence to life-saving HIV prevention methods and treatment regimens.[16-18]

Data available to fully articulate the relationship between violence and the uptake and use of services and prevention and treatment options are still relatively sparse. However, investigators could learn much by regularly including questions on violence in their on-going research.

Indeed, an ever-widening array of researchers have expressed interest in collecting data on women's experience of violence.

Generally, such studies are designed to serve other ends: evaluating the effectiveness of an intervention, exploring factors that predict women's access to and control over income or monitoring clinical trials for social harms. Regardless of the study's main purpose, the fields of violence prevention, international development and global health would greatly benefit if researchers from other disciplines could, reliably and ethically, insert questions on violence – as either a potential explanatory variable or an outcome of interest – into their quantitative surveys. This brief is intended as a contribution towards this end.

Definitions

IPV can be defined as a pattern of behaviour within an intimate relationship that includes physical or sexually violent acts, often accompanied by emotional aggression and controlling behaviours, enacted by a current or former intimate partner (i.e. spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner).[28]

Partner violence includes:

- physical aggression – such as slapping hitting, kicking beating
- forced intercourse or other forms of sexual coercion
- psychological abuse – such as intimidation, constant belittling and humiliation
- controlling behaviours – such as isolating a person from their family and friends, monitoring their movements and restricting their access to assistance or information.

IPV is part of a larger category of abuses called violence against women (VAW) or gender-based violence (GBV). The acronyms VAW and GBV are often used interchangeably because most gender-based violence is perpetrated by men against women and girls. Violence against women includes a range of abuses that extends throughout the life cycle, from sex selective abortion and child sexual abuse, to so-called 'honour' killings and female genital cutting (see Figures 1 and 2).

More recently, people have begun to expand the term GBV to include violence directed at anyone based on their biological sex, their actual or perceived gender identity or their perceived adherence to socially defined norms of masculinity or femininity (a concept known as gender expression)[19]. This expands the category of GBV to include violence directed at lesbian, gay, bisexual or transgender (LGBT) individuals if someone targets them explicitly for failing to conform to existing norms around gender expression.

This brief focuses on IPV both because of its ubiquity and because researchers have a better grasp on how to get reliable self-report data on partner violence than on more stigmatised forms of violence such as child sexual abuse.

Measuring IPV

Official statistics, such as police reports, crime statistics, and hospital records, capture only the most severe cases of IPV. As a result, service provider data substantially under-estimate the prevalence of violence within relationships. A recent review of women's reporting behaviour in 24 low and middle-income countries found that while 40% of women had disclosed the violence to someone in the past, only 7% of women had reported it to a formal authority such as a health worker, religious leader, social worker or the police. This study finds that prevalence figures based on health systems data or on police reports may underestimate the total prevalence of GBV from 11- to 128-fold, depending on the region and type of reporting.[20]

The first ever global study on IPV using standardised definitions, methods and study design was conducted by the World Health Organization (WHO) between 1997 and 2004 in 15 different study sites.[21] This study set forth an approach that has been widely adapted, allowing for the collection of similar data across a variety of settings by using standardised definitions, sampling frames and training guidelines. The Demographic and Health Surveys (DHS) also now include a standard module on partner violence that has generated population-based data on IPV from over 50 countries in the Global South.[22]

Ethical and safety issues

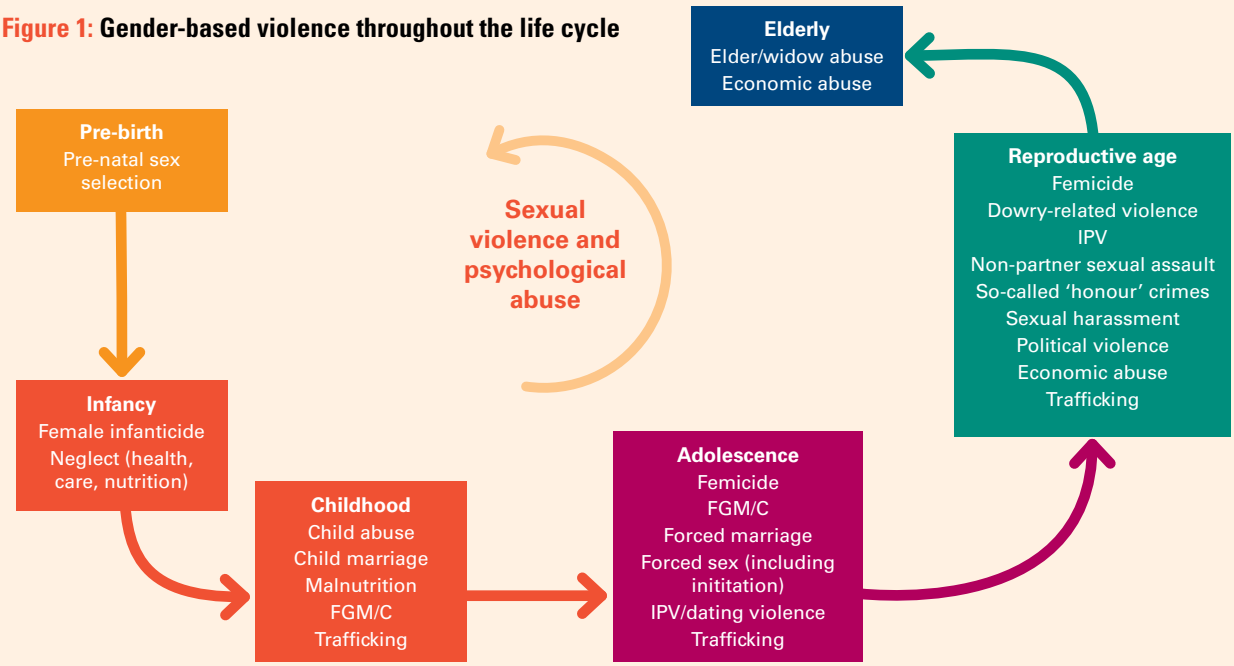
In 1999, investigators involved in the WHO Multi-country Study on Women's Health and Domestic Violence developed a set of ethical guidelines for the conduct of population-based surveys of physical and sexual abuse of women.[23] These guidelines argued that attention to safety and privacy is essential both for ensuring data quality and for the ethical conduct of research. Previous experience had shown that women were willing to disclose abuse if given a safe environment to do so. This includes, at a minimum, conducting interviews in complete privacy; ensuring confidentiality; providing specialised training for interviewers and other field staff on violence against women, trauma, and safety concerns; and making provision for support services in case women are in immediate danger or need follow-up emotional support. Research has demonstrated that without these assurances, violence is under-reported and women's safety can be compromised.[23]

Additional ethics guidance

Guidance on researching VAW has since been issued and readers are strongly encouraged to consult these:

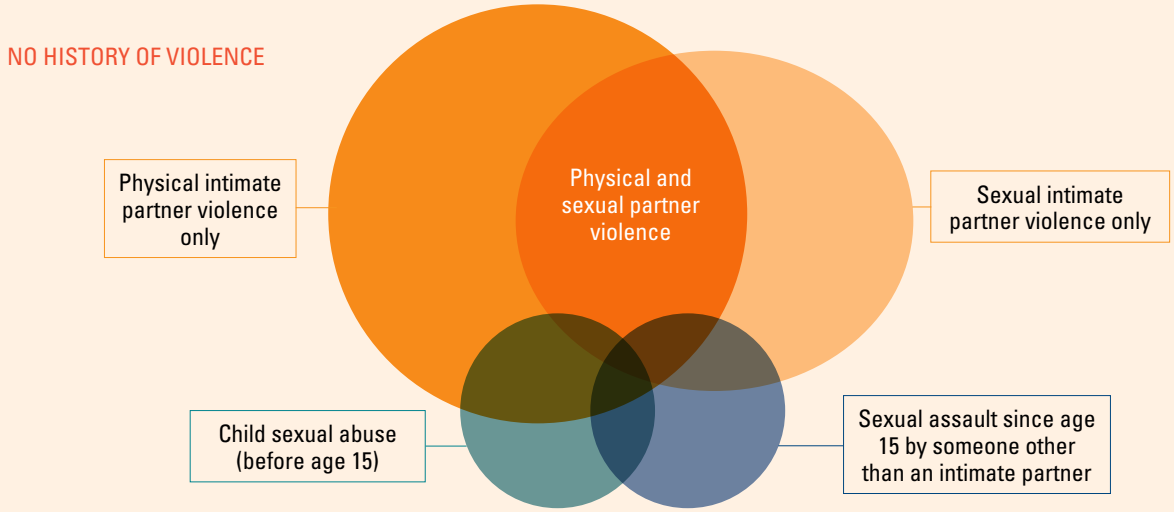
- *Researching Violence against Women: A Practical Guide for Researchers and Activists* [24]
- *Ethical and Safety Recommendations for Intervention Research on Violence Against Women* [25]
- *Ethical and Safety Guidelines for Researching the Perpetration of Sexual Violence*[2,6]
- *Ethical principles, dilemmas and risks in collecting data on violence against children: A review of available literature* [27]

Figure 1: Gender-based violence throughout the life cycle



Source: Adapted from Ellsberg and Heise (2005) *Researching Violence against Women: A Practical Guide for Researchers and Activists.* WHO and PATH, Geneva: 10; adapted from Watts and Zimmerman. 2002. 'Violence against Women: Global Scope and Magnitude', *The Lancet* 359 (9313): 1233, and Shane and Ellsberg. 2002. Violence against Women: Effects on Reproductive Health, Report No 20 (1), PATH, UNFPA, Washington: 2.

Figure 2: Proportional venn diagram depicting overlap of types of violence among 24,000 women interviewed as part of WHO multi-country study on domestic violence and women's health



Source: Adapted from Lori Heise (2005) WHO multi-country study on women's health and domestic violence against women.

These resources provide practical tips and recommendations for achieving safety and providing follow-up support to field staff and respondents in the context of violence research. Such strategies include planning diversionary activities for children and other family members to facilitate privacy; preparing a set of benign, default questions to switch to if someone enters the room; conducting routine de-briefing and stress reduction exercises for field staff; and having a trained counsellor accompany the field team in settings where local referral systems are inadequate.[28]

Encouraging disclosure

Research has demonstrated that multiple factors can influence levels of disclosure in domestic violence surveys, including:

- the wording and framing of the questions
- the number of opportunities to disclose
- the preparation and skills of the interviewers
- mode of survey delivery.

Experience has shown that questions that inquire about behaviourally specific acts, rather than using emotionally laden terms such as rape or abuse, consistently yield higher levels of disclosure.[29] Asking whether your husband has ever pushed or shoved you, for example, is emotionally easier for women to answer than questions that force them to label their experience as 'rape' or 'abuse'. These types of questions tap actual behaviours rather than ascribed meanings or interpretations; behaviourally specific questions also help make responses comparable between women and across settings.

How surveys frame questions on violence can also influence results. Questions asked in the context of crime victimisation surveys, for example, tend to yield lower estimates of partner violence than surveys about family life or relationships because they cue women to think only of events they feel comfortable characterising as 'crimes'. Questionnaires are often limited by violence exposure definitions that constitute the legal definition of a crime.[30]

Likewise, surveys that give women multiple opportunities to disclose yield consistently higher rates of violence. Accordingly, investigators strongly discourage broad 'gateway' questions that ask a general question on violence and then skip further abuse-related questions if the answer is no (e.g. Has your partner ever abused you?).[24, 31, 32,]

Arguably the most important aspect for maximising disclosure is the selection and preparation of the field staff, especially when using face-to-face interviews. In the Serbian site of the WHO Multi-country Study, for example, levels of violence disclosed to field staff who received only 3 days of training were significantly lower than those who received the study's normal 2–3 week training course (21% vs. 26%; $p < .05$). The assassination of the Serbian president forced investigators to hire new interviewers, mid-stream, to speed up fieldwork prior to the special election called to replace the president. This created a 'natural experiment' that demonstrated the impact of reduced interviewer preparation on levels of disclosure.[33]

A final strategy to maximize disclosure is to shift to anonymous methods of data capture, such as self-completed items on paper, tablets or ACASI (Audio-Computer Assisted Self Interview) devices. In low and middle-income settings, confidential methods have been shown to substantially increase reporting of highly stigmatised forms of violence such as child sexual abuse.[21, 34] However, other studies have suggested that face-to-face interviews may encourage more disclosure and yield more reliable data on less stigmatised forms of violence.[35] For example, studies done in India have shown that women reported forcibly being touched[36] and domestic violence less often in ACASI compared to traditional face-to-face-interviewing methods[37]. More studies are needed before conclusions can be drawn regarding the impact of ACASI on data quality, disclosure and bias for different types of violence.

Question wording and presentation

Physical partner violence

Box 1 provides an example of behaviourally specific questions on acts of physical violence by an intimate partner. These questions from the WHO Multi-country study and the DHS have been shown to be valid and reliable in many settings.[38, 39]

Significantly, the layout also captures the timing and frequency of acts. Standard practice in violence prevalence surveys is to report both lifetime experiences of violence and violence experienced in the last 12 months. In some cases, it may make sense to focus on a different timeframe, especially when evaluating interventions. In a humanitarian crisis, for example, the occurrence of violence in the short term (i.e. the last three months) may be important for capturing programme effects or time periods before and after a particular crisis.

The format of the questions can be adapted to suit different literacy levels or delivery styles. The layout in Box 2, for example, makes it easier for respondents to complete the questions anonymously on a tablet device.

Box 1: Timing and frequency of acts

	Respondent and her husband/partner "When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us, I will change the topic of conversation. I would again like to assure you that your answers will be kept confidential, and that you do not have to answer any questions that you do not want to. May I continue?"										
705	**Has he or any other partner ever …**	A) **(If YES continue with B. If NO skip to next item)**		B) Has this happened in the past 12 months? **(If YES ask C and D. If NO ask D only)**		C) In the past 12 months would you say that this has happened once, a few times or many times?			D) Did this happen before the past 12 months? If YES: would you say that this has happened once, a few times or many times?			
		Yes	**No**	**Yes**	**No**	**One**	**Few**	**Many**	**No**	**One**	**Few**	**Many**
	a) Slapped you or thrown something at you that could hurt you?	1	2	1	2	1	2	3	0	1	2	3
	b) Pushed you or shoved you or pulled your hair?	1	2	1	2	1	2	3	0	1	2	3
	c) Hit you with his fist or with something else that could hurt you?	1	2	1	2	1	2	3	0	1	2	3
	d) Kicked you, dragged you or beaten you up?	1	2	1	2	1	2	3	0	1	2	3
	e) Choked or burnt you on purpose?	1	2	1	2	1	2	3	0	1	2	3
	f) Threatened you with or actually used a gun, knife or other weapon against you?	1	2	1	2	1	2	3	0	1	2	3
705g	Who did the things you just mentioned? (Mention acts reported in 705) Was it your current or most recent husband/partner, a previous husband or partner or both?			Current/most recent husband/partner ..... 1 Previous husband/partner ..... 2 Both ..... 3 Don't know/don't remember ..... 8 Refused/no answer 9								

Box 2: Optional format for presenting questions for self-completion on a tablet device

When answering the following questions, I want you to think specifically about the last 12 months only	Never	Once	Few	Many
In the past 12 months, how many times has a current or previous husband or partner slapped you or thrown something at you which could hurt you?	1	2	3	4
In the past 12 months, how many times has a current or previous husband or partner pushed or shoved you?	1	2	3	4
In the past 12 months, how many times has a current or previous husband or partner hit you with a fist or with something else that could hurt you?	1	2	3	4
In the past 12 months, how many times has a current or previous husband or partner kicked, dragged, or beaten you?	1	2	3	4
In the past 12 months, how many times has a current or previous husband or partner choked or burnt you on purpose?	1	2	3	4
In the past 12 months, how many times has a current or previous husband or partner threatened to use or actually used a gun, knife or other weapon against you?	1	2	3	4

Sexual coercion and forced sex

Questions on forced or coerced sex in relationships are less standardised than physical violence items. Box 3 offers examples that could be adapted. These may be laid out in the WHO format or more simply as above.

Surveys generally include three questions that are aggregated to get a measure of sexual violence:

- one probing unwanted sexual intercourse exacted through physical force
- one capturing intercourse through non-physical forms of coercion
- one that asks about unwanted sexual acts other than intercourse.

Box 3: Examples of questions for measuring sexual violence or coercion by an intimate partner

Choose one from each column		
Physical force	**Non-physical coercion**	**Other unwanted sexual acts**
In the past 12 months, how many times has a current or previous husband or boyfriend physically forced you to have sex when you did not want to?	In the past 12 months, how many times have you had sexual intercourse when you did not want to because you were afraid your husband or partner might hurt or abandon you?	In the past 12 months, how many times has a current or previous husband/ partner made you do sexual things that you found degrading or humiliating?
Did your current husband/partner or any other husband/partner ever physically force you to have sexual intercourse when you did not want to, for example, by twisting your arm or holding you down?	Did you ever have sexual intercourse when you did not want to because you were afraid of what your partner might do if you refused?	Did your husband ever force you to perform sexual acts (other than vaginal intercourse) when you did not want to?
Did you husband/partner ever force you to have vaginal intercourse with him even when you did not want to? • Did he use physical force (like holding you down or hitting you)? Never, once, few times or many times? • Did you give in because you felt you had no other choice?	In the past 12 months, how many times has your partner used threats or intimidation (but not physical force) to get you to have sexual intercourse when you did not want to?	

Constructing outcome and explanatory measures

Depending on the purpose of your research, you will need to construct an overall measure of violence to use in your analysis. The best way to do this will depend largely on your research question and on whether you are using partner violence as an outcome or explanatory variable.

- Do you want to know whether violence predicts an outcome such as premature birth? In this case, violence is an explanatory or predictive variable.
- Or are you interested in establishing the prevalence of violence or whether an intervention reduces the frequency and/or severity of abuse? In this case, violence is an outcome variable.

Violence as an outcome

The most frequently used outcome measure for violent victimization is the proportion of women 15–49 who have experienced at least one act of physical and/or sexual violence by an intimate partner in the last 12 months. Research has shown that women seldom experience a single type of violence; rather they experience multiple overlapping types of violence in abusive relationships. Almost all physical and sexual violence is accompanied by emotionally aggressive acts. Many women consider these psychologically aggressive acts even more painful than physical or sexual abuse.[40]

It is not yet possible, however, to establish a clear threshold for defining the level and frequency of emotionally aggressive acts that should constitute a case of 'emotional violence' for the purposes of establishing prevalence. Clearly, being insulted once by a partner is too low a threshold. However, exactly where to draw that line requires more research and discussion.

Accordingly, most researchers define a 'case of IPV' as individuals who experience one or more acts of physical and/or sexual violence within a specified time period (usually 12 months). Because of the co-occurrence of different types of violence, this measure captures a large share of women who experience acts of emotional aggression as well. Indeed, most women who experience higher frequency emotional aggression also experience sexual and physical abuse.

A research programme is currently underway, led by WHO, to establish greater clarity on how to measure emotional/psychological aggression across cultures and at what level such acts should constitute abuse. This work will inform efforts by the United Nations to develop indicators on IPV, including an emotional violence measure, to monitor progress toward achieving the Sustainable Development Goals (SDGs).

Capturing severity

It is useful to distinguish severe from less severe abuse. The Conflict Tactics Scale (CTS-2), the measure that formed the early basis for the suggested physical violence items listed in Box 1, ranked a) and b) as 'moderate' (Slapped you or thrown something at you that could hurt you?; Pushed you or shoved you or pulled your hair?) and c) to f) as 'severe' (Hit you with his fist or with something that could hurt you; Kicked you, dragged you or beaten you up; Choked or burnt you on purpose; Threatened you with or actually used a gun, knife or other weapon against you). [41]

Research from multiple settings confirm that, on average, women who have experienced only acts of moderate physical violence experience fewer long-term health consequences and less injury than those who experience at least one of the severe acts.[42] Most women who experience any of the severe acts experience multiple acts of moderate violence as well (e.g. pushing, shoving). Therefore, it is useful to examine cases of severe physical violence separately from cases of 'moderate only' violence.

Some investigators further require that if a respondent has experienced *moderate violence only* in the past 12 months, they must have experienced two or more acts to qualify as a case of IPV.[42, 43] This is consistent with partner violence being conceptualised as being a pattern of abuse and not as an isolated event. Requiring two acts of moderate violence at a minimum helps ensure that such acts do not artificially inflate the prevalence estimates of partner violence. In the WHO Multi-country Study, for example, the proportion of physical IPV cases that were single acts of moderate violence only varied from 10.9% to 45%, depending on the setting. The overall prevalence of IPV would decline between 2.3 to 8.7 percentage points depending on the site, if isolated incidents of moderate physical aggression were excluded from reported rates of abuse.[42]

Counting single acts of 'moderate only' violence may likewise contribute to a false sense of symmetry between male and female levels of victimisation. Studies suggest that an even greater proportion of victimisation reported by men represent single acts of being slapped or shoved by their partner. Including these acts thus inflates male reports of victimisation.[44, 45]

There is also evidence from high-income countries that measures such as the Conflict Tactics Scale occasionally capture acts of 'play violence', especially among younger dating couples. Some researchers have suggested adding the qualifier, "not including horseplay or joking around" to the items on less severe acts of aggression to limit the possibility of 'false positives'.[46]

Defining a 'case of violence'

Given the above, we suggest that researchers code their data to identify women experiencing current partner violence as follows:

- **A case of current IPV** = (1) women who have experienced at least one act of severe physical and/or sexual violence in the past 12 months **or** (2) women who have experienced at least two acts of moderate only physical violence (slapped or thrown something at you; pushed or shoved you) and/or sexual violence in the past 12 months.
- **A case of current severe IPV** = women who have experience at least one act of severe physical and/or sexual violence within the past 12 months.

Violence as an explanatory variable

When exploring whether IPV is associated with other health and development outcomes, it is important to be clear on the question being asked. If the question is whether sexual violence alone is associated with incident HIV, for example, one must remove all other forms of violence from the reference group used in the analysis. Since types of violence frequently co-occur, an exposure variable coded 1 or 0 depending on whether sexual violence is present or not would leave women who have experienced physical or emotional aggression, but not sexual violence, in the reference group. This variable would likely attenuate the impact of sexual violence on health and development outcomes because it compares the outcome among women experiencing sexual violence alone to the outcome among women experiencing either no violence or various levels of physical and emotional aggression. Thus, it is good to use a 'clean reference group' by removing all other cases of violence from your exposure measure.

Capturing context

One critique of act-focused measures of violence is that they fail to capture the context or consequences of abuse.[30] For example, they do not distinguish between offensive and defensive acts. This can lead to experiences being equated as 'equal' when in fact the meaning and consequence of the act may differ for men and women. Many feminist researchers have argued that conflating offensive and defensive violence can create a false equivalency that suggests that women are as violent as men.

To provide greater context, investigators often include additional questions to find out who initiated the violence and whether the person experiencing the act(s) experienced fear or other negative consequences. For example, the most recent revision of the DHS Domestic Violence Module includes the three questions in Box 4.

The revised WHO Study Instrument adds an additional global question (Box 5) to capture respondents' perspective on the impact of the violence.

Box 4: DHS Domestic Violence Module

Have you ever hit, slapped, kicked or done anything else to physical hurt your (last) husband/partner at times when he was not already beating or physically hurting you?	Yes	1	
	No	2	➜ Skip
In the last 12 months, how often have you done this to your (last) husband/partner: often, only sometimes, or not at all?	Often	1	
	Sometimes	2	
	Not at all	3	
Are/were you afraid of your (last) husband/partner: most of the time, sometimes, or never?	Most of the time afraid	1	
	Sometimes afraid	2	
	Never afraid	3	

Box 5: WHO Study Instrument additional global question

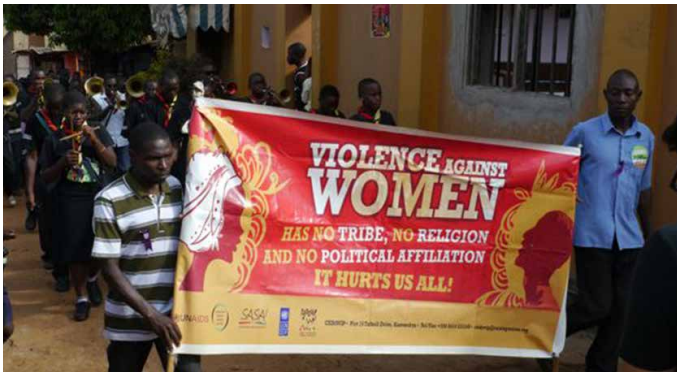
Would you say that the behaviour by your (last) husband/partner affected your physical or mental health a little, a lot or had no effect? Refer to specific acts of **physical and/or sexual violence** she described earlier	No effect	1
	A little	2
	A lot	3
	Don't know/don't remember	8
	Refused/no answer	9

Additional resources

Other tools for measuring violence against women include:

- UNECE Survey Module on Violence against Women[47]
- WHO Multi-Country Study on Domestic Violence against Women[21]
- UN Multi-country Study on Men and Violence[48]

These questionnaires are publicly available along with training materials and offer additional examples of complimentary questions that may be used during survey research.



A community march in an area of Kampala organised by activists in the SASA! programme. © Raising Voices and STRIVE.

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