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SUMMARY REPORT

National Study on Women's Health and Life Experiences 2017

A Study on Violence against Women and Girls in Bhutan

**National Commission for Women and Children
Royal Government of Bhutan**

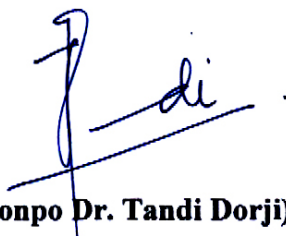
MESSAGE FROM THE CHAIRPERSON

Violence against women and girls (VAWG) is a universal phenomenon cutting across societies, culture, income and class. In most cases, the perpetrators are known to the victims. For a long time, societies continued to accept violence against women as “normal” and a “private matter”. However, recognizing its deeper impact and consequences not just for the women who experience it and those who witness it (particularly children) but also to the national human capital, governments have begun to acknowledge it as a serious public policy and human rights issue.

In Bhutan, with the blessing of our visionary monarchs and commitments from the successive governments, the legal environment for the protection of women’s rights are in place. No citizen shall be discriminated against on the ground of race, sex, language, religion, politics or any other status. Appropriate measures will be taken to eliminate all forms of discrimination and exploitation against women as enshrined in the Constitution of the Kingdom of Bhutan. Further, to prevent domestic violence and to provide the necessary support for the victims, the Domestic Violence Prevention Act of Bhutan was enacted in 2013. Since then, many initiatives are being taken by the National Commission for Women and Children (NCWC) as the “Competent Authority” in collaboration with Civil Society Organizations and relevant partners in implementing the Act.

Reaffirming its commitment to protecting the equal rights of women, Bhutan ratified various international and regional conventions including the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of Children (CRC) and the SAARC Convention on Prevention and Combating Trafficking in Women and Children for Prostitution.

In upholding our commitments to eliminate violence against women and girls, it is vital for us to understand the issue and also to ascertain the prevalence and various forms of violence. Therefore, this study, using the methods developed for the WHO multi-country study on Women’s health and Domestic Violence provides us with scientific basis for policy debates in ensuring efficient prevention and response interventions. The study unveils the issue of violence, examines its causes and factors, and provides concrete recommendations for us to recognize the issue and support our commitment to eliminate violence against women and girls. The Government and NCWC remain committed to take forward the recommendations from the study in collaboration with our partners.



(Lyonpo Dr. Tandi Dorji)

Chairperson

National Commission for Women and Children

FOREWORD

The National Commission for Women and Children (NCWC) is the nodal government agency for the protection and promotion of the rights of women and children in Bhutan. Despite various efforts in promoting and protecting their rights, women and children continue to be victimized and are subject to all forms of violence, abuse, exploitation, torture and neglect without the necessary social and economic support.

The Constitution of the Kingdom of Bhutan 2008 reflects commitments of the country towards eliminating all forms of discrimination and exploitation against women and girls. The ratification of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), further confirms the country's commitment to promote and protect the rights of women and girls in the country.

The Domestic Violence Prevention Act 2013 (DVPA) was passed by Parliament of Bhutan to ensure the provision of effective and appropriate services for the care and protection of victims of domestic violence. Designated as the Competent Authority to implement this and the Child Care and Protection Act 2011 and Child Adoption Act 2012, the NCWC's objective is to establish a systematic and well-coordinated protection mechanism for women and children. As outlined in the draft National Gender Equality Policy, gender-based violence is one of the key areas to be addressed.

Recognizing the need to generate the baseline data and information on the issues pertaining to Violence Against Women and Girls (VAW/G) and to ensure an evidence-based approach to address the VAW/G issues, the nationwide study on the Prevalence of VAW/G was conducted by NCWC. With funding support from the Austrian Development Cooperation (ADC) and the United Nations Development Programme (UNDP), the study aims to understand the prevalence and risk factors for VAW/G.

The study provides the quantitative and qualitative baseline data and information on the prevalence and incidence of different forms of VAW/G, women's health and life experiences associated with the intimate partner violence and services for the victims of VAW/G in dealing with partner violence. The findings will serve as the foundation for understanding and integrating sensitivity and responsive interventions to enhance protection and promotion of rights of women and girls in the country. They will inform the policies and plans to tackle VAW/G and be used for coordination and collaboration among stakeholders working on VAW/G, capacity building, advocacy and sensitization.

NCWC remains committed to delivering well-targeted programmes and supporting and collaborating with all relevant stakeholders towards protecting and promoting the rights of women and girls in Bhutan.



(Kunzang Lhamu)

Director

National Commission for Women and Children

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ACRONYMS

BIRD	Bhutan Interdisciplinary Research & Development
BLSS	Bhutan Living Standard Survey
CAA	Child Adoption Act of Bhutan 2012
CCPA	Child Care and Protection Act 2011
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CICL	Children in Conflict with the Law
CRC	Convention on the Rights of the Child
CSO	Civil Society Organizations
DFAT	Department of Foreign Affairs and Trade
DVPA	Domestic Violence Prevention Act 2013
EA	Enumeration Area
FYP	Five-Year Plan
GII	Gender Inequality Index
GNI	Gross National Income
HDI	Human Development Index
IPV	Intimate partner violence
LDC	Least Developed Country
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MPI	Multidimensional Poverty Index
NCWC	National Commission for Women and Children
NGO	Non-Governmental Organization
NPAG	National Plan of Action for Gender
NPV	Non-partner violence
NSB	National Statistics Bureau
ODK	Open Data Kit
PDR	People's Democratic Republic
PPP	Purchasing Power Parity
PPS	Probability Proportional to Size
PSU	Primary Sampling Unit
PTSD	Post-Traumatic Stress Disorder
REBH	Research Ethics Board of Health
RENEW	Respect, Educate, Nurture and Empower Women
SDGs	Sustainable Development Goals
SRQ	Self-Reported Questionnaire
SRSWOR	Simple Random Sampling without Replacement
STIs	Sexually Transmitted Infections
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VAW/G	Violence Against Women and Girls
VAW	Violence Against Women
WHO	World Health Organization

ACKNOWLEDGEMENTS

The National Commission for Women and Children would like to acknowledge the support and contribution of all the stakeholders and individuals who are involved in the conduct of this nationwide study.

The study would not have been possible without the brave women who gave their time and trust to the enumerators who knocked on their doors, to share their deeply personal experiences and shed light on forms of violence that often stay hidden behind closed doors. Their information is a gift to all Bhutanese, in particular to the future generations who should aspire to live in a society free from gender-based violence. Special mention must be given to the dedicated teams of all-female enumerators and their supervisors and drivers who travelled the length and breadth of the country to interview over 2,100 women and diligently recorded the information gathered.

The National Survey on Women's Health and Life Experiences 2017 and the production of this report was led by the National Commission for Women and Children (NCWC) and conducted by a small, dedicated team of national researchers led by Dr. Sonam Tshering, Bhutan Interdisciplinary Research & Development (BIRD), international consultants Christi Lane-Barlow (preparation and field implementation) and Jessica Gardner (data analysis and report writing). The qualitative component on violence against women, girls and men, the results of which are integrated into this report, was conducted by Dr. Tshering Yangden. Dr Henriette Jansen (Technical Advisor VAW Research and Data) from the United Nations Population Fund (UNFPA) Asia and the Pacific Regional Office provided valuable technical support and quality control throughout the study, analysis and report writing.

Overall, the research was guided by a Steering Committee with all details coordinated through a core working group comprising members from key stakeholder agencies. These individuals contributed their time and experience throughout the survey, including the adaptation of the survey questionnaire, pilot testing, reviewing preliminary findings and the final report.

The survey was co-funded by the ADC and the UNDP. Their support has made this landmark study possible and provided the basis for improving services for families impacted by gender-based violence and evidence needed to advocate for change.

Background

Gender-based violence against women and girls is one of the most significant social issues today, with widespread impacts including on health and wellbeing, productivity and on national development. Violence Against Women and Girls (VAW/G) is usually 'gender-based' because it occurs due to an imbalance of power between women and men and its existence contributes to perpetuating a cycle of inequality.

A lack of data on VAW/G in Bhutan has hampered evidence-based planning and monitoring of development goals. With Bhutan's 12th five-year plan (2018 –2023) in place and the formulation of the next United Nations One Programme underway, the need for a study to collect national data on the prevalence of VAW/G was given high priority.

The National Commission for Women and Children (NCWC) led the national study on VAW/G in Bhutan, with support from Austrian Development Cooperation (ADC) and the United Nations Development Programme (UNDP) Bhutan. For the field implementation, data analysis and report writing a national consultant (BIRD) and two international consultants were recruited. UNFPA's kNOwVAWdata initiative provided technical support and quality control.

Objectives

The key objectives of the study included:

1. measurement of the prevalence of different forms of violence against women and girls in a way that is comparable with other studies around the world;
2. assessment of associations between intimate partner violence and a range of health and other outcomes;
3. identification of factors that may either protect or put women at risk of partner violence; and
4. assessment of strategies and services that women use to deal with partner violence.

Methods

The study consisted of two parts:

- (i) a quantitative component consisting of population-based household survey using an adaptation of the methods developed for the WHO multi-country study on Women's health and Domestic Violence, and
- (ii) a qualitative component involving focus groups, key informant interviews and in-depth interviews.

Quantitative component

A sample of 2,200 households was selected to reflect the urban/rural distribution of the country as well as the three regions of East, West and Central. The response rate was extremely high. From a total of 2,200 households, interviews were completed in 2,189 households (99.5% household response rate) and with 2,184 women (99.3% individual response rates) aged 15-64.

The survey used specially designed questions (asking about behavioural acts, rather than using

terms such as ‘violence’ or ‘abuse’) to determine if women have ever experienced physical, sexual, emotional, or economic violence or controlling behaviours by their current or former male intimate partner (e.g. husband, co-habiting partner, fiancé, boyfriend). Women were also asked questions to determine if they have ever been subjected to physical or sexual violence since age 15 by anyone other than a partner (e.g. mother, father, teacher, friend, stranger), or if they were ever abused sexually as a child (before age 15).

Those women who reported experiencing any act of violence were asked if it happened in the last 12 months, thus enabling the calculation of both lifetime (ever happened) and current rates (happened recently/in the last 12 months). Current rates are more sensitive to measure change and are useful to plan interventions and help policy and decision-makers to gauge what is happening now and whether policies and interventions are having an impact.

Safety and ethical considerations are paramount in this kind of study and international best practices were followed to ensure the safety of the women being interviewed and the enumerators. Methods included two weeks of comprehensive training for female enumerators; using a ‘safe name’ for the survey (Women’s Health and Life Experiences); ensuring women were interviewed in complete privacy with no one else knowing the nature of the questions; and having a referral protocol in place to connect women and girls to services as needed.

Qualitative component

The qualitative component involved in-depth interviews with female survivors of violence, focus-group discussions with men and women, and key informant interviews, such as representatives from government, local leaders and CSOs working on this issue. The findings from the qualitative component were written up in a separate report and used to triangulate the results of the survey. Some quotes/testimonials and themes have been integrated into this report to provide context and cite real life experiences of women and girls to the data.

Operational definitions used to measure violence

Physical violence by an intimate partner¹

- i. Was slapped or had something thrown at her that could hurt her
- ii. Was pushed or shoved or had her hair pulled
- iii. Was hit with a fist or something else that could hurt
- iv. Was kicked, dragged or beaten up
- v. Was choked or burnt on purpose
- vi. Threatened to use or actually used a weapon against her
- vii. Chased out of the house/denied shelter using physical force

Physical violence in pregnancy

- i. Was punched or kicked in the abdomen while pregnant

¹Acts i, ii and vii are considered moderate physical violence and the others (iii-vi) are considered severe. Act vii was added in the adaptation for the Bhutan context

Sexual violence by an intimate partner

- i. Was forced to have sexual intercourse when she did not want to, for example by being threatened or held down
- ii. Had sexual intercourse when she did not want to because she was afraid of what partner might do if she refused
- iii. Was forced to do anything else sexual that she did not want or that she found degrading or humiliating

Emotional violence by an intimate partner

- i. Was insulted or made to feel bad about herself
- ii. Was belittled or humiliated in front of other people
- iii. Had done things to scare or intimidate her on purpose (e.g., by yelling or smashing things)
- iv. Threatened verbally to hurt her or someone she cared about

Controlling behaviour by an intimate partner

- i. Tried to keep her from seeing friends
- ii. Tried to restrict contact with her family of birth
- iii. Insisted on knowing where she is at all times
- iv. Got angry if she spoke with another man
- v. Was often suspicious that she is unfaithful
- vi. Expected her to ask permission before seeking health care for herself

Psychological violence

Any act of emotional and/or controlling behavior.

Economic violence

- i. Prohibited from getting a job, going to work, trading, earning money or participating in income generation projects
- ii. Had her earnings taken from her against her will
- iii. Refused to give her money she needed for household expenses even when he had money for other things (such as alcohol and cigarettes)

Physical violence since age 15 years by others (non-partners)

- i. Slapped, hit, kicked or anything else to hurt her
- ii. Had something thrown at her, was pushed or had her hair pulled
- iii. Choked or burnt on purpose
- iv. Threatened to use or actually used a gun, knife or other weapon against her

Sexual violence since age 15 years by non-partners ('rape')

- i. Was forced by non-partner into sexual intercourse when she did not want to, for example by threatening her, holding her down, or putting her in a situation where she could not say no
- ii. Forced to have sex when she was too drunk or drugged
- iii. Forced or persuaded to have sex against her will with more than one man at the same time

Other sexual violence (not rape) since age 15 by non-partners

- i. Attempted but did NOT succeed in forcing her into sexual intercourse when she did not want to, for example by holding her down or putting her in a situation where you could not say no
- ii. Touched her sexually against her will. This includes for example touching of breasts or private parts
- iii. Made her touch their private parts against her will

Childhood sexual abuse

- i. Had touched her sexually or made her do something sexual that she did not want to before the age of 15

Reference periods for prevalence of violence

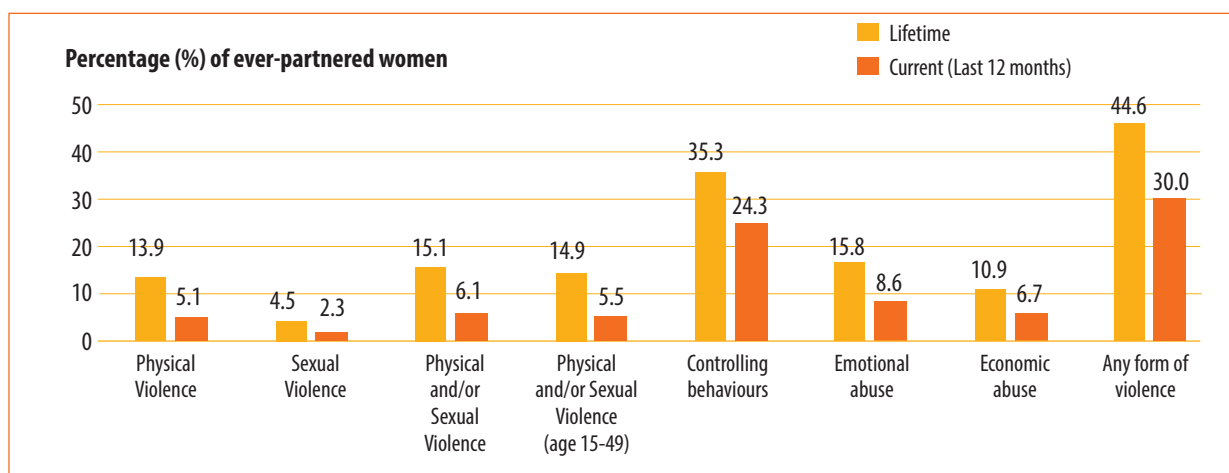
For each act of violence that the respondent reported as having happened to her, she was asked whether it had happened ever, and if so if it happened in the past 12 months.

Results

Violence against women by intimate partners

More than two in every five women (44.6%) experienced one or more forms of partner violence in their lifetime be it physical, sexual, psychological or economic. Almost one in three (30.0%) experienced any of these types of violence in the last 12 months. Controlling behaviors are the most commonly reported form of violence followed by emotional, physical, economic then sexual violence (Figure 1).

Figure 1 Lifetime and current prevalence of partner violence among ever-partnered women aged 15-64 by form of violence (N=1907), Bhutan 2017



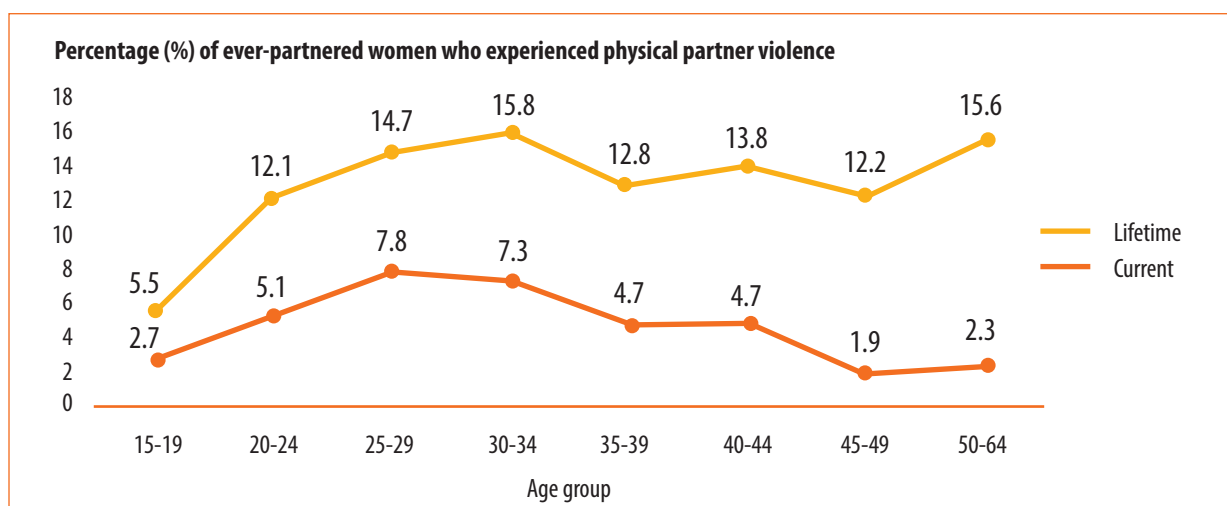


Physical violence

The proportion of ever-partnered women who reported experiencing physical violence by an intimate partner (referred to as 'lifetime prevalence') was 13.9%, while 5.1% of women experienced it in the last 12 months ('current prevalence'). The lifetime prevalence was slightly higher in rural (14.0%) than in urban areas (13.6%). Likewise, the current prevalence was slightly higher in rural (5.1%) than in urban (4.9%).

Physical partner violence starts early in life. By age group (Figure 2), the lifetime prevalence of physical violence by husbands/partners among ever-partnered women was highest among the 30-34 years old women (15.8%), followed closely by the women aged 50-64 years (15.6%). The lowest lifetime rate was for women aged 15-19 years at 5.5%. Women aged 25 to 29 years had the highest current prevalence of physical violence at 7.8% followed by women aged 30 to 34 years (7.3%).

Figure 2 Lifetime and current prevalence of physical partner violence among ever-partnered women aged 15-64 by age group, Bhutan 2017 (N=1907)



The most commonly mentioned act of physical violence was being slapped or having something thrown at her (11.1% of ever-partnered women), followed by being pushed or shoved (8.5%). Similarly, the most commonly mentioned act of physical violence in the last 12 months was being slapped or having something thrown at her (3.5%), followed closely by being pushed or shoved (3.1%). Women who experienced physical partner violence were more likely to be subjected to severe acts (e.g. punched, threatened with or had a weapon used against them) (8.7% of ever-partnered women) than to only moderate ones (e.g. slapped, pushed, hair pulled) (5.1%).

Physical partner violence rarely happened only once. For some the violence happened many times. For example, of the women who were slapped or had something thrown at them in the 12 months preceding the survey, two-thirds had experienced this a few times (2-5 times), 18.3% experienced it many times and for the remaining 15.5% it happened to them once.

Survivors in the qualitative study talked about the frequencies of physical violence they endured at the hands of their partners during the time they were subjected to physical abuse. Women mentioned that domestic violence occurred on a daily, weekly and monthly basis and it was different for different women. The frequency of abuse increased if the trigger was alcohol.

“It was weekly because every time there was problem, we did not talk for 3 or 4 days. When we started talking, he beat me again”

-26-year-old survivor

Another survivor was unable to remember the number of times she was physically abused:

“I have been to hospital many times because of cuts, injuries and blood. He even came to my office and beat me in public and made me bloody. One time because of the disturbances at home the neighbours called the police. Even that he blamed me even though he knew I was right in front of him and there was no way of asking help from anyone”

- 32-year-old survivor

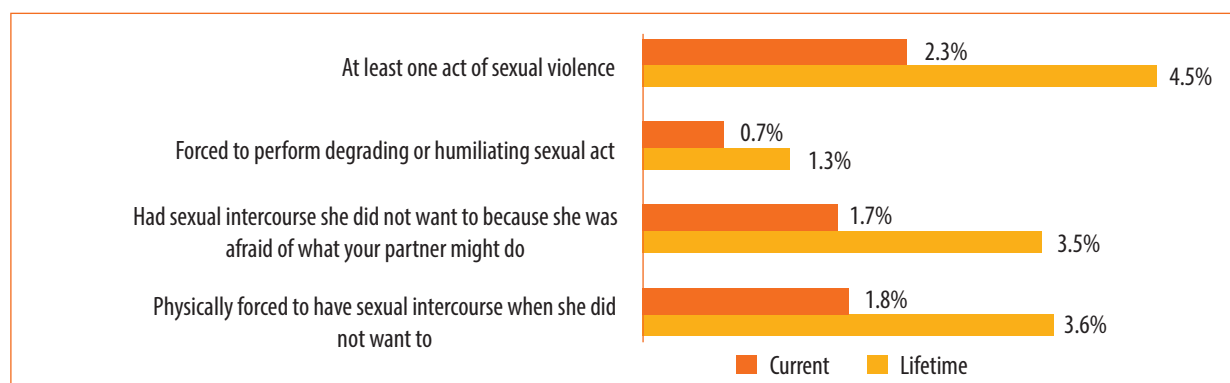
Sexual violence

The prevalence of sexual violence among ever-partnered women during their lifetime was 4.5% and in the last 12 months was 2.5%.

According to age, lifetime sexual partner violence was highest among women aged 20-24 years old (6.9%) and 35-39 years old (6.2%). The lowest lifetime prevalence was among women aged 40-44 years old (1.9%). Current prevalence of sexual violence was also highest in women aged 20-24 years old (3.3%) and 25-29 years old (3.2%).

The most common act of sexual partner violence was being forced to have sexual intercourse when she did not want to (experienced by 3.6% of ever-partnered women) and intercourse when she did not want to out of fear of what he might do if she refused (3.5% of ever-partnered women).

Figure 3 Prevalence of specific acts of sexual violence by husbands/partners among ever-partnered women, Bhutan 2017 (N=1907)



For those women who reported experiencing sexual partner violence in the last 12 months, it was rarely a one-off incident. Among the ever-partnered women who were forced to have sexual intercourse when they did not want to, for 84.3% this was more than once: namely for 64.7% it happened a few times and for 19.6% it happened many times.

Psychological violence

Psychological abuse is the combination of controlling behaviour and/or emotional violence. Lifetime psychological abuse among ever-partnered women was recorded at 39.7% while the current rate was 27.0%. In the section below, the results for these two types of violence are presented separately.

The qualitative interviews revealed that women suffered from a range of abuses including verbal, demeaning in public, monitoring/ controlling their movement, besides physical violence through use of weapons and physical strength. In some cases, being well educated did not spare women from being victims of domestic violence. A participant who had a Masters' degree and was working as a corporate employee stated:

"He used to criticize my dressing, my body figure and the changes he wanted me to make"

Another participant said:

"Psychological violence stems from jealousy in relationship and often it is displayed by way of embarrassing partners in public"

- 27-year-old unmarried girl

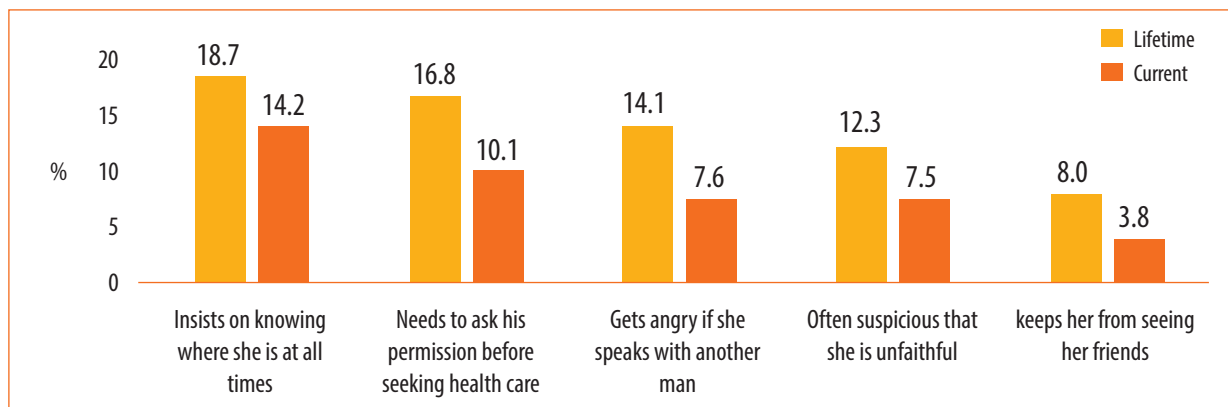
Controlling behaviour

Researchers into violence against women have found that controlling behaviours can lead to other forms of partner violence and can also be seen as a risk factor for other forms of violence. Controlling behaviours measured through this study included the partner restricting her from seeing her family and/or friends, insisted on knowing where she was at all times, got angry if she spoke with another man, suspected if she was unfaithful, and/or expected her to ask his permission before seeking health care for herself.

Overall, a third (35.3%) of women in Bhutan have experienced one or more of these controlling behaviours during their lifetime. The current prevalence of controlling behaviours was 24.3%. The prevalence was slightly higher in rural areas than urban areas for both current and lifetime rates.

According to the survey, the most common form of controlling behavior that Bhutanese women experienced was her partner insisting on knowing where she was at all times, experienced by 18.7% of ever-partnered women in their lifetime and 14.2% in the last 12 months. Needing to ask her partner's permission for health care was also commonly reported through the survey, affecting 16.8% of women of women at some point in their life (Figure 4).

Figure 4 Prevalence of different acts of controlling behaviors by husbands/partners among ever-partnered women, Bhutan 2017 (N=1907)

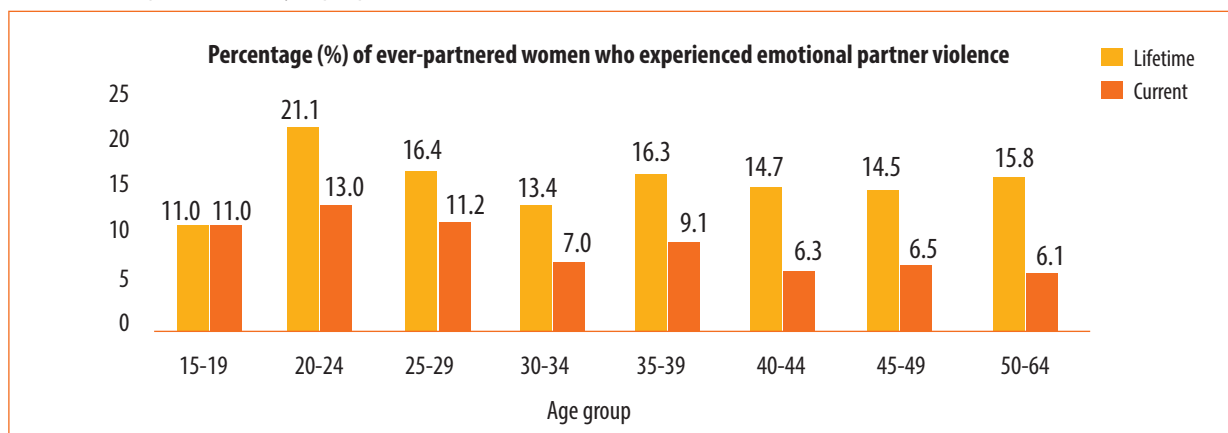


Emotional violence

Emotional partner violence was experienced by 15.8% of ever-partnered women ever in their lifetime. The current prevalence of emotional violence was 8.6%. Prevalence was higher in urban areas (16.4%) than in rural areas (15.6%). The current prevalence of emotional violence was almost the same in rural (8.7%) and urban areas (8.5%). The highest lifetime and current rates were reported in western Bhutan at 19.0% and 9.8%, respectively.

According to age (Figure 5), lifetime prevalence of emotional partner violence was highest among women aged 20-24 years (21.1%) and was around 15% for the older age groups. As with physical and sexual partner violence, this type of violence started early in a relationship; from the 11% of women aged 15-19 who have ever experienced emotional partner violence, all reported such violence also in the last 12 months.

Figure 5 Lifetime and current prevalence of emotional partner violence among ever-partnered women aged 15-64 by age group, Bhutan 2017 (N=1907)



The most commonly mentioned act of emotional violence was being insulted or made to feel bad, experienced by 10.8% of ever-partnered women in their lifetime and by 6.0% in the last 12 months. The least reported act was being belittled or humiliated, experienced by 4.4% of women at least once in their lives and by 2.1% in the last 12 months.

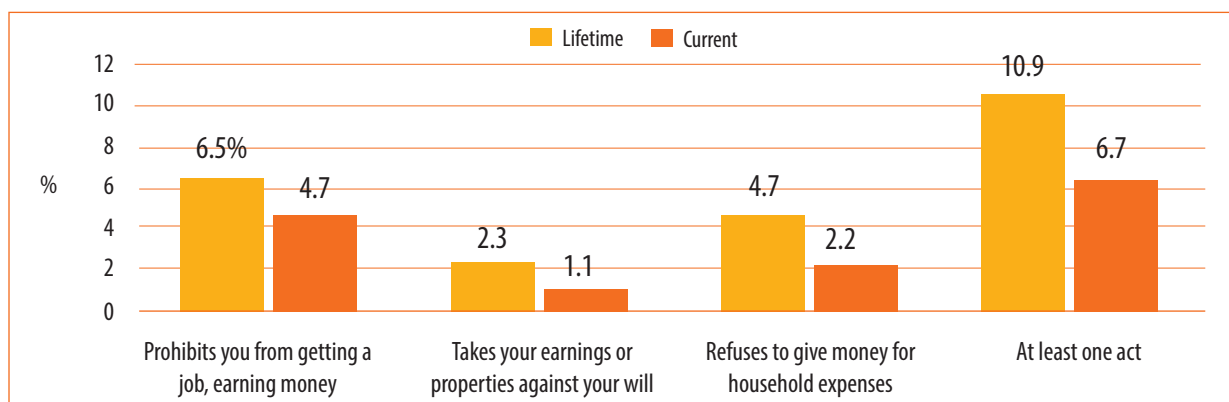
Among the women reporting acts of emotional violence, for each act more than 90% experienced these more than once. Among the women who were insulted or made to feel bad in the last 12 months, 90.0% experienced it multiple times, with 24.4% more than 5 times.

Economic violence

Economic violence involves a partner controlling her access to economic resources, thereby not only limiting her capacity to support herself but also forcing herself to depend on him in terms of financial access and control.

It was found that 10.9% of ever-partnered women experienced at least one form of economic violence in their lifetime and 6.7% experienced it in the last 12 months. The prevalence was comparatively higher (13.2%) among women who did not have any income source than women earning income (8.0%).

Figure 6 Prevalence of different acts of economic violence by husbands/partners among ever-partnered women, Bhutan 2017 (N=1907)



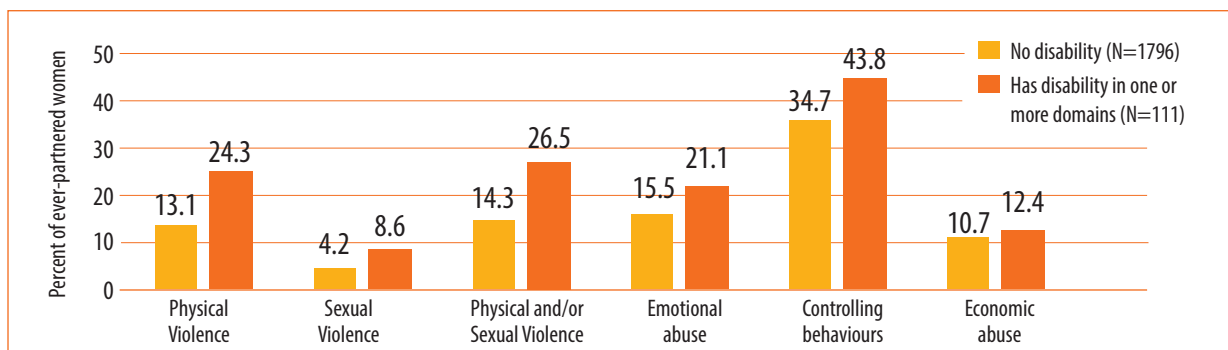
Partner violence and disability

Survey respondents were asked if they had difficulty functioning in six domains: seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, and communicating. Women who answered they have 'a lot of difficulty' or 'cannot do at all' in one of more of these areas were considered to have some form of disability. There were 111 ever-partnered respondents with a disability or 6.6% of ever-partnered women.

Disability can be both a trigger and a consequence of violence. There is a strong association between disability and lifetime partner violence (Figure 7). Women and girls with disability reported experiencing higher rate of physical and sexual partner violence than women with no disability (24.3% compared to 13.1% and 8.6% compared to 4.2%) respectively. Emotional violence was also much higher for women with a disability (21.1% compared to 15.5%), as was controlling behaviour (43.8% compared to 34.7%). Economic violence was slightly above the rate reported by women with no disability (12.4% compared to 10.7%).



Figure 7 Prevalence of different forms of partner violence in their lifetime among ever-partnered women aged 15-64 according to their disability status

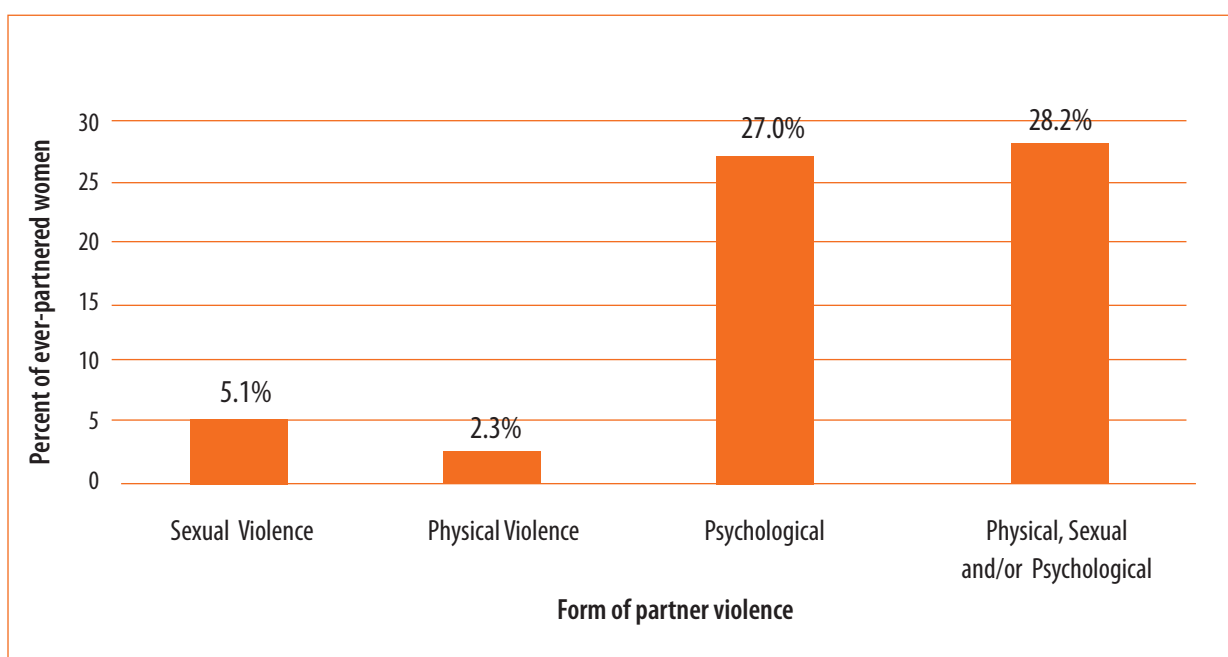


Partner violence and sustainable development goals

The Sustainable Development Goals (SDGs) include the target to “Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.” (Target 5.2). Under this target there are two indicators: one relating to partner violence in the last 12 months and the other non-partner sexual violence.

Figure 8 shows the proportion of women and girls who have been subjected different forms of violence in the last 12 months (SDG indicator 5.2.1). Further disaggregation, such as by age and education level, are provided in the Main Report (Annex III, Table 2.14b).

Figure 8 Proportion of ever-partnered women and girls aged 15-64 years subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence (N=1907), Bhutan 2017



Violence against women and girls by perpetrators who are not partners ('non-partners')

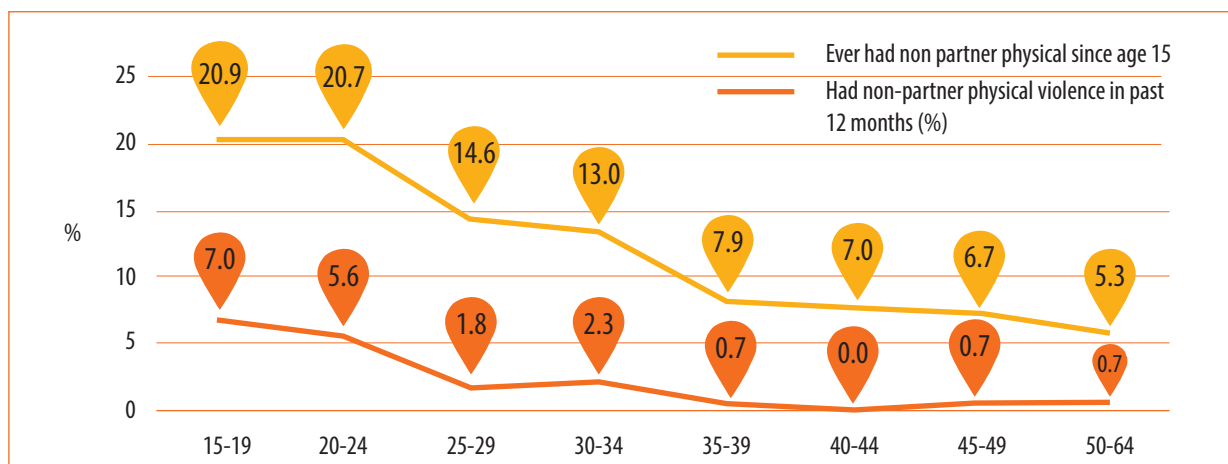
The study also measured the prevalence of VAW/G by people other than their intimate partners. This includes the family members, friends and strangers, whether they be male or female. The types of non-partner violence against women and girls covered in the survey included physical violence, sexual violence, and child sexual abuse by asking specific questions on behavioural acts (without using the word violence). The latter was measured by asking women aged 15-64 retrospectively about their childhood experience.

Physical violence by non-partners against women since age 15

The survey found that 12.5% of women and girls have experienced physical violence from people other than their intimate partner since the age of 15 and 2.5% have experienced such physical violence in the past 12 months. The prevalence was higher in urban areas with 13.8% compared to 11.8% of rural women.

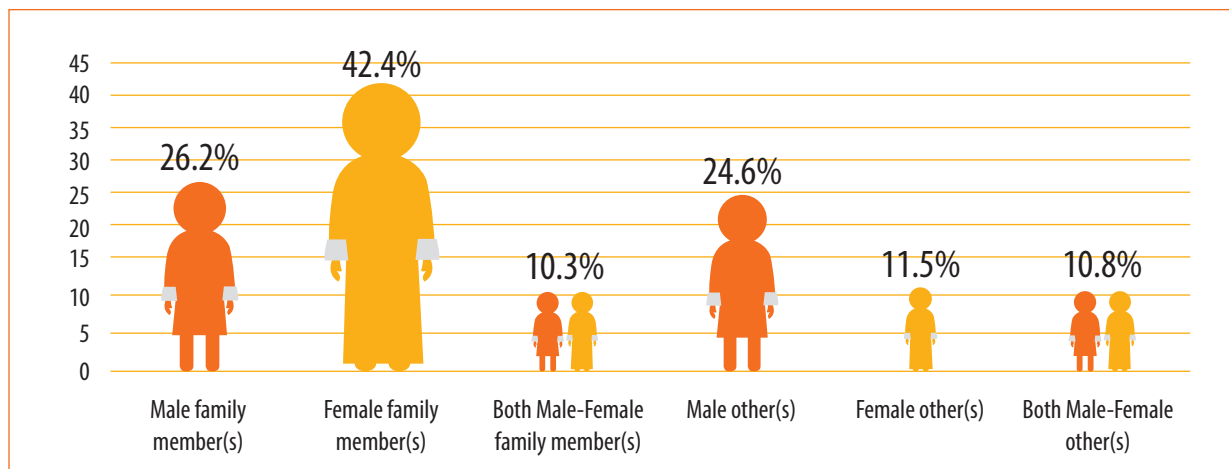
Young women reported the highest rates of physical violence by non-partners with about 20% of women aged 15-19 years and 20-24 years having experienced this in their lifetime (since age 15) compared to less than 10% among women aged 35 years and above.

Figure 9 Prevalence of physical violence by non-partner among all respondents by age group, Bhutan 2017 (N=2184)



Perpetrators of non-partner physical violence were mostly female family members (mentioned by 42.4% of women who experienced this type of violence). These included mother, mother-in-law, step-mother, sisters, grandmothers, or other female relatives. The findings depicted the complex nature of VAW/G and was a diversion from the mainstream view that men were the default perpetrators of VAW/G, and that partner violence was generally the most common type of violence women and girls experienced.

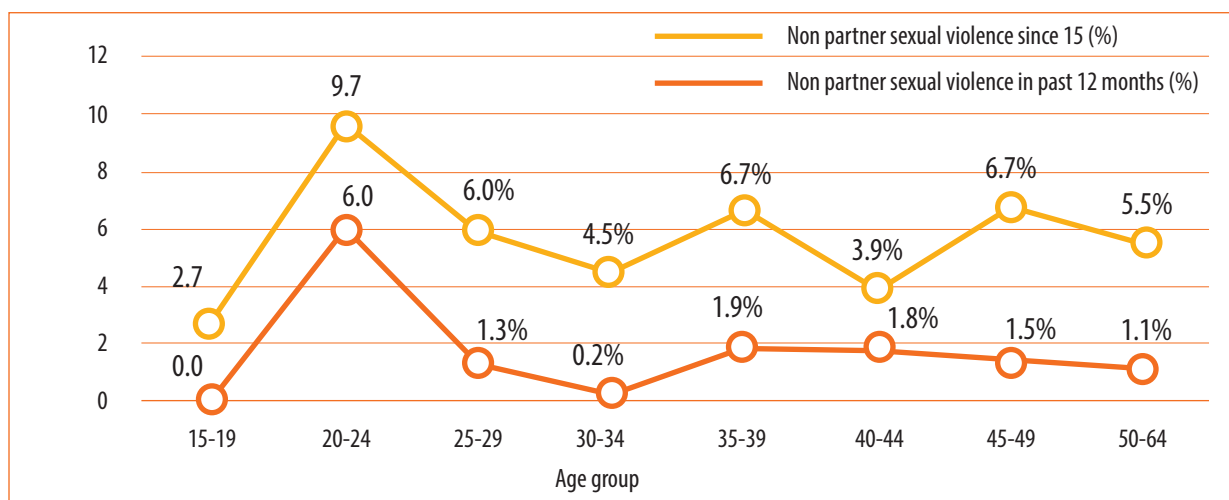
Figure 10 Perpetrators mentioned by women who reported physical violence by non-partner since age 15 by type of perpetrator, Bhutan 2017 (N=252)



Sexual violence by others against women since age 15

There were 5.8% of respondents who have experienced sexual violence by a non-partner since age 15. It was found that 2.0% of the women and girls were subjected to forced sexual intercourse and 4.4% have encountered attempted intercourse or other unwanted sexual acts. Results indicated that sexual violence was more prevalent in the rural areas, and in the central and western parts of the country. In the last 12 months, 1.8% of women and girls have experienced sexual violence perpetrated by a non-partner. Almost half of these women were aged 20-24.

Figure 11 Prevalence of sexual violence by non-partner among all respondents by age group, Bhutan 2017 (N=2184)

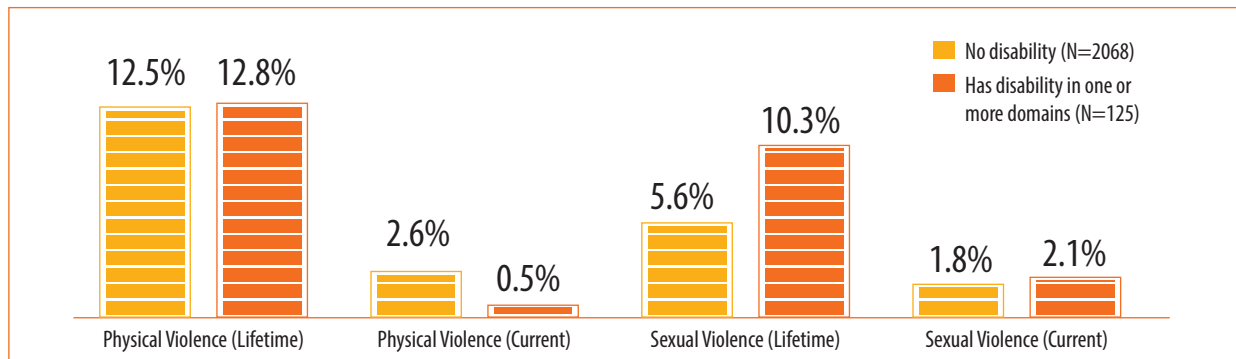


Unlike physical non-partner violence, perpetrators of the sexual violence were all male. Most commonly it was a friend or acquaintance, followed by a stranger (male).

Non-partner violence and disability

The prevalence rate of lifetime non-partner physical violence for women and girls with disability was reported to be similar with that of women and girls without disability and the rate of current non-partner physical violence was lower compared to women without disability (Figure 12). Lifetime sexual non-partner violence was, however, much higher for women and girls with a disability at 10.3% compared to 5.6% for those without disability.

Figure 12 Prevalence of lifetime and current non-partner violence among ever-partnered women aged 15-64 by form of violence and disability status, Bhutan 2017



Childhood sexual abuse before 15 years of age

Being a sensitive and difficult experience to disclose in an interview, women were asked about their childhood experiences both in behavioural questions during the interview, as well as a confidential yes/no method using happy and sad face cards. This proved effective as only 1.3% of women revealed that they have faced childhood sexual during the interview and the figure rose to 6.9% when combined with responses using the face card method.

Child sexual abuse is reported more in the rural areas and in the central and western parts of the country.

For the 30 respondents who reported experiencing child sexual abuse during the interview, further questions were asked. This revealed that for most (95.7%) it happened between the ages of 10 and 14 years. For about half (54.3%) of these women it happened once, but for 23.9% it occurred a few times and for 21.7% it happened many times.

The most common perpetrators of child sexual abuse for the 30 women who disclosed this abuse in the interview, were male strangers, people not known to them or in positions of authority such as police officers or doctors. For one third of these women the perpetrator was a friend or acquaintance.

First experiences of sexual intercourse

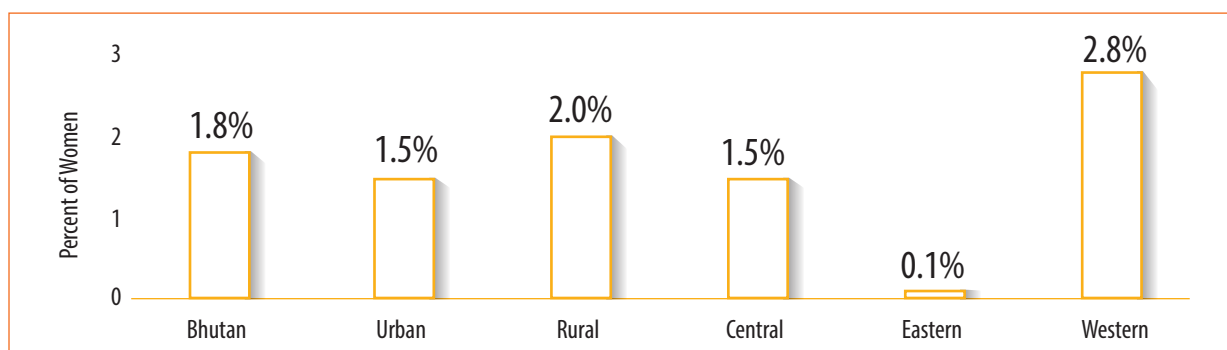
Knowing when women are first sexually active and the nature of that first experience is helpful for strategizing how to eliminate VAW/G. About 20% of the women who were interviewed never had sex. Around one third of them (35.7%) reported having their first experience of sex between ages 18 to 21. One in five (20.0%) experienced sex for the first time at ages 15 to 17 and 17.8% had sex at the age of 22 or above. Only 3% reported to have had her first sexual intercourse below 15.

While in most cases the first sexual experience was consensual, for 6% of women it was forced upon them and 13% had sex while they did not want to. Rates of forced sex were highest in the Eastern region (10.0%) and lowest in the Central (2.5%).

Non-partner violence and sustainable development goals

Figure 13 shows the proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months (SDG indicator 5.2.2). Further disaggregations, such as by age and education level, are provided in the Main Report (Annex III, Table 3.3).

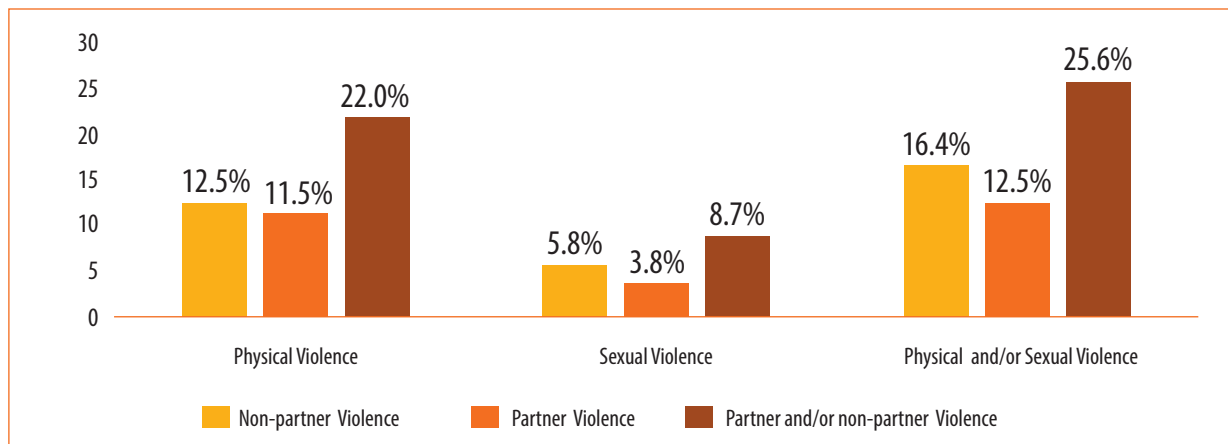
Figure 13 Proportion of women and girls aged 15-64 years subjected to sexual violence by a non-partner in the previous 12 months (N=2184) by location, Bhutan 2017



Comparing partner and non-partner violence

More than a quarter of women experienced physical and/or sexual violence perpetrated by either a partner, non-partner or both (since age 15) (Figure 14). There was a small amount of overlap but the data showed that most women experienced either partner violence or non-partner violence rather than both (for each type of violence and physical and/or sexual combined). This suggests that non-partner violence is not a risk factor for partner violence and that they seem to be independent phenomena. (Note: this can be explored more in-depth in risk factor analysis at a later stage). The data also showed that more women reported physical violence by non-partners than by partners and the same was true for sexual violence.

Figure 14 Proportion of women aged 15-64 who have experienced physical or sexual violence, or both, by either partner or non-partner, or both, Bhutan 2017 (N=2184)



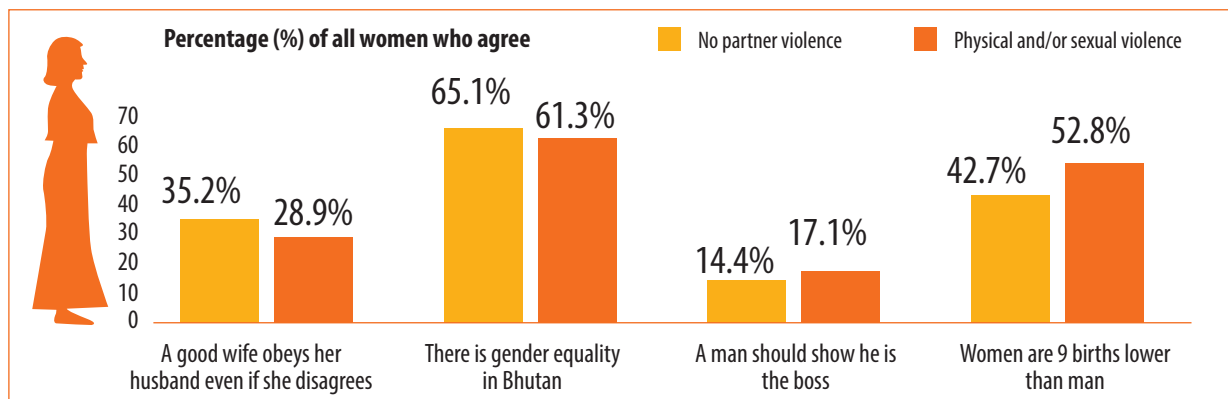
Women's attitudes and perceptions

Women's attitudes towards gender roles

Attitudes towards gender roles and partner violence reveal social norms and how acceptable violence against women is in society. One third (33%) of women supported the notion that “a good wife obeys her husband even if she disagrees”. Almost two thirds (64.6%) agreed with the statement that “there is gender equality in Bhutan”. Only 13.5% of the women agreed “that a man should show he is the boss”.

Historically, there has been a traditional idea in Bhutan that, “women are nine births lower than men”. The interpretation of this varies from women being significantly inferior to men and that women had to go through more struggles than men (e.g. menstruation, pregnancy, childbirth). Regardless of the perceived meaning, this study found one third of women (38.3%) agreed with the statement that “women are nine births lower than men”. It was particularly so for women in rural areas (41.2%) than for their urban (33.4%) counterparts, suggesting that traditional views take longer to change in rural areas. The age group of the respondents were a factor while responding to this question.

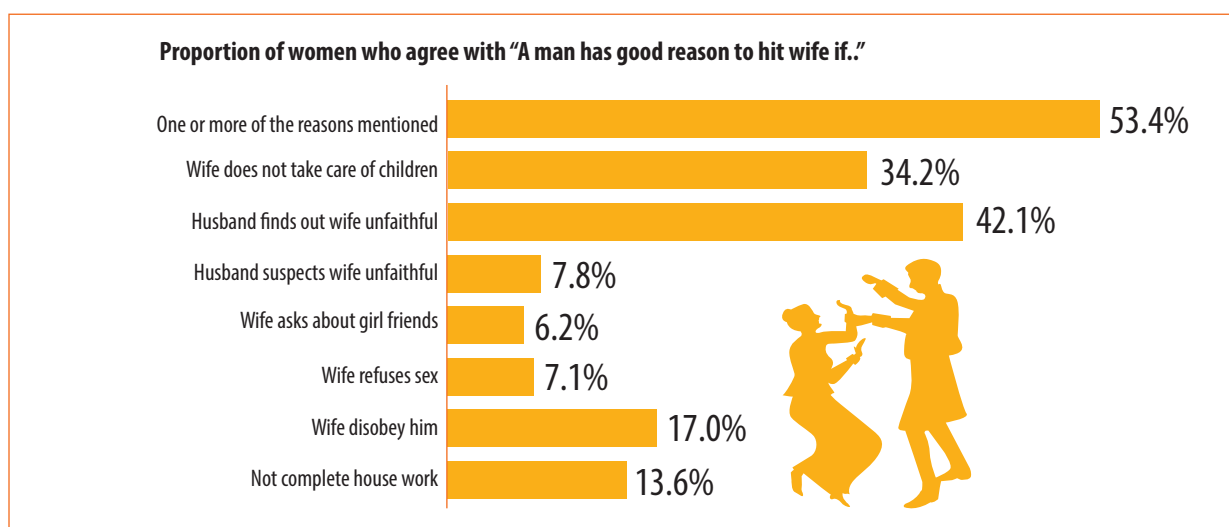
Figure 15 Proportion of all ever-partnered women who said they agree with specific statements on gender roles among women with and without experiences of physical and/or sexual partner violence, Bhutan 2017 (N=1,907)



Women's attitudes around justifications for a man to beat his wife

When raising awareness and changing behaviors, it is important to know whether women perceive physical partner violence as acceptable under certain circumstances. Overall, the survey showed more than half of the women (53.4%) agreed that a man was justified in hitting his wife for one or more of the reasons mentioned (Figure 16 and Main Report, Annex III, Table 6.2). The most commonly mentioned reason to justify physical violence was if the wife was unfaithful (42.1%). However, respondents were far less inclined to agree that asking about girlfriends, refusing sex, or suspecting the wife was unfaithful were good reasons to hit a wife.

Figure 16 Attitudes towards a man's right to beat his wife, among all interviewed women, Bhutan 2017 (N=2,184)



A comparison of women who experienced of partner violence and those that did not showed that those who experienced violence were more inclined to agree that a man had reasons to hit his wife under certain circumstances (60.4% compared to 54.7%).

Some participants in the qualitative component of the study felt that a wife was responsible for taking care of household and if the responsibilities were not taken care of, the husband had the right to discipline her. Although the attitudes were quite diverse among the respondents (KII):

"We live in a patriarchal society. Most men in Bhutan like to take control, be the bread earner for the family and dictate how a woman should run the household or live their life. If the latter is disobeyed, and the women do as they wish, this only boils down to verbal and physical violence"

- Key informant, Ministry of Health and Services

"If there are some strong reasons for doing so, it's acceptable"

- Quote from men's focus group discussion on whether physical partner violence can be justified



"I do not think any form of violence towards either gender is acceptable because it really just boils down to violence against a person. If force is initiated by a person against another, the victim or potential victim has every moral right and obligation to defend himself or herself against the attacker. So, technically yes, it can be justified in extreme cases, but as an aggressor, it is never okay."

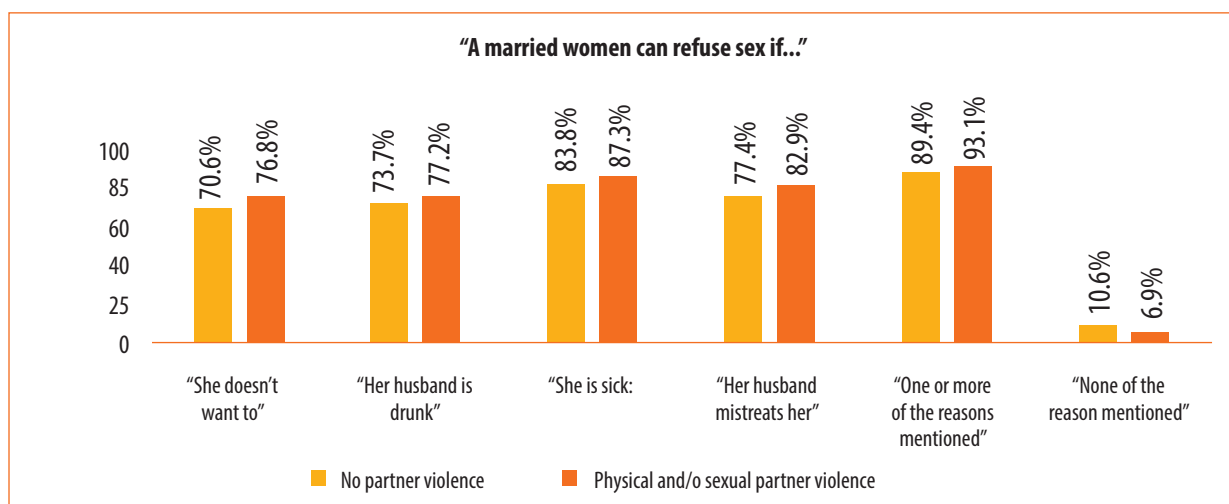
- Quote from key informant from Ministry of Health and Services

Women's attitudes around reasons for a wife to refuse sex with her husband

Women's attitudes towards sexual autonomy were assessed by asking respondents if they thought married women could refuse sex for a number of specific reasons. The results suggested attitudes of women were favourable towards sexual autonomy and the right to refuse sex with their husband. Nine in every ten women (89.6%) agreed it was acceptable to refuse sex for at least one reason. 'If the wife is sick' was the statement that most women agreed with (82.9%), followed by 'if the husband has mistreated his wife' (77.4%).

There were slight differences in attitudes between women who experienced physical and/or sexual partner violence and those who did not. Interestingly, those who experienced physical and/or sexual partner violence were slightly more likely to agree with one or more reasons that a married woman could refuse sex (93.1%) than those who did not experience any partner violence (89.4%).

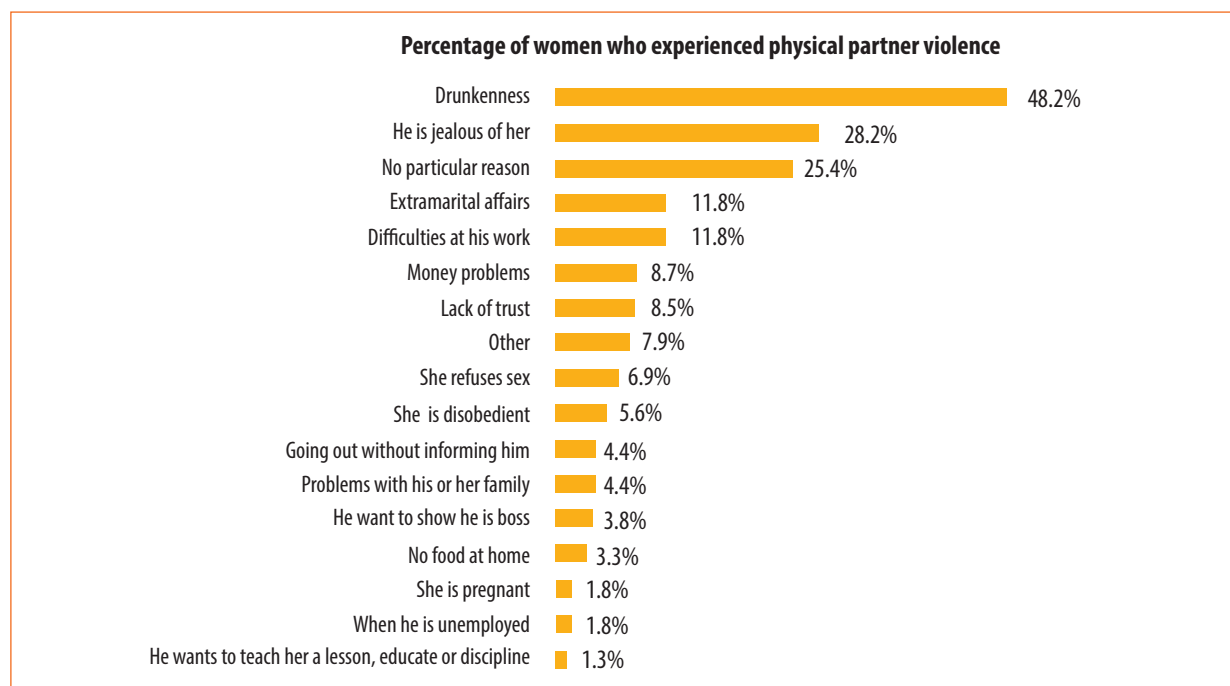
Figure 17 Ever partnered women's attitudes towards sexual autonomy among women with and without experience of physical and/or sexual partner violence, Bhutan 2017 (N=1907)



Women's perceptions of causes of violence

Women who experienced physical partner violence were asked if there were situations that led to or triggered their partner's violent behaviour. The most commonly mentioned trigger was drunkenness (48.2% of women who experienced physical partner violence in their lifetime) followed by jealousy (28.2%) or no particular reason (25.4%).

Figure 18 Perceived triggers of physical partner violence among ever-partnered women and girls who has experienced such violence (N=251), Bhutan 2017



Women who cited drunkenness as a trigger for physical partner violence often mentioned additional triggers, suggesting violence stemmed from a combination of factors. Jealousy, difficulties at work, extramarital affairs, money problems, the woman refusing sex, and a lack of trust were the situations frequently cited together with drunkenness as triggers for violence.

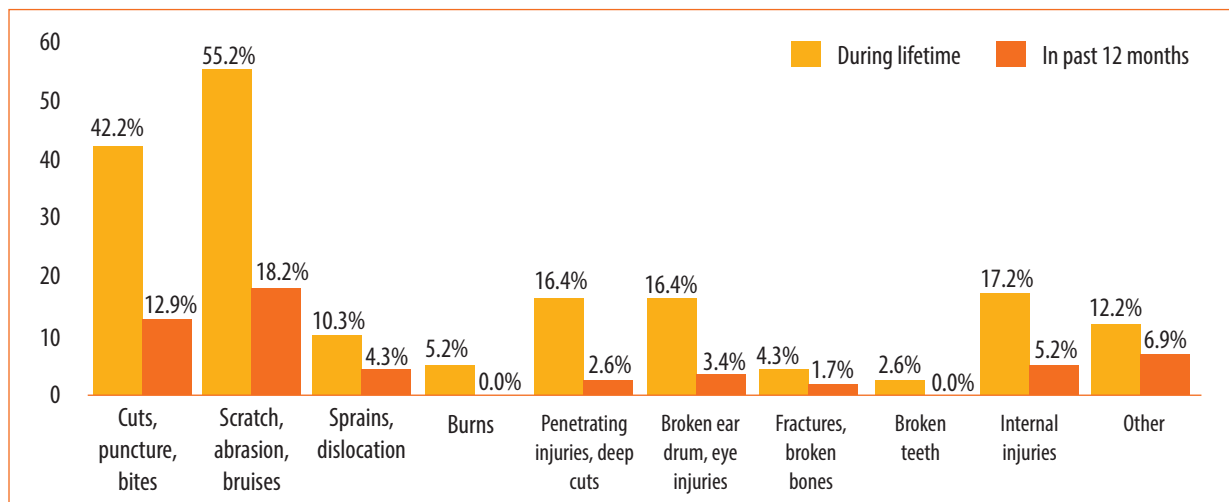
Partner violence and women's health and well-being

Injuries due to physical and/or sexual partner violence

More than a quarter (27.2%) of women reported experiencing one or more injuries as a result of physical and/or sexual partner violence in their lifetime. There was no difference between urban and rural areas but the injury rate is higher in the eastern region (34.1%) and lower in the western region (23.6%). Women who were earning an income were more often injured (31.0%) than those who were not (23.3%).

Those women who experienced an injury were asked how often it happened. It was found that 45% of them were injured only once, 35% were injured between two and five times, and 18% were injured more than five times in their life. It is worrying that more than half of them were injured repeatedly. The most commonly mentioned types of injuries that women sustained during their lifetime were scratches, abrasions or bruises (among 55.2% of women who were ever injured) or cuts, punctures, or bites (42.2%) (Figure 19). Several women suffered from internal injuries (17.2%), broken ear drum or eye injuries (16.4%), and penetrating or deep cuts (16.4%). The latter injuries were more serious and indicates severe forms of violence.

Figure 19 Type of injuries sustained among women ever injured due of physical and/sexual partner violence, Bhutan, 2017 (N=86)



Associations between physical and/or sexual partner violence and women’s health

Partner violence has a significant impact on health and well-being of many women. More than one third (37.8%) reported that her experience of physical and/or sexual partner violence had ‘a little’ effect on their health and well-being and for almost a quarter (22.8%) it had ‘a lot’ of effect. The remaining 37.1% reported the violence had no effect.

For this study we compared women with and without experience of physical and/or sexual partner violence for a number of health outcomes. The results of this analysis describe ‘associations’ which do not necessarily imply causality.

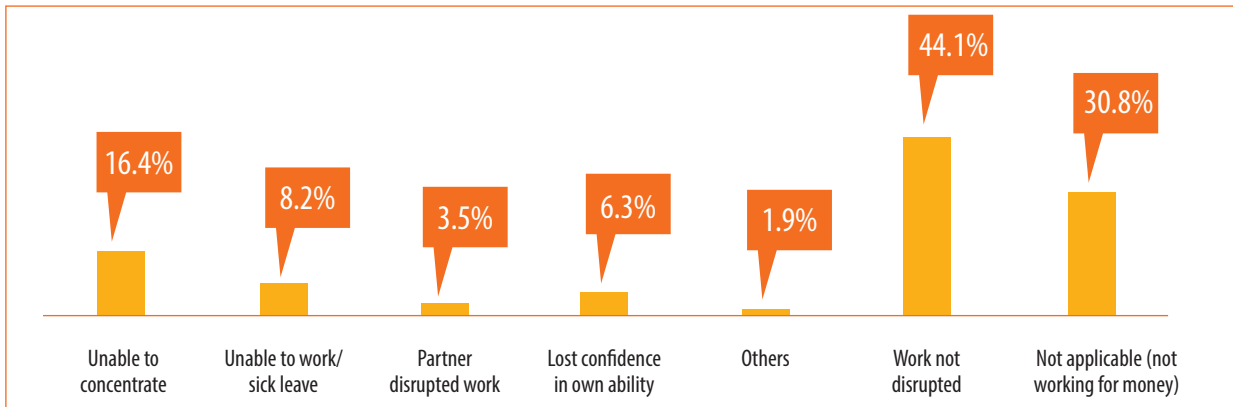
The proportion of women who consulted a doctor and/or took medicine for physical as well as mental illness was higher among women who experienced physical and/or sexual partner violence compared to women who did not.

Women who experienced partner violence were more likely to have had an operation or spent at least one night in hospital than those who did not. There were 13.4% of women who experienced partner violence and spent at least one night in hospital in the past 12 months compared to 8.3% of women who did not experience violence.

Impact of violence on women’s ability to work

Physical or sexual partner violence can have an impact on women’s ability to work and earn income (Figure 20). Of those women who did work for money, 16.4% reported they were unable to concentrate due to partner violence, for 8.2% of women they were unable to work at all, and for 6.3% they lost confidence in their own ability.

Figure 20 Type of self-reported impact of violence on women's work, among women who reported physical and/or sexual partner violence ever in her lifetime, Bhutan 2017 (N=298)



All participants agreed that domestic violence causes loss of self-confidence for women in public, working life and depression which can lead to suicide.

- Findings from focus group for married men

"I feared him all the time and had to brace myself for beating any time. Now that we are divorced, I can work and earn in peace."

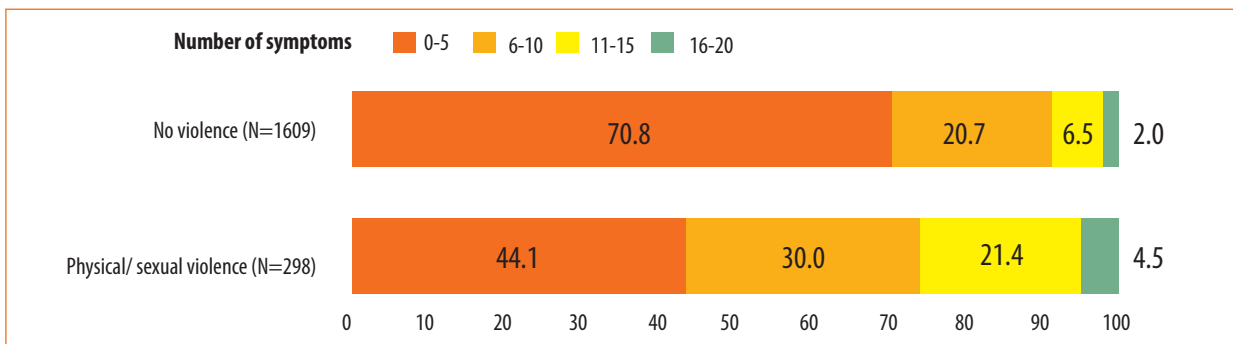
- In-depth interview with a survivor of intimate partner violence

Associations between partner violence and women's mental health

Women who experienced physical and/or sexual partner violence were much more likely to have thoughts of suicide than women who did not. Overall, 16.2% of women who experienced partner violence had thought seriously about committing suicide compared to 5.8% of women who did not.

Partner violence is associated with poor mental health. Mental health was measured using a list of 20 symptoms. Among the respondents who did not experience physical and/or sexual partner violence, less than a third (29%) reported having more than 5 symptoms of poor mental health. However, for women who experienced partner violence, more than half (56%) reported more than 5 symptoms.

Figure 21 Mental health problems based on Self-Reported Questionnaire (SRQ) score, according to women's experience of physical and/or sexual partner violence, Bhutan 2017 (N=1,907)



Note: SRQ-20 is a set of 20 questions in a Self-Reported Questionnaire that make up a WHO screening tool for emotional distress, more points indicating higher probability of depression.

“It affected me in the sense I was most of the time unhappy, my children were unhappy, my family members were unhappy and I had to cut them off to keep my husband. My social life was bad”

- A survivor

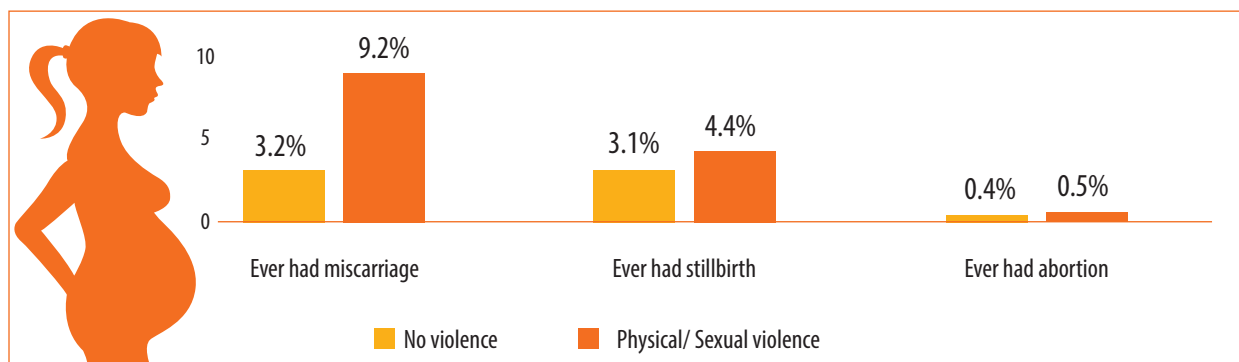
“I suffered from depression. Now I have become very forgetful because he used to hit on my head. He made me black and blue and my eyes would swell. See- one of my eyes is watering even now. I am happy I divorced.”

- In-depth interview with a survivor of partner violence

Association between partner violence and women’s reproductive health

The proportion of women who had previously miscarried was almost three times more among those who ever experienced physical or sexual partner violence in their lifetime (9.2% compared to 3.2%). Rates of stillbirth were also higher among those who experienced partner violence. There was little difference in the proportion who had ever had an abortion.

Figure 22 Reproductive health outcomes reported by women, according to their experience of physical and/or sexual partner violence among those ever pregnant, Bhutan 2017 (N=1692)



Among women who have had a live birth in the last five years preceding the survey, there were more cases of their pregnancy being unwanted among women with partner violence(19.5%) compared to those with no violence (11.0%).

Although women with and without violence have similar patterns of contraceptive use, the study findings supported certain association between partner violence and family planning methods. Two thirds (67.8%) of women who experienced partner violence have used a method to prevent or delay pregnancy compared to 58.5% of women did not. For women with violence, 13.4% had their current or recent partner refuse to wear a condom compared to 5.9% of those without violence.

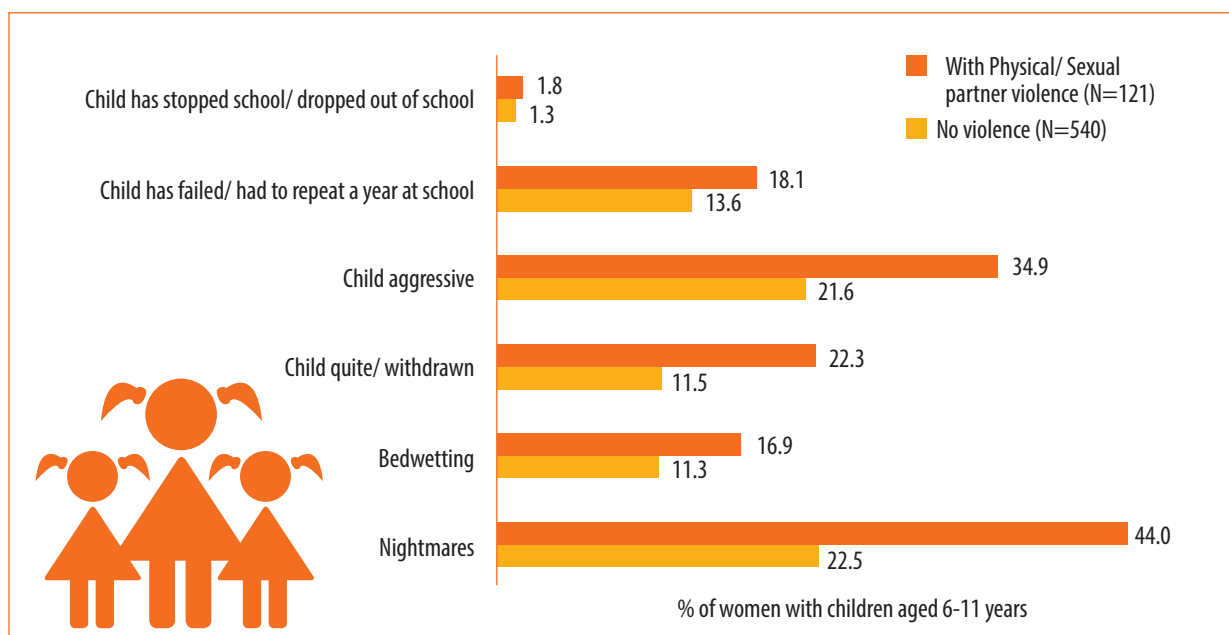
Impact on children and intergenerational violence

Partner violence and children’s well-being

Women who experienced physical and/or sexual partner violence were more likely to report that their children have behavioural issues such as nightmares, bedwetting, being withdrawn, quietness, aggressiveness, failing and/or dropping out of school than those who did not.



Figure 23 Well-being of children aged 6-12 years, as reported by women with children in this age group, according to their experience of physical and/or sexual partner violence, Bhutan, 2017 (N=661)



“When parents are not on good terms and quarrel or fight at home, it affects the health and academic performance of the children.”

- A participant in the married men’s focus group

Of the women who experienced physical partner violence, more than 60% reported that their children witnessed or overheard the violence. Almost a quarter (22.5%) thought they had witnessed it once. A similar proportion (22.8%) said the children had seen or heard it several times and for 12.1% witnessed it many times. Women in rural areas reported much higher rates (twice as often) of children witnessing the violence than those in urban areas.

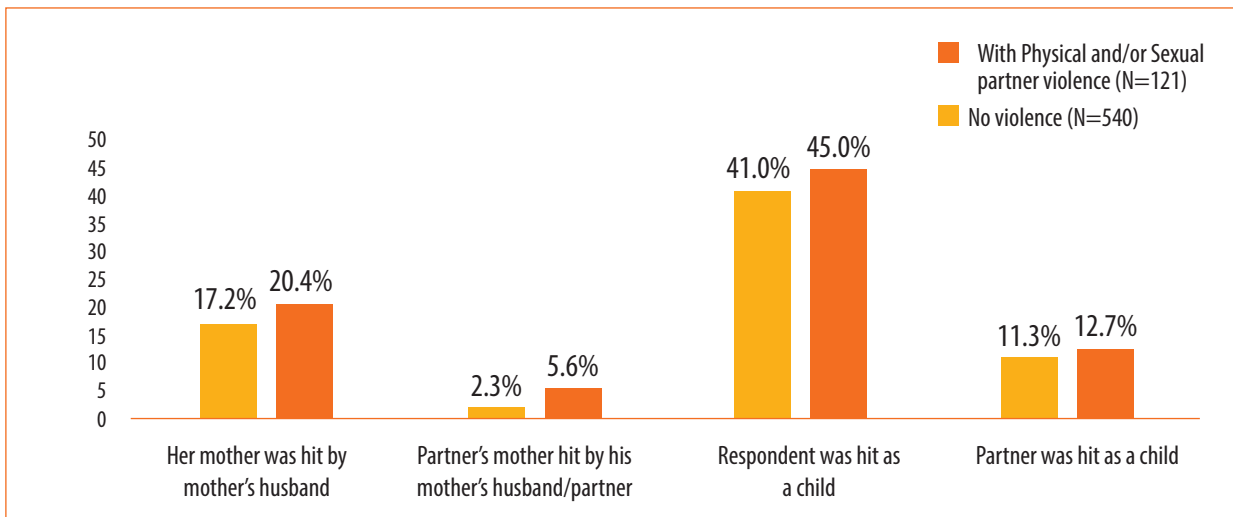
“I never make noise when he beats me, and he even beats me in front of children. In order to avoid this, I used to go in a separate room and he follows me there. At one time he tried to stab me and thinking about that I shiver even now”

- 39-year-old survivor

The cycle of violence

The study supports that there is a link between childhood exposure to violence and adult experiences of partner violence. Of ever-partnered women and girls who experienced physical and/or sexual violence, 20.4% reported that her mother experienced physical partner violence, 5.6% stated that her partner’s mother experienced physical violence. Similarly, 45% of the women and girls reported that they experienced physical violence as children. These proportions were lower among women without partner violence.

Figure 24 Ever-partnered women reporting violence against her mother, against her partner's mother, against herself when she was a child and against her partner when he was a child, according to experience of physical and/or sexual partner violence, Bhutan 2017 (N=1907)



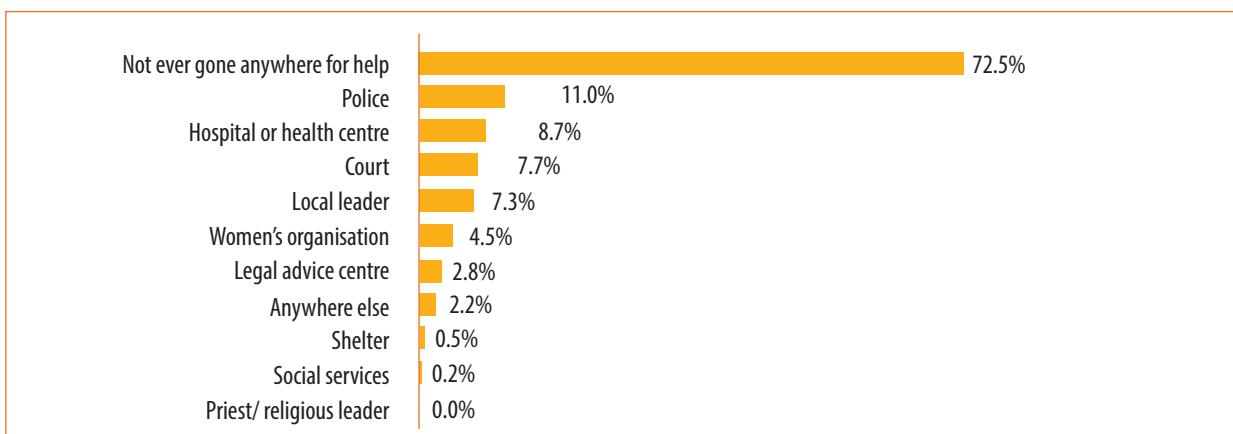
Women's coping strategies

Telling people and seeking help

Of the women who experienced physical and/or sexual violence, two in five (41.4%) had not told anyone before being interviewed for this survey. A similar proportion (41.0%) had confided in friends and 27.8% told their parents. A minuscule 0.4% reported the violence to NCWC. One in five (22.3%) women who experienced physical and/or sexual partner violence wanted more help from her relatives or from the police (18.3%).

Women were also asked if they ever sought help from specific authorities to deal with their violent partner. Almost three quarters (72.5%) of the victims of physical and/or sexual violence had never sought help from anywhere. Few women went to the police (11.0%). Most (78.7%) of the women who reported or sought help reported satisfaction with the support they received.

Figure 25 Percentage of women who sought help from agencies/persons in authority, among women who experienced physical and/or sexual partner violence, Bhutan 2017 (N=298)



One of the main reasons survivors decided to seek help from agencies was that they could not endure the violence any longer (42.7%). Social stigma or bringing a bad name to the family (17.7%) was the main reason for not seeking support.

"I told only my parents and did not tell anyone else. I was young and did not know where to go."

- In-depth interview with a survivor of intimate partner violence

Survivors are hesitant to share with others for a number of reasons:

"I think I was trying to portray him as a good man hoping he might change. If he changed then I did not want to damage his relationship with my family"

- In-depth interview with a survivor of intimate partner violence

Leaving home

Most women who experienced intimate partner violence did not leave home due to their perception that the violence is normal or not serious (21.1%), not wanting to stigmatize family (14.6%), and hoping that the partner would change for better (14.6%).

A quarter (23.1%) of survivors left home at least once due to their partner's violence. The main reason given for leaving was their inability to tolerate violence (39.7%). Other reasons include, being afraid he would kill her, being badly injured, being threatened he would kill her or being thrown out of home.

When women left home, they were most likely to go to their own relatives (11.0%) or their friends/neighbours (7.7%). Around 1.0% of women who experienced partner violence went to a shelter.

Women who left home usually did so when the situation was really bad. Most of the women who left ended up returning and their reasons for this vary. Emotional difficulty in parting from their children was the most commonly mentioned reason for returning home (40.4% of those who left home as a result of physical and/or sexual partner violence and returned). Close to one third returned for the sake of family/children (31.6%) and the partner asking to come back was also a common reason to return (26.3%).

Fighting back

Almost half (46.2%) of the women who reported experiencing physical partner violence never retaliated or fought back. Nearly one third of the women who fought back reported that the violence only became worse.



Men's perceptions of partner and non-partner violence

Men's perceptions on VAW/G and domestic violence were gathered through the qualitative component of the study. Their stories provided useful insights into understanding why such violence occurred. It revealed that most men considered such violence to be inappropriate and agreed that partner violence traumatizes not only the wives but also children. It was also reported that some men abuse their wives as a sign of masculinity and to project himself as the boss of the family. The men felt that women take advantage of new laws to provoke men into getting violent and seeking support of the law to take revenge.

The male participants were aware of the existence of RENEW and police as services to seek support. The office of the local leaders (Gup) were also seen as an alternative/option to seek support followed by intervention by the parents.

Conclusion and Recommendations

This report sheds light on the different forms of violence and its prevalence that usually remain hidden. It provides important findings to quantify violence against women and girls, its impacts and how women and girls cope with the experience. It provides policy and decision makers with evidence and data essential to national planning and policy making across many sectors – health, education, rural development, good governance – as well as for reporting on international commitments to the SDGs, CEDAW and the Beijing Platform for Action.

Based on the findings and consultations, following are some of the key recommendations:

Enabling environment

- Develop a costed national action plan for eliminating violence against women and girls, including the effective implementation of the DVPA. It should have a budget associated with it and have clear measures and processes for monitoring its implementation.
- Strengthen the legal framework to better protect women and girls from violence. For example, child marriage is a harmful practice and there is a need to raise the marriageable age of women to 18 years (currently 16 years), so it is harmonized with that of men, as per the commitments to human rights ratified by the Royal Government of Bhutan (e.g. Convention on the Rights of the Child, Child Care and Protection Act of Bhutan 2011). Furthermore, the punishment for psychological violence is light and recommended for review and revision.
- Conduct public consultations at all levels, including with survivors of VAW/G, when formulating policies and drafting laws.

Awareness and behavior change

- Raise awareness about gender-based violence, the DVPA and available services at all levels. Develop clear advocacy messages and use social media, animation, song and theatre to reach a wide audience.
- Engage more actors in the efforts to raise awareness, including men and boys and champions who can influence change.

Improve services to women and girls and families

- Work with local governments and CSOs to expand the provision of inclusive services and facilities. Shelters need to be enhanced to help women and girls, not only to meet their needs in the short term, but to support them when they are ready to leave the shelter, be it to return home or to another location. Build the capacity of CSOs and relevant agencies to provide counseling, empowerment, reintegration, income-generating activities, and other services.
- Develop Standard Operating Procedures (SOPs), including training of Service Providers to provide services in a sensitive and appropriate way, including making relevant/appropriate referrals to other services.
- Provide economic support and free legal aid to give women and girls options and the capacity to leave a violent partner.
- Strengthen interventions to reduce the harmful use of alcohol. Although this is a trigger rather than a cause of violence, there is clearly a link between alcohol abuse and IPV.

Further secondary analysis

- Conduct risk factor analysis to identify characteristics most closely associated with experiences of partner violence and disseminate findings to inform policy making and services provisions.

Future studies and research

- Document the lessons learned from the survey to be used for similar studies within Bhutan and other countries.
- Disseminate anonymized microdata from the household survey in a controlled way to allow researchers to conduct further analysis while protecting confidentiality and safeguarding quality results.
- Conduct studies on the prevalence of violence against women and girls every 5-10 years. It is recommended that dedicated study on VAW/G are being carried out every 10 years and a module in another survey in between.
- Conduct an in-depth study on sexual abuse in the workplace and provide training to sensitize people about sexual harassment in the workplace.
- Conduct studies on traditional gender attitudes, and men's experiences with domestic violence.
- Carry out a detailed costs of violence against women and girls

Related areas of work

- Review and harmonize administrative data sources and align concepts and definitions between the different data producers.