Research on Gender-based Violence and Masculinities in China :

Quantitative Findings

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FOREWORD

Globally, millions of women and girls are subjected to all forms of violence and violence against women and girls (VAWG) remains a major health and human rights concern. As the global spotlight fell on the 57th UN Commission on the Status of Women this year, which focused on the priority theme of addressing VAWG, the momentum has been built for the international community's renewed commitment to address prevention and elimination of VAWG.

UNFPA has a long history of advocating for the human rights issues of women and girls, in particular VAWG. UNFPA is committed to strengthening and expanding its efforts to bring an end to gender-based violence (GBV). Over the years, UNFPA has identified the dearth of adequate and accurate GBV data as a common challenge to understand the problems, and to inform evidence-based policy change and programme design.

The programmes on GBV are generally focused on improving services in response to violence. While these interventions continue to be key priorities, addressing the root causes of GBV through primary prevention and engaging men and boys is also vital. This pathway was long underestimated due to the lack of data and insights on those men and boys who perpetrate GBV. This pressing need for and the difficulty of collecting accurate data on this issue, as well as the importance of engaging men and boys in preventing GBV, has drawn growing attention worldwide, including in China.

In order to collect reliable data, understand the underlying drivers of violence, and point to more effective ways to prevent violence, UNFPA China and Partners for Prevention supported a quantitative research which for the first time in China looks at GBV by taking into account masculinity, and examines the association between men's attitudes and behaviour and perpetration of violence. The research is part of a regional study – the UN Multi-country Study on Men and Violence conducted in 6 countries, including China.

The present study, while limited to only one county in China, provides various entry points to work on violence prevention by addressing the root causes of violence. Based on the findings, the report proposes a set of recommendations that may guide future interventions by engaging men and boys. UNFPA will continue to support further research and will follow up on the recommendations to promote initiatives addressing masculinities and eliminating GBV. Together with other UN Agencies, national counterparts, like All-China Women's Federation, and civil society organizations, we hope to garner the support of a broad coalition of organizations and committed people to work towards a society free of gender based violence.

Mr. Arie Hoekman

UNFPA Representative to China

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This publication has only been made possible through the dedication, commitment and hard work of all the institutions and people involved in this study.

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EXECUTIVE SUMMARY

Background

This study was led by UNFPA China with technical support from Partners for Prevention (P4P), a UNDP, UNFPA, UN Women and UNV Asia-Pacific Regional Joint Programme for Gender-based Violence Prevention. The study is part of P4P's Asia and the Pacific regional research project, UN Multi-country Study on Men and Violence: Understanding gender, masculinities and power to prevent gender-based violence (GBV), which is being conducted in six countries in the Asia-Pacific region.

The objectives of this study were:

- to provide data on the prevalence and incidence of different types of GBV both within and outside of intimate relationships;
- to deepen the understanding of men's and women's underlying attitudes and behaviours related to masculinity, gender equality, fatherhood, sexuality and GBV in China and their institutional framework;
- to understand risks and protective factors associated with violence perpetration and victimization; and
- to provide policy and programme recommendations on the prevention of GBV, in particular on the involvement of boys and men in the promotion of gender equality and stopping violence before it occurs in the Chinese context.

This survey was conducted in Eixian[1] county in May 2011, and included both small towns and a large rural area. Data was collected through a multi-stage random sampling strategy. With an 84 percent response rate, 1,103 women and 1,017 men aged 18-49 years completed the female and male questionnaires.

With the vital support of the local organizations at the study site, the Institute of Sexuality and Gender Studies at the Beijing Forestry University and the Anti-Domestic Violence Network of China jointly conducted this research.

[1]The pseudonym Eixian is used to refer to the study site so as to protect the confidentiality and safety of the participating respondents. For more details see Annex 1.

Summary of key findings

Intimate partner violence

Intimate partner violence is pervasive

Among the female respondents who were ever-partnered, 39 percent reported experiencing physical and/or sexual intimate partner violence (IPV). Men reported a higher prevalence rate – 52 percent – than women for physical and/or sexual IPV perpetration. Slightly more than one third (38 percent) of ever-partnered women reported experiencing emotional violence by an intimate partner. Among ever-partnered men, 43 percent reported ever having perpetrated emotional violence against a female partner. Different types of IPV were found to be overlapping, for example, 27 percent of men who reported perpetrating physical IPV also reported perpetrating sexual violence against a partner. One in ten ever-partnered women reported being raped by a male partner. Among ever-partnered men, 14 percent reported perpetrating rape against a female partner. Women are more at risk of rape from a partner than a non-partner – among women who had experienced rape, 62 percent had been raped by a partner. The corresponding prevalence reported by men was 64 percent.

Intimate partner violence has serious impacts on women's and men's physical, mental and reproductive health

The study found clear associations between IPV and symptoms of women's physical, mental and reproductive ill-health.Among women who had experienced physical partner violence, 40 percent had been injured, resulting in their taking leave from work or having to stay in bed. Violence results not only in injuries but is related to longer-term physical, mental and reproductive health consequences. Compared with women not experiencing IPV, women who experienced IPV were two to three times more likely to have poor overall health, be unsatisfied with their sexual life, have had sexually transmitted infections, miscarriages and/or abortions, be clinically depressed and to consider or attempt suicide. There was also a clear association between perpetrating IPV and men's quality of life. Of the men who reported having perpetrating IPV, 57 percent had low satisfaction with their life, compared to 45 percent of men who had not perpetrated IPV. Men who had perpetrated IPV were also 2 ½ times more likely to be clinically depressed and nearly twice as likely to have thought about suicide. However, it is unclear whether perceived low life satisfaction, depression, etc. causes men to use violence or is a result of their use of violence and associated behaviours – more research is required in this area. There is international evidence that suggests it is both and men with better mental health perpetrate IPV less, indicating that investment in men's mental health is a priority for violence prevention.

Women who experience IPV often don't tell anyone

Women who have experienced IPV often do not tell anyone about their experiences, with many sharing their experiences for the first time in this survey. Among women who do seek help, 35 percent of women who had experienced IPV reported telling a family member. However, among the women who told a family member, only 25 percent felt completely supported by their family, while 45 percent experienced blaming, indifference or being told to keep quiet. Women were less likely to seek support from formal services, with only 10 percent of women who had experienced partner violence reporting to health workers and 7 percent reporting to the police.

Physical and sexual IPV is strongly associated with childhood trauma, men's dominance, alcohol abuse, multiple sexual partners and quarrelling

Men who have alcohol problems are nearly 2 ½ times more likely to perpetrate IPV than those who do not have alcohol problems. Men who were abused as a child, emotionally and/or sexually, are significantly more likely to perpetrate IPV. The frequency of quarrelling in a relationship is also a strong risk factor – compared to men who rarely quarrel with their partners, those who sometimes quarrel are 2 ½ times more likely to use violence and those who quarrel often are nearly nine times more likely to use violence. Men's number of sexual partners in their lifetime is also a significant risk factor – men who have had multiple sexual partners are more likely to perpetrate violence. Women who experienced childhood trauma, including physical, sexual and/or emotional abuse, were significantly more likely to experience IPV. In households where men dominated household decision-making, women were also more likely to experience partner violence. Women who were unsure of their partner's fidelity, that is, their partner was likely having an affair, were nearly two times more likely to experience partner violence. Similar to men's perpetration of IPV, quarrelling in the relationship increased the likelihood of women to experience violence. Women who reported that they quarreled with their partner sometimes, as compared with rarely, were nearly five times more likely to be abused, and those who reported quarrelling often were approximately 13 times more likely to experience abuse.

Non-partner sexual violence

Women are more likely to be raped by a partner, but non-partner sexual violence is also prevalent

Women are most at risk of rape by an intimate partner, but many experience rape by a non-partner. Among all women interviewed, seven percent reported having been raped by a non-partner. Eight percent of men who were interviewed reported having perpetrated non-partner rape. Data on attempted rape by non-partner men (unsuccessfully using force or coercion to have sex) was also collected. About one in seven women (14 percent) reported experiencing attempted rape. According to women's reports, the men who most commonly perpetrated non-partner rape and attempted rape were ex-husbands/ex-boyfriends, men in their neighbourhood and others.

Rape perpetration is most commonly motivated by sexual entitlement, and many men rape for the first time when they are teenagers

Men who perpetrated rape most frequently cited sexual entitlement as their motivation, with 86 percent of perpetrators reporting this motivation. Of men who perpetrated rape, 67 percent were 20-29 years old when they perpetrated rape for the first time, and 24 percent were 15-19 years old. This indicates that the prevention of sexual violence needs to begin with teenagers.

The vast majority of women who have experienced rape have never told anyone

Among women who experienced non-partner rape or attempted rape, about one quarter (28 percent) never sought help. Among all of the incidents of rape and attempted rape, only five percent resulted in a legal case being opened. Only 15 percent of women who experienced rape told their family and of those who told their family, 27 percent were completely supported by their family, 30 percent were not supported and 43 percent experienced ambivalent responses.

Non-partner rape perpetration is strongly associated with childhood trauma, alcohol abuse and multiple sexual partners

Generally speaking, the risk factors for men's perpetration of non-partner rape are quite similar to the risk factors for men's perpetration of physical and/or sexual IPV. Child abuse, alcohol problems and multiple sexual partners are all common risk factors. However, the effect of multiple sexual partners is more significant for non-partner rape than IPV. That is, if a man has had four or more sexual partners in their lifetime, compared to only one, they were nearly six times more likely to have committed non-partner rape whereas they were only 2.3 times more likely to have committed IPV. In addition, empathy is found to be a protective factor for non-partner rape, while it was not a factor for IPV.

Men experience high levels of trauma and violence

The study shows that boys experience considerable childhood trauma in the home, schools and/or communities. Seventy-five percent of male respondents reported suffering from at least one form of trauma – physical, emotional or sexual violence, or neglect – during childhood. In addition, 22 percent of men reported they bullied (threatened, mocked and/or harassed) others during childhood and 25 percent reported being bullied. The research found that violence against boys not only harmed their physical, emotional and sexual health, but also produced long-term impacts that last into adulthood, as is apparent in the above risk factors for IPV and rape perpetration.

The study also found that many men experience violence and suffer from psychological problems in adulthood. Among male respondents, three percent reported that they had ever been raped by another man, including gang rape. Twelve percent of men reported suffering from clinical or high depression, and 17 percent reported ever having suicidal thoughts or attempting suicide. Furthermore, slightly more than one third of male respondents reported low life satisfaction.

Gender attitudes and hegemonic masculinity

In order to explore the relation between masculinity and men's perpetration of IPV, the report summarizes men's and women's attitudes toward gender equality and hegemonic masculinity, that is, the dominant ideal of male behavior and societal standards of masculinity.

Nearly 100 percent of male and female respondents agreed that women should be equal with men, and more than 90 percent of respondents opposed men perpetrating IPV against women. However, this sharply contrasted with the high prevalence of IPV. This discrepancy can be partly explained by the fact that 73 percent of men believed men had to be tough and 52 percent supported men's use of violence to defend their reputation. It could be deduced, therefore, that if men perceived their authority to be challenged by female partners, they would possibly defend their position of authority by using violence.

The wide acceptance of men's sexual privilege may further explain why men felt legitimated to perpetrate rape against women. For example, 52 percent of male respondents believed men need more sex than women. The fact that more women (71 percent) agreed with this than men shows that many women have internalized such notions.

The data also revealed key notions held by men about characteristics of 'true' or 'normal' men. These include: 1) men should be the decision makers on important issues; 2) men have to be tough and should use violence to defend their reputation if necessary; 3) men should not beat women unless they challenge men's reputation; and 4) men should have sex with women and it is shameful for men to have sex with men.

In other words, current attitudes toward gender equality are based on 'gender difference,' that is, socially defined differences between men and women. IPV against women by male partners is still rationalized due to gender inequitable attitudes based on gender difference, even though both male and female respondents highly supported the principle of equality and opposed violence against women.

Conclusion: Understanding of violence from the perspective of masculinities

The main findings described above point toward the fact that factors including age, education level, income, work status, work stress and unemployment stress did not seem to have a significant impact on men's perpetration of IPV, except for in a few circumstances. In other words, the common assumption that men who are young, have low education, are poor or who have high levels of work-related stress are more likely to perpetrate IPV was refuted. Similarly, the data did not find that women who are poor and have low education are more likely to experience violence than other women. Instead, the study found that GBV is caused by a complex interplay of multiple factors that operate at the individual, family, community and societal levels (as reflected by the ecological model in figure 1).

Hegemonic masculinity is socially constructed by factors (and their interactions with one another) across these four levels. Thus, at its core violence is connected to rigid gender norms and hegemonic masculinity. It is necessary, therefore, to promote masculinities that value non-violence and gender equality in order to end GBV.

Recommendations

To address the findings of this study, the following recommendations are made:

Promote gender equality in practice

Recommendation 1: Promote school-based and community-based gender equality programmes for boys and young men, along with girls

Recommendation 2: Promote gender-equitable, non-violent masculinities in the mass -media

Recommendation 3: Expand and promote government commitment to gender equality

End impunity for violence against women

Recommendation 4: Establish and implement a clear legal framework for addressing violence against women

Recommendation 5: Sensitize and build the capacity of law enforcement and judiciary personnel to effectively and appropriately deal with cases involving gender-based violence

CHAPTER 1

INTRODUCTION

Background to the study

While quantitative research projects on violence against women (VAW) in China have yielded important data, there have been few studies that have explored the relationship between masculinities and gender-based violence (GBV) in China. This project, which began in September 2010, aimed to address this gap. The overall aim of the project is to understand more fully men's use (and women's experiences) of violence against women as well as the factors related to such violence including men's attitudes, notions of masculinities, sexual and reproductive health, parenting practices and childhood experiences. The findings will be used to further inform programming and advocacy on violence prevention including male involvement in this issue.

Conceptual framework[2]

The following is an overview of the concepts and theories that have helped guide and shape the development of this study.

Primary prevention

Although support and service provision to individuals who experience violence remains imperative, responding to the outcomes of violence is not enough to end it. 'Primary prevention' describes the actions and interventions to stop violence before it starts by addressing the different factors associated with violence. These actions may augment factors that promote safety, equality, non-violence and peace and/or influence the factors that contribute to violence, such as impunity and inequality. These factors – both 'risk' and 'protective' – are embedded in policy, social norms and institutional structures, the dynamics of social relations as well as individual attitudes and behaviours.

The global evidence shows that men are the primary perpetrators of GBV. Consequently, in order to prevent violence, it is imperative to understand men's motivations for and attitudes toward GBV. This data helps us to understand factors associated with perpetration and experiences of GBV, which can be used to develop more effective primary prevention programmes and policies.

The methodology for this study, including the organization and wording of the questionnaires and interview guides, have been designed with the aim of revealing these risk and protective factors so that the research findings can be directly fed into primary prevention programming and policies.

Gender-based violence

This report uses the term 'gender-based violence' in an inclusive sense, referring to violence that is in some direct way concerned with expressing and maintaining unequal power relations or oppressive gender orders. This includes violence against women and girls as well as violence against men, boys and transgender individuals who challenge gender and heterosexual norms. It also

[2]The content in this section is from UN Multi-country Study on Men and Violence protocol developed by Partners for Prevention.

includes violence against children. Gender-based violence can be physical, sexual, psychological or economic and cuts across socio-economic status, caste, ethnicity, religion and other defining social markers.

Gender-based violence takes many forms, including IPV and marital rape, sexual violence, sexual slavery, dowry-related violence, female infanticide, sexual abuse of children, female genital mutilation, child marriage, forced marriage, non-spousal violence, violence perpetrated against domestic workers, trafficking and other forms of exploitation. However, this study focuses on intimate partner violence and rape, given that these are the most common forms of GBV in the world.

Masculinities and gender-based violence

Violence is connected to dominant notions of what it means to be a man. Therefore, this study emphasizes the need to understand masculinities in order to promote more effective GBV prevention. Masculinity can be defined as either an identity or pattern of practices associated with the position of men in various gender systems. There is no one masculinity; constructions of masculinity vary over time and across and within cultures, creating multiple masculinities. However, there is often a hierarchy of masculinities in which one (or more) pattern of masculinity is socially dominant and others are marginalized (Institute of Development Studies, 2007, p.18). Hegemonic masculinity can therefore be defined as patterns and narratives of masculinity that are perceived to be dominant, and against which other patterns of masculinity are measured. Hegemonic masculinities value certain types of men over other men and women, and help to create and maintain patriarchy (Connell, 2005).

The majority of research and interventions on GBV have focused on women as the victims. That tells only one side of the story. Understanding the prevailing social norms and men's attitudes and behaviours – and how they perpetuate violence – is vital to violence prevention work because GBV is rooted in power relations among women, men, girls and boys. Men are overwhelmingly involved in all types of violence. They are the primary perpetrators of gender-based violence and often experience violence themselves. Not all violence is carried out by men and not all men use violence; however, violence is significantly gendered. Not only are men and male-dominated institutions (such as the military, the police, government bodies and churches, for example) responsible for the great majority of acts and experiences that fall under the rubric of the term 'violence,' such acts, whether in public or private or carried out by individuals or institutions, are both an expression and a reinforcement of the arrangements of power that in most societies give men privilege over women.

As gendered beings, men, as well as women, are also a constituency that would benefit from change in the gender order. Men's violence harms themselves at the same time it oppresses women. Because many men experience oppression on the basis of class exploitation, racism, homophobia and caste and/or faith-based discrimination, they share a common interest with women in demanding policies for greater social justice, including gender justice.

Ecological model

This study is based on the theoretical framework of the ecological model. Current understandings of GBV suggest that women's experiences of violence are associated with a complex array of individual, household, community and societal level factors (O'Toole et al,. 2007; UN General Assembly, 2006; Gage, 2005; Heise, 1998, 2011). The ecological model views violence as multi-faceted, occurring at different levels and involving power relationships between individuals and contextual factors. The ecological model can be used to understand both risk factors (characteristics, events or experiences that are shown to increase the likelihood of use or experiences of GBV) and protective factors

(characteristics, events or experiences that reduce the likelihood of experiencing GBV).

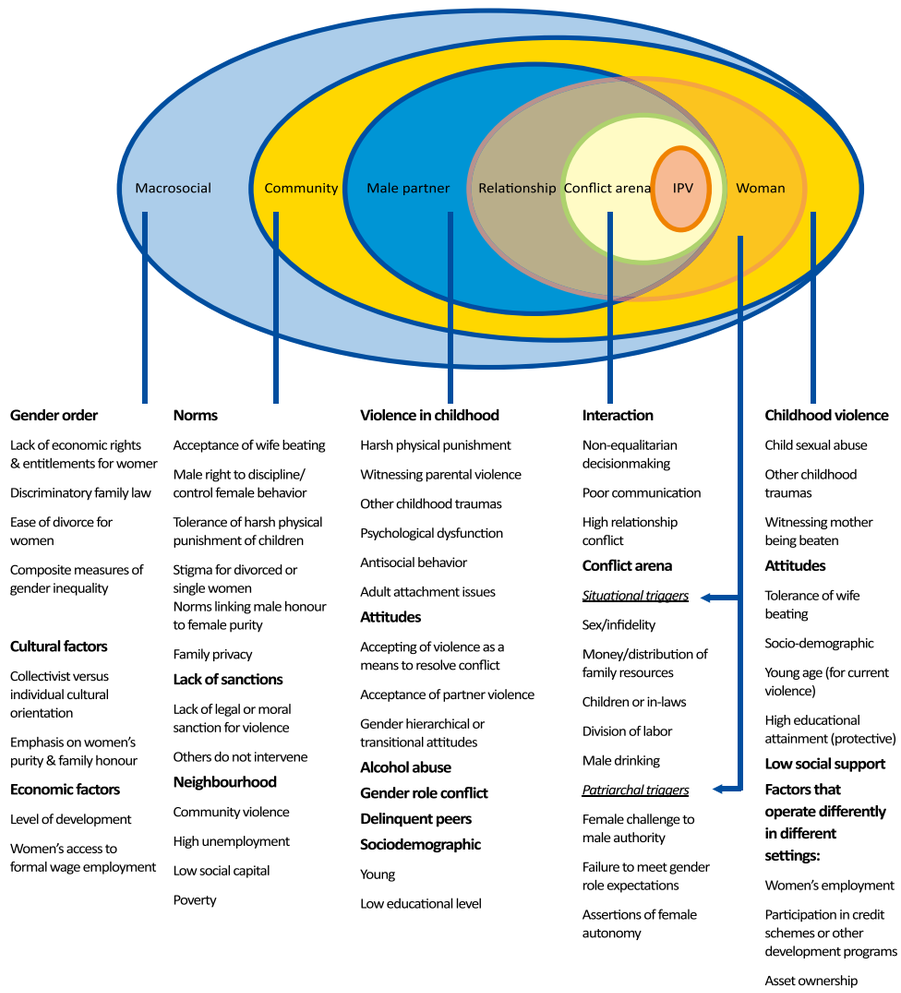
Broad cultural values and beliefs that may contribute to GBV include factors such as masculinity linked to dominance or toughness, male entitlement and ownership of women and approval of the physical chastisement of women (WHO, 2004). Societal and cultural values that contribute to GBV are also often reflected in gender-biased policies, laws and media representations.

Factors within the immediate social context include community characteristics, such as the low social status of women, high levels of societal tolerance of domestic violence against women, a lack of supportive services and high levels of unemployment, crime and male-to-male violence.

Within the family and relationships context, factors that may contribute to violence include marital conflict, practices of polygamy, dowry and bride-price practices, male dominance in the family, male control of wealth and isolation of the women in the family.

Possible individual male personal history risk factors include witnessing parental violence as a child, the ownership of weapons, the abuse of alcohol or other substances, loss of status and delinquent peer associations (WHO, 2004; Heise, 2011)

Figure 1
Ecological model for understanding gender-based violence (Heise, 2011)



Literature review

GBV remains one of the most pervasive yet least recognized human-rights abuses in the world. GBV is a worldwide problem, crossing cultural, geographic, religious, social and economic boundaries. It exists in the private and public spheres, and occurs in times of peace and conflict. In 2006, the United Nations Secretary-General released an in-depth study on all forms of violence against women, which highlighted that "Violence against women persists in every country in the world as a pervasive violation of human rights and a major impediment to achieving gender equality" (UN General Assembly, 2006).

Globally, one in every three, and as high as two in every three, women is beaten, coerced into sex or abused in some way during her lifetime (UN General Assembly, 2006). The most common form of violence experienced by women and girls globally is domestic violence, which is most often perpetrated by a male partner against a female partner. The WHO Multi-country Study on Women's Health and Domestic Violence showed that lifetime prevalence of physical or sexual partner violence, or both, varied between 15 and 71 percent in 10 countries. The Asia-Pacific region has some of the highest reported levels of GBV in the world. For example, Oxfam report that one in every two women in South Asia faces violence in her home (Oxfam International, 2004). Over a third of the women interviewed in countries such as Bangladesh, Thailand and Samoa have faced some form of violence in their lives (WHO, 2005). More recent nationally representative data from the Solomon Islands and Kiribati has revealed prevalence rates of physical and/or sexual partner violence of 64 and 68 percent, respectively, among ever-partnered women aged 15-49 (SPC, 2010, 2009).

It is evident that women also perpetrate violence against men and that violence can occur in same-sex couples (Burke and Follingstad, 1999; Renzetti and Miley, 1996; Letellier, 1994), however, the overwhelming burden of partner violence is borne by women at the hands of men (Kishor and Johnson, 2004a, 2004b; WHO, 2002). Furthermore, women are much more likely to suffer injuries as a result of violence by a male partner than men are from a female partner.

Despite decades of work to end violence and some significant advances in terms of public awareness, laws and policies there is no indication that aggregate levels of violence have decreased in the region. Thus, GBV continues unabated and often quietly condoned; impairing families, communities and societies in general.

The movement against GBV and VAW in China officially began in 1995 when the Fourth World Conference on Women was held in Beijing. In the past two decades, more than 10 large-scale quantitative surveys on domestic violence have been conducted by various groups in China. Following is a summary of some of their findings[3] . The lifetime prevalence of physical VAW by male partners is estimated at about 24-60 percent (Xu, 1995;Li, 1996;ACWF, 2000; Jiang et al., 2003; Pan and Yang, 2004; Zhao et al., 2006). Severe physical violence perpetrated by husbands against their wives among the investigated population varies from 8 to 29 percent (Pan and Yang, 2004; Wang, 2009). The lifetime rate of emotional violence against wives ranges from 58 to 86 percent (Guo et al., 2006; Wang, 2009), sexual violence from 4 to 17 percent (Zhang and Liu, 2004; Guo et al., 2006) and physical violence during pregnancy from 6 to 17 percent (Fan et al., 2006). In addition, some specific issues related to violence have been researched in more detail, including the association between women's suicide and domestic violence (China CDC, 2003), violence between parents and children (Zhao, Zhang and Li, 2004), the consequences of violence on women's health (Fan et al., 2006), the association between violence and induced abortion (Wu et al., 2003) and the association between violence and depression after childbirth (Guo et al., 2003; Ye et al., 2005).

[3]This summary mainly includes findings from surveys that are not nationally representative.

This study further examines current views held by advocates and practitioners who are working to end domestic violence and GBV on the root causes of GBV. These include patriarchal norms and behaviour, as well as unequal social resource distribution. At the same time, the literature indicates that the following factors are also related to violence: men's financial pressure, poor communication between couples, individual men's wrongdoing and women's ignorance about legal protection from domestic violence.

National context

The Chinese Government has consistently promoted women's equality with men. The first constitution of China, which was promulgated in 1954, stipulates that women are fully equal to men politically, economically and culturally. As early as 1980, the Chinese Government ratified the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). In the Fourth World Conference on Women, the Chinese Government declared women's equality to men as a basic national principle and signed the Beijing Declaration and Platform for Action. This signified the Chinese Government's promise to eliminate all forms of discrimination against women by implementing the detailed guidelines of the Platform for Action. In 2006, the Chinese Government submitted its national plan of action on human rights (2009-2010), which highlighted that China would apply measures to further protect women's human rights, specifically in terms of women's political participation, employment, education, reproductive health, VAW and trafficking.

The following national laws and policies address domestic violence against women and other forms of VAW in China: the Constitution of the People's Republic of China, Criminal Law, Opinions on Preventing and Eliminating Domestic Violence, Law on the Protection of Minors, Regulations on Administrative Penalties for Public Security, Law on the Protection of Rights and Interests of Women, Program on the Development of Chinese Women (2011-2020), Marriage Law and Law on Protection of the Rights and Interests of the Elderly. On the provincial level, by the end of October 2010, 30 out of 34 provinces, autonomous regions and municipalities directly under the Central Government have promulgated resolutions and suggestions to prevent and stop domestic violence. The resolutions and suggestions stipulate the definition of domestic violence, a multisectoral cooperation framework and governmental units' responsibilities. What's more, stopping domestic violence, especially intimate partner violence, has become a mainstream concept in China, due to the efforts of governmental units, NGOs and activists over the past 15 years.

In contrast to China's remarkable financial growth over the past 30 years, progress on gender equality has not been as fast. For example, the second national survey on Chinese women's status in 2000 found that 50 percent of men and 54 percent of women believed men should be in charge of the public sphere and women in charge of the private sphere, and 30 percent of men and 32 percent of women believed that men were naturally more capable than women (SDPST, 2004).

The root causes of GBV are thus not only around perceptions and on the personal level; there are deeper societal reasons for the occurrence of GBV. That is the reason why, according to the 2010 Global Gender Gap Index, a tool that comprehensively evaluates the extent of gender equality by measuring economic participation and opportunity, educational attainment, political empowerment, health and survival, China was ranked 61 out of 134 countries (Ricardo et al., 2010).

Thus, despite progress to end violence and achievements on public awareness, legislation and policymaking, there is no evidence that GBV has significantly declined in China. Much greater effort is needed to eliminate GBV in China.

Study objectives

The objectives of this study in China were:

• to provide data on the prevalence and incidence of different types of GBV both within and outside of intimate relationships;

• to deepen the understanding of men's and women's underlying attitudes and behaviours related to masculinity, gender equality, fatherhood, sexuality and GBV in China and their institutional framework;

• to understand risk and protective factors associated with violence perpetration and victimization; and

• to provide policy and programme recommendations on the prevention of GBV, in particular the involvement and boys and men in the promotion of gender equality and stopping violence before it occurs in the Chinese context.

Organization of the study

This study was conducted by the Institute of Sexuality and Gender Studies at the Beijing Forestry University and China Anti-Domestic Violence Network/Beijing Fao Bao. The local organizations at the study site mobilized local organizations to facilitate the project and were the most important project partner. The Advisory Group of the project, which consisted of national partners including government counterparts, civil society practitioners, research institutions and UN agencies, provided technical assistance.

The study was led and supported by UNFPA China, with technical support and coordination from Partners for Prevention (P4P), a UNDP, UNFPA, UN Women and UNV Asia-Pacific Regional Joint Programme for Gender-based Violence Prevention. The study is part of P4P's multi-country study called UN Multi-country Study on Men and Violence, which is being conducted in seven countries in the Asia-Pacific region. As a participating country of UN Multi-country Study on Men and Violence, the study in China used the methodology and tools developed by Partners for Prevention, including the questionnaire and training materials, and was administered in accordance with the regional research protocol and ethical and safety standards.

CHAPTER 2

METHODOLOGY

This chapter contains information on the study design and implementation, ethics, safety and the strengths and limitations of this research.

As a part of P4P's Asia and the Pacific regional research project, this study follows UN Multi-country Study on Men and Violence methodology, which is based on rigorous scientific standards for conducting research on violence against women. UN Multi-country Study on Men and Violence applies international best practices related to sample design, questionnaires, interviewer training and survey administration that have been shown in other countries to be effective in reducing under-reporting of violence.

Study design

A cross-sectional household survey was carried out with 1,103 women and 1,017 men aged 18-49 selected through a multi-stage random sampling strategy. Almost all of the interviews were self-administered by using Personal Digital Assistants (PDAs)[4] , with which respondents could hear the questions while the questions were also shown on the screens. This study used UN Multi-country Study on Men and Violence core female and male questionnaires, developed by Partners for Prevention. The questionnaires draw upon the Medical Research Council's Study of Men, Masculinities, Violence and HIV in South Africa, the WHO Multi-country Study on Women's Health and Domestic Violence against Women and the International Men and Gender Equality Survey (IMAGES). The China project team slightly adapted the questionnaires according to the context of the survey site and China.

Women were asked whether and how often they experienced physical, emotional, sexual or economic violence and controlling behaviours from their partners and other men. Men were asked whether and how often they perpetrated the above forms of violence against their partners and other women and men. In addition to socio-economic characteristics, many other possible variables related to GBV were investigated. Descriptive, bi- and multi-variate analyses were done based on UN Multi-country Study on Men and Violence standard syntax provided by Partners for Prevention.

Study site

Eixian[5] , the survey site, was not chosen randomly and cannot represent all of China. The most important reason for choosing this study location was the strong commitment shown by the local project partner in Eixian and their ability to coordinate such a complex quantitative survey with the research team. The fact that survey participants could access services on domestic violence, if needed, was the second reason for choosing Eixian. As Eixian is a relatively standard county in terms of its population and economic development, there is no reason to believe the survey result differs from other similar areas in China.

Eixian is located in central China. According to the sixth Census conducted at the end of 2010, its population amounts to approximately

[4]Eight female respondents asked interviewers to read, explain and input the answers for them because of their poor listening, reading or understanding. For more details, see Annex 1.

[5]The study site has been given a pseudonym so as to protect the confidentiality and safety of the participating respondents. For more details, see Annex 1.

1,400,000 (including approximately 700,000 men and 650,000 women), with the majority of population registered as rural permanent residents (89 percent). Apart from about 800 people who belong to ethnic minorities, Han Chinese are the overwhelming majority. Among the total population, one third live in urban communities called Neighbourhood Communities and two thirds in rural ones called Villager's Communities[6] . For easy reference, in this report, Neighbourhood Community is referred to as urban community and Villager's Community is referred to as rural community. There were altogether 87 urban communities and 314 rural communities. On average, in Eixian, there are 1451 and 829 households in every urban and rural community, respectively, with 3.8 members in every household. According to a 2010 statistics bulletin on national economic and social development[7], the average yearly income of urban residents is 21,000 RMB and 11,000 RMB for rural residents. Both of them are higher than the national average incomes of 2010, which are 19,000 and 6,000, respectively.

Study population and sample design

Women and men were considered eligible for the study if they were aged 18-49, permanently registered in Eixian or lived there more than half a year and temporarily registered by the local government, as well as lived in the communities in the past four weeks.

A minimum sample of 2,100 (half men and half women) was required by the protocol to be able to complete the necessary statistical analyses. The sample size was inflated from 2,100 to about 3,750 to account for the migration rate of 33 percent[8] and non-responses. Seventy-five urban and rural communities were randomly sampled from all urban and rural communities in Eixian. Fifty people were randomly selected from each of the chosen urban and rural communities. Since two-thirds of the total population of Eixian lives in rural communities and one third live in urban communities, 50 rural communities and 25 urban communities were sampled.

The sampled respondents were randomly chosen using the following procedure: 1) 22 urban communities and 45 rural communities were chosen using probability proportional to size (PPS) sampling (note: three urban communities and five rural communities were sampled twice when drawing the sample of 25 urban communities and 50 rural communities); 2) 50 or 98 individuals[9] were randomly sampled by intervals in 67 communities, mixed by an equal number of men and women in each community. There was no replacement of individuals or households. The final sample size was 3,736. The sample is representative of the population aged 18-49 in Eixian and was designed to be self-weighted. For further information, see Annex 1.

Definitions

The study explored the following types of intimate partner violence: controlling behaviour (see table 4.1 for the related survey questions), emotional or psychological violence (see table 4.2), economic or financial violence (see table 4.3), physical violence (see table 4.4), violence during pregnancy (see table 4.5) and sexual abuse (see table 4.6). Other forms of non-partner violence were also investigated, including women's victimization of non-partner rape (see box 5.1), men's perpetration and victimization of non-partner rape (see box 5.2) and male-to-male physical violence. In order to

[6]Neighbourhood Community and Villager's Community are the smallest urban and rural units in Chinese administration management. In Chinese, Neighbourhood Community refers to juweihui and Villager's Community refers to cunweihui.

[7]Due to confidentiality and for the protection of the study site, the resource of the data cannot be listed, but all data comes from its official website.

[8]It should be noted that, like many places in China, people have migrated from Eixian to other cities for a better job opportunity, education or living situation. According to the local community's rough estimation, the rate of migration is as high as one third. The local community staff roughly knew who had migrated, but there was no exact and complete list of migrants in the community.

[9]The reason for not inflating this to 100 is due to a restriction of the PDAs that limits inputting of digits to 2 digits.

understand the risk and protective factors for the perpetration and victimization of GBV, the report analyzes mental health (see Q606a-t in Annex 3), attitudes and behaviours on gender equality (see tables 7.1a and 7.2, and figure 7.1) and childhood trauma (see box 8.1). For more detailed definitions see the related chapters.

Questionnaire development

This study used UN Multi-country Study on Men and Violence core female and male questionnaires, developed by Partners for Prevention. The questionnaires draw on other internationally recognized tools including the Medical Research Council's Relationships Household Survey, the World Health Organization Multi-country Study on Women's Health and Domestic Violence and the International Men and Gender Equality Survey (IMAGES). The questionnaires are the product of a long process of discussion and consultation. This has involved reviewing existing literature and numerous instruments, and incorporating input from technical experts who are part of the technical advisory group, as well as national partners. The core regional questionnaires were pretested on a convenience sample of men and women using cognitive qualitative interviews and the adapted and translated questionnaires were pre-tested in China.

After UNFPA China translated the regional English core questionnaires into Chinese, the project team conducted cognitive testing and consulted with the Advisory Committee and Partners for Prevention, and the questionnaires were slightly adjusted to the Chinese context, including finding more accurate and colloquial words, adding several localized questions and modifying the response categories to be more appropriate to the Chinese and local context. After the questionnaires were finalized, the audio was recorded to allow people with low-literacy to participate in the study.

Questionnaire structure

There are eight sections in the male questionnaire that cover socio-demographic characteristics and employment; childhood experiences; fatherhood (for men who have children); attitudes about relations between men and women; intimate relationships; attitudes toward laws on VAW; health and well-being; history of criminal behaviour, substance abuse, experiences of violence, sexual experience and sexual and reproductive health.

The female questionnaire is composed of 11 sections, that cover socio-demographic characteristics and employment; childhood experiences; reproductive health; intimate relationships; attitudes about relations between men and women; intimate violence; injuries and help-seeking behaviour; sexual experiences; non-partner experiences; general health; attitudes toward laws on VAW and socio-economic characteristics.

The questionnaire is designed to maximize disclosure. Most of the sections begin with an introductory statement, which explains what the section is about, highlights confidentiality and reminds respondents that they are free to answer or not. All questions are phrased in a non-judgemental manner and certain sections in the women's questionnaire are specifically designed in order to minimize the stigma of being abused. Based on international best practice, the word 'violence' itself is avoided throughout both questionnaires. Instead, specific acts are asked about to avoid different interpretations by different respondents. Multiple opportunities are provided to disclose experiences or perpetration of violence. Additionally, the questionnaire starts with less sensitive questions and gradually progresses to the most sensitive questions, in order to build rapport and help respondents become more comfortable with the nature of the questions.

Interviewer selection and training

Twenty-six graduate students who majored in sociology, social work and psychology from five universities, and 20 local people who had finished junior college, were recruited and trained for the field teams. During four days of training[10], training was provided on the background, aim and principles of the project; how to understand gender, masculinity, GBV and VAW; the structure and questions of the female and male questionnaires; the roles and responsibilities of the interviewers and supervisors; sampling procedures; use of PDAs; employment expectations, payment and working conditions; mechanisms for quality control; the importance of safety, privacy and anonymity; elementary counselling principles and techniques; and interview practices.

During the two-day pilot survey, 101 interviews were conducted. The interviewers and supervisors practiced how to introduce themselves, the survey and the rights of respondents; how to use PDAs; how to work effectively as a team and how to control quality.

Fieldwork procedures and quality control

Data collection in the field took place in May 2011. After training and evaluation, six research teams were formed with one supervisor and five to six interviewers (male and female) each. The local organization greatly facilitated the fieldwork by calling sampled people two to three days before the field survey was to be conducted in the community to explain the aim of the survey, how they were chosen and the importance of their participation; inviting respondents to come to the private and quiet rooms of the community offices in order to conduct the interviews undisturbed; and guiding field teams' household visits. (For more reasons and possible risks of cooperation with the local organization, see Annex 1.) If a selected man or woman could not be reached by calling or a household visit, at least two more attempts were made to make contact before the selected person was confirmed as uncontactable. As soon as the survey in one community was finished, all of the lists of respondents were collected from the local organization and supervisors and were destroyed immediately by the project team.

Various mechanisms were used to ensure and monitor the data quality, such as using detailed training manuals, dismissing six interviewers who did not meet requirements after training and compiling details of selected people so as to reduce and explore the bias of sampling and participation. During the fieldwork, in addition to supervisors carrying out quality control procedures such as re-checking completed interviews and observation of interviewers' behaviour in the field, the principle investigators randomly followed field teams to ensure the proper procedures were being applied. At the beginning and every three days, supervisors were convened to report on the progress of the fieldwork and the project team would give advice and ensure its implementation. All of the supervisors and interviewers were convened six times to clarify research procedures.

Questionnaire administration using PDAs

The questionnaire was administered in a private space using audio-enhanced PDAs. Interviewers input the questionnaire identification codes into the PDAs then explained to the respondent how to use the PDA. All of the respondents then input their answers to the questions by themselves, except for a few individuals who were illiterate and/or could not understand Mandarin. If respondents had any questions

[10]There are two reasons why the training could be finished within four days. First, the survey was completely self-administrated, except in a few circumstances, which greatly reduced the training requirements for the interviewers. Second, the strong cooperation of the local organization and residents' trust in the organization greatly reduced the difficulty of finding and achieving the consent of eligible people to participate.

about the survey, the interviewers were available to respond immediately. There were two important reasons for self-administration using PDAs. First, self-administrated interviews ensured that nobody knew the answers except for the respondents themselves, which both maximized their disclosure and avoided interviewers from facing the legal obligation to report crimes (such as rape perpetration) that were reported to them by respondents. Secondly, it reduced the burden on interviewers, as well as reduced interviewer bias, thus effectively reducing the length and expense of training.

The field survey showed that using PDAs was an effective way to collect data on sensitive topics. This has been proven in other contexts to support the collection of data on gender issues as respondents are likely to feel more comfortable not being interviewed face-to-face (Seebregts et al., 2009; Singh, 2010). A few respondents said that they would feel embarrassed to answer the questions without PDAs. The audio version of questionnaires also facilitated the survey by helping respondents concentrate on the interview. The friendly and objective voices on the audio track greatly help to de-sensitize the questions. Abused women, however, possibly lost the benefit of speaking face-to-face with a non-judgemental interviewer and sharing their story with them. Nevertheless, all respondents were provided with contact information of local service providers on GBV so they could seek help if they wanted to. Among 1,103 female respondents, only one sought help from the field team.

Data handling and analysis

After the fieldwork was finished each day, the data on each PDA was uploaded to a database every night. When fieldwork was completed, the data was collated and relevant variables were created by P4P. P4P also conducted the core set of data analysis using STATA, a statistical software package, and produced the core set of tables that are used in this report. The data set, new variables and data tables were shared with the China research team for analysis.

Ethics and safety

The project adhered to the international ethical considerations and safety standards of UN Multi-country Study on Men and Violence based on WHO's Putting Women First, including voluntary participation, informed consent, confidentiality, private interviews, the ensured safety of participants and field staff.

Three approaches were used to ensure voluntary participation and informed consent: 1) The Women's Federation of local communities called the sampled people one by one to explain the aim, content and importance of the survey, according to the information sheet developed by the project team. 2) After acquiring the preliminary consent from respondents, the field team would reach the community and get formal informed consent before conducting the interviews. Interviewers would explain the information sheet and respondents were able to keep copies of the information sheet if they wanted to. If the respondent agreed to be interviewed, the interviewer would sign their own names, rather than the respondents' name on the consent forms so as to ensure confidentiality. 3) Respondents were able to not answer questions or to stop the interview if they did not want to continue.

The team ensured confidentiality by keeping the respondents' list secret and checking respondents' ID cards when necessary (for more details see Annex 1). Only one woman or man was interviewed per household and all interviews were conducted one-on-one in private, usually in a separate room of their homes, offices of local communities, classrooms or factories. Total self-administration ensured nobody knew what

[11]All of the data were transferred to Partners for Prevention every day during the field survey. After the survey finished, all data, which had been cleaned and coded, were returned to the China project team.

respondents answered but themselves. No names were recorded in the PDAs and each interviewer was identified with a unique code so that the data could not be linked to an individual person[11].

In addition, PDAs greatly reduced interviewers and supervisors amount of work by exempting them not only from reading the questions one by one, but also from having to directly discuss these topics which were sensitive, complicated and could even cause trauma to interviewers and respondents alike. Furthermore, they were freed from potentially having to report crimes disclosed by respondents, as they were unaware of participants' responses. After respondents finished their questionnaires, they were given a wall calendar to thank them for their time, and on which the contact information of local service providers on VAW was printed. For more details about ethics and safety see Annex 1.

Strengths and limitations of the study

There is always the possibility of under-reporting of experiences and perpetration of GBV because of the sensitive nature of the topic. Furthermore, given the retrospective nature of the survey there may be some recall bias.

Although the high disclosure of sexual violence in the survey shows the advantage of PDAs on confidentiality, some respondents who were not familiar with the technology noted that it was complicated. Thanks to the interviewers' patient explanations, encouragement and necessary help during the interviews, all of the respondents managed to finish the questionnaire.

The audio track of the questionnaires indeed facilitated the survey by helping respondents concentrate on the interview, and the friendly and objective voices de-sensitized these questions. But it did not help people who were totally illiterate since they had to input option numbers. A few people could not understand the audio version because they could not understand Mandarin.

The cross-sectional nature of the survey does not allow us to determine causes of violence although we can explore associations and risk and protective factors.

Despite these limitations, the study had methodological strengths: 1) Using standardized core questionnaires makes regional and international comparisons possible. 2) PDAs offer an effective way to conduct research on sensitive topics by successfully collecting valuable data on rape prevalence and male-to-male violence. 3) Strong cooperation with the local organization plays the key role in obtaining sampling frames, winning the basic trust of respondents and providing quiet, separate and private rooms to enhance confidentiality.

CHAPTER 3

SAMPLE DEMOGRAPHICS

This chapter briefly introduces the sample demographics, discusses representativeness and possible bias.

Individual response rates[12]

As shown in table 3.1, the individual response rate (84 percent) was calculated as the number of completed questionnaires (number=2,120) divided by the number of eligible women and men (number=2120+412=2532).

Table 3.1
Individual response rates

	Number of selected people	Response rate among eligible selected people Percentage
Eligible and completed questionnaires	2,120	83.7
Eligible but did not participate	412	16.3
Could not reach	170	6.7
Refused	132	5.2
Not capable of independently finishing questionnaire	58	2.3
Other reasons	52	2.1
Not eligible*	1,204	-
Total number sampled	3,736	100.0

* People not living Eixian in the past four weeks.

After the interview, 61 percent (n=1,232) of respondents reported feeling good or better, 36 percent (n=723) felt neither good nor bad, and only 3 percent (n=59) felt bad or worse. Women felt a little better than men but there was no significant difference. A few women told interviewers that they felt these issues were important and felt happy that these were being investigated. Many women also reported violence for the first time and some participants made use of the information on support services that were provided following the survey.

[12]Only individual response rate is reported for the survey because as mentioned as Chapter 2, respondents rather than households were directly sampled.

Socio-demographic characteristics of respondents

Table 3.2

Socio-demographic characteristics of respondents, by sex and age

	Male		Female		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
Age						
18-24	132	13.0	138	12.5	270	12.7
25-34	302	29.7	331	30.0	633	29.9
35-49	583	57.3	634	57.5	1,217	57.4
Total	1,017	100.0	1,103	100.0	2,120	100.0
Educational leve[13]						
None	4	0.4	10	0.9	14	0.7
Primary	142	14.0	252	22.8	394	18.6
Some secondary	621	61.1	634	57.5	1,255	59.2
Complete secondary	141	13.9	110	10.0	251	11.8
Any higher	108	10.6	97	8.8	205	9.7
Total	1,016	100.0	1,103	100.0	2,119	100.0
Partnership status						
None	31	3.1	16	1.5	47	2.2
Married	826	81.3	975	88.8	1,801	85.2
Cohabitating	39	3.8	29	2.6	68	3.2
Girlfriend/boyfriend	52	5.1	45	4.1	97	4.6
Previously married	37	3.6	16	1.5	53	2.5
Previously had GF/BF	31	3.1	17	1.5	48	2.3
Total	1,016	100.0	1,098	100.0	2,114	100.0
Employment status						
Working now	939	92.6	726	70.1	1,665	81.3
Not in last 12 months	66	6.5	0	0	66	3.2
Never worked	9	0.9	309	29.9	318	15.5
Total	1,014	100.0	1,035	100.0	2,049	100.0
Urban/rural[14]						
Rural	924	90.9	1,005	91.1	1,929	91.0
Urban	93	9.1	98	8.9	191	9.0
Total	1,017	100.	1,103	100.0	2,120	100.0
Number of Children						
0	288	28.3	266	24.1	554	26.1
1	414	40.7	439	39.8	853	40.2
2-3	305	30.0	388	35.2	693	32.7
4+	10	1.0	10	0.9	20	0.9
Total	1,017	100.	1,103	100.0	2,120	100.0

[13]This table is organized according to UN Multi-country Study on Men and Violence categories, which differ from standard categories used in China. In China, 'some secondary' and 'complete secondary' are not used; instead, 'junior high school' (which includes both completing some junior high school as well as having graduated from junior high school) and 'high school' (which includes both completing some senior high school as well as having graduated from senior high school) are used. Using China's usual categorization, the ratios of none, primary, junior high school, senior high school and any higher education among the respondents are 1 percent, 19 percent, 51 percent, 20 percent and 10 percent, respectively.

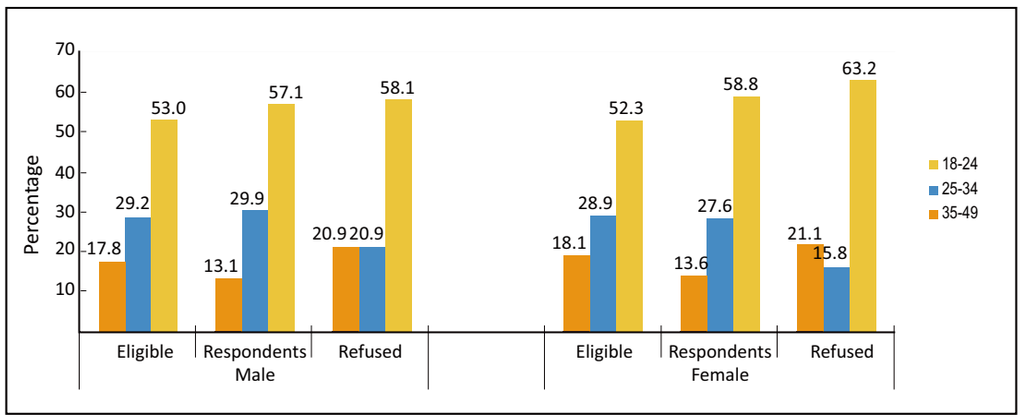
[14]This does not refer to whether the respondents live in urban or rural regions, but indicates the location of the respondents' registered permanent household ('hukou' in Chinese).

Approximately half of the sample was aged 35-49 years, 30 percent were 25-34 and the remaining 13 percent were aged 15-24 years. As shown in table 3.2, 60 percent finished some secondary education (meaning they finished junior high school, or dropped out of junior or senior high school in China). Women's educational level was a little lower than men's. Regarding marriage, 90 percent of respondents were married or divorced when interviewed. Among women respondents, nearly one third never had paid work; this was far higher than the rate for men.

Representativeness and potential bias

Figure 3.1

Age distribution by gender between eligible people, selected respondents and selected people who refused



Due to the high rate of migration and considering that young people have more opportunities than older people to emigrate out of the study site, the mean age of respondents (male mean age=35, female mean age=36) is a little older than that of people who were eligible to take part in the survey (male mean age=35, female mean age=35). Figure 3.1 illustrates that for both men and women, 18- to 24-year-olds were slightly underrepresented while people aged 35-49 were a little overrepresented. There is no way to compare the detailed age distribution between respondents and the whole population of the study site since the research team could not obtain the age distribution of all 18- to 49-year-old residents. Comparing the ratio of rural registered residents between the sample (91 percent) and the whole population (89 percent), the rural registered population is a little overrepresented in the study due to the slightly higher refusal rate among urban people.

Among the 132 sampled people (including 69 men and 63 women) who refused to participate, 35- to 49-year-old men and women were most likely to refuse. The most common reason given from this age group, especially from women, was not being able to understand Mandarin or being somewhat intimidated by the PDA, as an electronic device. The higher refusal rate amongst this older group may slightly reduce the lifetime prevalence of violence in the study findings. The refusal rate of the 18- to 24-year-old group was a little high but should not greatly affect the reported prevalence as only 27 people refused in this age group.

Table 3.3
Comparison of age structure between the whole population in 2000 and sampled people in 2011

Year	Female				Male			
2000	20-24*	25-34	35-49	total	20-24	25-34	35-49	total
	14.2%	42.2%	43.6%	315,415	13.4%	41.3%	45.3%	341,696
2011(sampled)	18-24	25-34	35-49	total	18-24	25-34	35-49	total
	12.5%	30.0%	57.5%	1,103	13.0%	29.7%	57.3%	1,017

*Among the data in 2000, people were divided into 15 to 19 and 20 to 24-year-old groups, so the comparison can only be roughly done.

In addition, the sampled people should be a little older than those permanently registered in Eixian since nearly one third of those registered have migrated and young people are more likely to migrate. For example, compared to age demographics of Eixian in 2000 (the most recent data the project could obtain), the percentage of sampled people in the 35- to 49-year-old group are higher both for women and men (see table 3.3). However, the prevalence reported should not be severely affected by the older average age. Among all the prevalence for different forms of intimate partner violence, only the prevalence of physical IPV reported by men and the prevalence of sexual IPV show significant difference among age groups.

CHAPTER 4

INTIMATE PARTNER VIOLENCE AGAINST WOMEN (PERPETRATION AND VICTIMIZATION)

Main findings

- Among ever-partnered women, 39 percent reported ever experiencing physical and/or sexual violence by an intimate partner. Among ever-partnered men, 52 percent reported ever perpetrating physical and/or sexual violence against an intimate partner.
- Among ever-partnered men, 91 percent reported ever perpetrating at least one of the controlling behaviours against their partners. Among ever-partnered women, 86 percent reported ever experiencing controlling behaviour from partners.
- Among women who ever experienced emotional, economic, physical or sexual violence, 50 percent experienced two to three of these forms of violence.
- Age, educational achievement and income were not significantly associated with women's victimization or men's perpetration of IPV.

This chapter presents data on women's victimization and men's perpetration of intimate partner violence, among ever-partnered respondents. All of the data was collected by a series of behaviour-specific questions. Box 4.1 and related tables in the chapter explain the detailed questions.

Box 4.1

Operational definitions of intimate partner violence and how they were measured

IPV in this report consists of controlling behaviours and emotional, physical, economic and sexual violence, as well as violence during pregnancy that is perpetrated by partners. The survey questions pertinent to each type of violence are listed in tables in each chapter.

In terms of controlling behaviour, two questions were dropped from the analysis: namely, whether husbands/boyfriends expected their female partners to agree when they wanted sex; and whether men controlled with whom their partners could spend time. The first question was dropped because it proved not to work well by alpha and factor analysis, and a programme fault meant that the latter question could not be used.

Both female and male respondents who were ever partnered were asked all of the violence-related survey questions except for those about violence during pregnancy, which only women were asked. Female respondents were asked about violence perpetrated by their male partners, and male respondents were asked about their perpetration of violence against their female partners.

There are two kinds of prevalence covered in this study: lifetime and current. Lifetime estimates whether violence happened at any time during the course of the respondent's life. Violence that has happened in the last 12 months prior to the survey is categorized as current prevalence. Frequency of lifetime violence is also measured by how often (once, a few times or many times) the violence occurred.

All questions were asked by "did you do this act to a female partner" for male respondents, and "did a male partner do this to you" for female respondents. Due to space limitations, these questions have been shortened to "He did what to her" in the tables in this report.

Controlling behaviour

Table 4.1

Men's reports of perpetration and women's reports of victimization of controlling behaviour

	Men Percentage	Women Percentage
He got angry if she asked him to use condoms	40.3	39.4
He would not let her wear certain things	45.8	45.3**
He had more say than her on important decisions	72.4	61.9***
He thought she was trying to attract other men when she wore things to make her look beautiful	11.5	9.3**
He wanted to know where she was all of the time	19.5	14.5**
He liked to let her know she was not the only partner he could have	25.9	36.7***
Any form of controlling behaviour	91.0	86.4**
Total number of ever-partnered respondents	949^	1,022^

Asterisks denote the significance level of the difference. ***P<0.001(Pearson chi-square test).

^ Total responses to each question may vary slightly depending on refusals.

Table 4.1 shows that men's controlling behaviour toward female partners was prevalent. Ninety-one percent of men and 87 percent of women reported that they had used or experienced controlling behaviour in an intimate relationship. The most commonly reported forms of controlling behaviours were related to decision-making, women's bodies and sexual life. For example, 72 percent of men reported that they had more say than their female partner on important decisions. Sixty-two percent of women reported this to be the case. Almost half of the respondents reported the he would not let her wear certain things or that he would get angry if she asked him to use a condom.

Comparing men's and women's reports, men reported higher levels of controlling behaviour against women than women reported being controlled by their partners. The gender difference was statistically significant in all except the first statement.

Emotional abuse

Table 4.2

Men's reports of perpetration and women's reports of victimization of emotional abuse

	Men Percentage	Women Percentage
He insulted or deliberately made her feel bad about herself	22.4	20.1***
He belittled or humiliated her in front of others	14.2	15.3
He did something to scare or intimidate her on purpose by the way he looked at her, yelling or smashing things	28.6	23.8***
He threatened to hurt her	9.5	11.0**
He hurt people who she cared about, or damaged things of importance to her	6.0	8.2***
Percentage of respondents reporting any act ever	43.2	38.3
Percentage of respondents reporting any act in past 12 months	19.1	10.0***
Total number of ever-partnered respondents	949^	1,022

Asterisks denote the significance level of the difference. ***P<0.001(Pearson chi-square test).

^ Total responses to each question may vary slightly depending on refusals.

As presented in table 4.2, about 40 percent of men reported perpetrating emotional abuse and about 40 percent of women reported experiencing emotional abuse during their

lifetime. The two most frequent abusive acts were men purposely doing something to scare women and men insulting women. Among men who reported ever perpetrating emotional abuse, 41 percent perpetrated it more than once. Among women who reported ever experiencing emotional abuse, 43 percent experienced this more than once.

Economic abuse

Table 4.3

Men's reports of perpetration and women's reports of victimization of economic partner violence

	Men Percentage	Women Percentage
He prohibited her from getting a job, going to work, trading or earning money	10.6	14.4**
He took her earnings against her will (among women who had ever earned an income)	3.9	9.9***
He threw her out of the house	7.2	4.3**
He kept money from his earnings for alcohol, etc., although he knew she was finding it hard to afford family expenses	7.7	4.7
Percent of respondents reporting any act ever	22.7	25.0
Percent of respondents reporting any act in the past 12 months	10.5	6.9***
Total number of ever-partnered respondents	949^	1,022

Asterisks denote the significance level of the difference. **P<0.01, ***P<0.001(Pearson chi-square test).

^ Total responses to each question may vary slightly depending on refusals.

As shown in table 4.3, approximately 23 percent of men reported using economic abuse against a female partner and 25 percent of women reported experiencing this in their lifetime. Eleven percent and seven percent, respectively, reported economic abuse in the past 12 months. Compared with male respondents, female respondents reported significantly higher rates of men trying to limit women's economic independence. Men reported higher prevalence of trying to monopolize family property than women.

Physical violence

Table 4.4

Men's reports of perpetration and women's reports of victimization of physical partner violence

	Men Percentage	Women Percentage
Moderate violence		
Slapped or threw things	29.8	22.3
Pushed or shoved	32.8	25.1
Severe violence		
Punched with a fist or hit with something else that could hurt her	17.8	19.4
Kicked, dragged, beat, choked or burnt	9.3	10.0
Used or threatened to use weapon	1.9	3.7
Lifetime prevalence of any physical violence	44.7	35.2
Lifetime prevalence of severe violence	20.5	21.3
Current prevalence of any physical violence	14.4	6.8***
Total number of ever-partnered respondents	949^	1,022^

Asterisks denote the significance level of the difference. **P<0.01, ***P<0.001(Pearson chi-square test).

^ Total responses to each question may vary slightly depending on refusals.

The prevalence of physical partner violence perpetration is 45 percent and the corresponding prevalence for women's victimization is 35 percent. Fifteen percent of men and seven percent of women reported physical partner violence perpetration and victimization in the last 12 months. Twenty-one percent of men and women reported severe physical partner violence. In table 4.4, the categorization of moderate and severe violence is divided according to the likelihood of the violence causing physical injury, and is based on the WHO Multi-country Study. Although the so-called moderate violence sometimes will cause severe bodily harm, the data collected by the WHO Study demonstrates the categorization's usefulness since it is usually accordant with other measures of severity such as injury and mental health outcomes.

All in all, men's reports of lifetime and current physical violence perpetration were higher than women's corresponding reports of victimization. However, comparing the reporting pattern of men and women on violent acts, it is clear that men more willingly reported minor forms of violence than women, and women disclosed more severe forms of violence than men. Noticeably, four percent of women respondents reported ever being assaulted or threatened by their partners with a weapon, an act that puts women's lives in high danger, compared to two percent of men.

In terms of the frequency of acts, 26 percent of men reported that they had perpetrated physical violence one to two times and 19 percent reported that that they had used violence three or more times. For women the corresponding percentages were 19 percent and 17 percent.

IPV during pregnancy (as reported by women)

Table 4.5

Percentage of women reporting ever experiencing abuse or violence by partners during pregnancy

	Ever Percentage
Emotional abuse during pregnancy	13.1
He refused to buy clothes for the baby	10.8
He prevented her from attending check-ups	7.2
Physical abuse during pregancy	
He kicked, bit, slapped, hit, or threw something at her	3.6
Sexual abuse during pregnancy	
He physically forced her to have sex	5.5
Any physical or sexual abuse during pregnancy	8.0
Total number of women who have ever been pregnant	949^

^ Total responses to each question may vary slightly depending on refusals.

Table 4.5 and further data analysis demonstrate that, for the majority of female respondents, pregnancy seems to provide some protection. Among women who reported experiencing physical and/or sexual IPV during their lifetime, 83 percent were not abused during pregnancy. The reason behind the phenomenon may lie in the fact that Chinese culture traditionally gives top priority to reproduction. However, some pregnant women and their fetuses were severely harmed by IPV. Eight percent of women who had ever been pregnant reported experiencing physical or sexual violence during pregnancy. Among 76 women who were physically and/or sexually abused during pregnancy, three miscarried and four underwent premature labor.

Sexual violence

Table 4.6

Men's reports of perpetration and women's reports of victimization of sexual partner violence

	Men Percentage	Women Percentage
He forced her to have sex	12.1	4.0
He had sex with her when she did not want to because he believed she should because she was his wife or girlfriend (men only)	15.0	
She had sex with him because she was afraid of what he might do to her if she refused (women only)		6.7
He forced her to watch pornography when she didn't want to do	5.0	4.4
He forced her to do something else sexual that she did not want to do	6.2	6.4
Lifetime prevalence	22.4	14.0
Current prevalence	7.5	3.3***
Total number of ever-partnered respondents	949^	1,022^

Asterisks denote the significance level of the difference. **P<0.01, ***P<0.001(Pearson chi-square test).

^ Total responses to each question may vary slightly depending on refusals.

All of the questions outlined in table 4.6 were used to measure sexual partner violence. The top three in particular can be defined as partner rape (physical forced or coerced sex).

Nearly one quarter of ever-partnered men reported that they had ever forced partners to do something sexual when they were not willing. About one in seven ever-partnered men believed that partnership entitled men to access to sex with their partners even when the women did not want it. About one in eight ever-partnered men ever had raped female partners by force when they did not want sex. Moreover, such violence was often not a one-off occurrence, with about one in seven men (15 percent) reporting that they perpetrated sexual violence two or more times, and only seven percent reporting that it happened once.

Overall, 14 percent of women reported experiencing sexual violence by a male intimate partner and 10 percent ever being raped by a partner. Eight percent of women reported that the violence happened two or more times compared to six percent who said it had happened only once. In terms of overall rates of sexual violence, as well as rates for specific acts of sexual violence reported by both men and women, men disclosed higher rates than women did, and the differences between some of them are statistically significant.

Prevalence of IPV reported by men and women

Figure 4.1a

Lifetime prevalence of IPV,by forms,and by gender

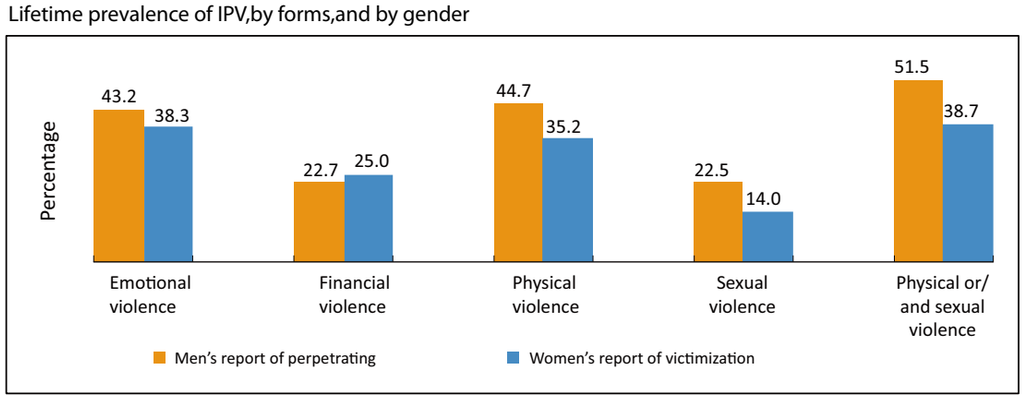
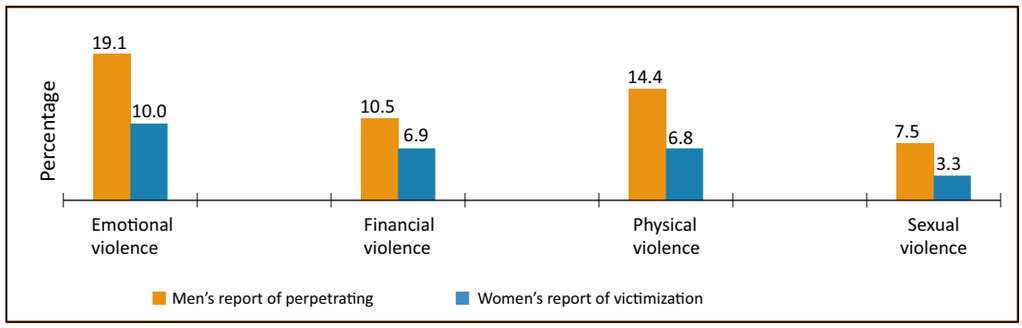


Figure 4.1b

Current prevalence of IPV,by forms,and by gender



Figures 4.1a and 4.1b clearly show that intimate partner violence against women is prevalent. The reporting difference between men and women is marked. Possible reasons for such variation are included in the Discussion section at the end of this chapter.

Overlap of violence

Figure 4.2

The overlap between physical and sexual IPV

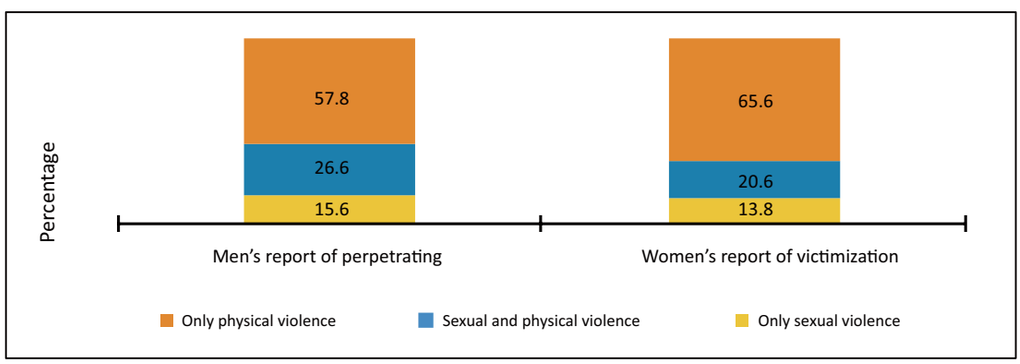


Figure 4.2 shows that there is an overlap between lifetime experiences of physical and sexual intimate partner violence. This finding was consistent for both men's and women's reports. Among women who had experienced physical or sexual violence, about one quarter experienced both physical and sexual IPV. More than half of the women experienced physical violence without sexual violence, however, very few women experienced sexual violence without physical violence.

According to women's reports, among women who ever experienced emotional, economic, physical or sexual violence, 43 percent experienced only one form of partner violence, 30 percent experienced two forms, 20 percent experienced three forms and 8 percent experienced all four forms of violence. Among men who reported ever perpetrating any form of intimate partner violence, 36 percent reported perpetrating just one type of violence, 34 percent reported two types, 22 percent reported three types and 9 percent reported having perpetrated all four types of IPV. In other words, among couples where intimate partner violence exists, slightly more than half of them experienced two or three forms of violence.

IPV perpetration/victimization by age, education, marital status and income

Table 4.7

Prevalence of perpetration/victimization of IPV[15] , by gender and by groups [16]

	Men who reported perpetration		Women who reported victimization	
	Percentage	Number of responses	Percentage	Number of responses
Age				
18-24	55.2	58	63.8	74
25-34	66.9	194	63.0	201
35-49	66.1	373	64.3	372
Education				
None	75.0	3	75.0	6
Primary	68.7	90	68.6	151
Some secondary	65.3	384	62.2	368
Complete secondary	64.4	85	63.1	65
Any higher	60.2	62	62.6	57
Marital status				
Married	66.0	536	64.3	590
Cohabitated	64.9	24	72.0	18
GF/BF	70.0	32	51.2	21
Was married	73.5	25	85.7	12
Had GF/BF	27.6**	8	40.0*	6
Income (Chinese Yuan/month)				
0-1000Y	66.1	80	-	-
1001-1500Y	66.2	135	-	-
1501-2000Y	64.0	151	-	-
>2000Y	64.4	212	-	-

Asterisks denote the significance level of the difference. *P<0.05, ** P<0.01, ***P<0.001(Pearson chi-square test).

When comparing the IPV prevalence across age, education, marital status and income, only relationship status shows significant difference (see table 4.7). However, this difference between forms of relationship should be cautiously interpreted due to the small number of respondents who reported being separated from a girlfriend or boyfriend. No significant association is found, either, when comparing by age, education, marital status and income among men's perpetration and women's victimization of physical and/or sexual IPV.

Discussion

The data collected by the survey on physical, sexual and economic violence, as well as controlling behaviours, furthers our understanding of the different forms of partner violence, their prevalence and severity and will help researchers, programme designers and policymakers to develop evidence-based strategies for ending violence against women in China.

The study finds that intimate partner violence is prevalent in China, with 39 percent of ever-partnered women reporting experiences of physical and/or sexual violence by an intimate partner. Among ever-partnered men, 52 percent reported ever perpetrating physical and/or sexual violence against an intimate partner. Emotional and

[15]IPV here consists of emotional, economic, physical and sexual intimate partner violence.

[16]Prevalence was also compared by urban/rural permanent registration and living in urban/rural communities, and no significant difference was found. In other words, living or being registered in rural or urban regions was not found to affect the prevalence of intimate partner violence against women.

economic violence are also prevalent in China and the study highlights that work to address domestic violence must not neglect these areas. This is especially the case given that the various types of violence are often overlapping. However, it should be noted that emotional abuse is very difficult to measure and thus these results should not be taken as the overall prevalence of emotional violence.

The lifetime prevalence of physical IPV from women's reports in this study (35 percent) are similar to the findings of other research in China. The first national survey on women's status in China (Tao and Jiang, 1993) found that 30 percent of women reported physical violence, and the second national survey reported rates of 24 percent (ACWF, 2000), and 30 percent (Zhao et al., 2006). Other studies reported rates of about 33 percent (Xu, 1995) and 21 percent (Li, 1996). The rates of lifetime sexual violence disclosed by women in this study (14 percent) is also quite similar with three other study findings in China: 16 percent (Zhang and Liu, 2004), [17] percent (Zhao et al., 2006) and 18 percent (Liu, 2011). In another national survey, 24 percent of women respondents reported experiencing unwanted sex during their lifetime, (Pan and Yang, 2004). Although the samples and definitions of physical and sexual intimate partner violence varied somewhat among these studies, the similar prevalence rates help to validate the findings.

While the study shows that GBV is a serious issue in China, the rates of violence are lower than in many other countries in the world, but within expected international ranges. Under UN Multi-country Study on Men and Violence, the same survey has been conducted in Bangladesh and a report produced (Naved et al., 2011). 17The survey in Bangladesh found that 55 percent of men in the urban area and 57 percent of men in the rural area reported using physical and/or sexual violence against an intimate partner. The rate of such violence in China is lower, with 52 percent of men reporting physical and/or sexual violence perpetration.

Compared with similar surveys, such as the WHO Multi-country Study, which surveyed women's reports of violence, the prevalence of physical and/or sexual violence in China is lower than many other countries in the Asia-Pacific region, particularly rates in South Asia and the Pacific (WHO, 2005). However, it is within expected international ranges, for example, it is similar to Viet Nam and Thailand, where women's reports of IPV ranged from 34 to 47 percent (WHO, 2005; Government of Viet Nam, 2010).

A noteworthy finding of the survey is the differences between male and female reports on IPV. Overall, men's disclosure of violence perpetration was higher than women's disclosure of victimization. However, the study found the severity of abusive acts affected the disclosure. For example, men were more likely to report perpetration of moderate physical violence, while women were more likely to report experiences of severe physical violence. The justification that hegemonic masculinity provides for men's perpetration of violence and the shame and stigma that women victims suffer in China may have contributed to this gender discrepancy in violence disclosure. Since few surveys on IPV have interviewed both men and women with nearly the same questionnaire, the study's findings are very valuable and can provide a foundation for future research.

The common assumption in China - that men who are young, poor, have low education and live in rural areas are more likely to perpetrate violence against a partner - is invalidated by this study. For women and men, a high educational level seems to reduce their risk of victimization and perpetration of IPV, respectively, but it is not statistically significant. More than half of respondents who were dating when interviewed reported intimate partner violence existing in their relationship. This finding highlights the need to address dating violence in activities aimed at ending intimate partner violence against women.

[17]For the full report, Men's Attitudes and Practices regarding Gender and Violence against Women in Bangladesh, see http://www.partners4prevention.org/sites/default/files/resources/final_report_bangladesh.pdf .

CHAPTER 5

SEXUAL VIOLENCE AND SEXUAL HARASSMENT (PERPETRATION AND VICTIMIZATION)

Main findings

- One in five men reported ever perpetrating rape against a partner or non-partner.
- Nearly one in five women reported experiencing rape in their lifetime.
- Women are most at risk of rape from their intimate partners.
- The most commonly reported perpetrators of non-partner rape and attempted rape were women's ex-husbands/boyfriends and men from the neighbourhood.
- About one in seven women reported ever being sexually harassed in schools or workplaces.
- Among men who had perpetrated rape, the most common motivation for committing rape is sexual entitlement.
- Seventy-five percent of men who had committed rape did not experience any legal consequences.

This chapter summarizes the prevalence and patterns of non-partner rape including male-on-female, as well as women's experiences of sexual harassment in the workplace or school. In the survey, women were asked about their experiences of rape and attempted rape, and men were asked about raping non-partner women. Boxes 5.1 outline the specific questions on rape and harassment that were included in the questionnaire. Women and men who reported yes to any of the questions were asked about the frequency of the experience and whether it happened in the last 12 months. In addition, perpetrators' motivation and consequences of rape are investigated. The corresponding questions are listed in table 5.2 in Annex.

Box 5.1 Questions women were asked on non-partner sexual violence

Experienced rape by non-partner

- Have you ever been forced or persuaded to have sex against your will by a man who was not your husband or boyfriend?
- Have you ever been forced to have sex with a man who was not your husband or boyfriend when you were too drunk or drugged to refuse?
- Have you ever been forced or persuaded to have sex against your will with more than one man at the same time?

Attempted rape

- Has a man who was not your husband or boyfriend ever tried to force or persuade you to have sex against your will but did not succeed?

Sexual harassment

At workplace

- Have you ever been asked to perform sexual acts in order to get a job or keep your job?
- Has any employer/colleague in the workplace ever touched you sexually?

At school

- Have you ever been asked to perform sexual acts in order to pass an exam or get good grades at school?

Box 5.2 Questions men were asked on non-partner sexual violence

Male rape of non-partner females

- Have you ever forced a woman who was not your wife or girlfriend at the time to have sex with you?
- Have you ever had sex with a woman or girl when she was too drunk or drugged to say whether she wanted it or not?
- Have you and other men ever had sex with a woman when she did not consent to sex or you forced her?
- Have you and other men ever had sex with a woman when she was too drunk or drugged to stop you?

Male rape of other males

- Have you ever put your penis in the mouth or anus of a boy or man when he did not consent or you forced him?
- Have you and other men ever had sex with a man when he did not consent to sex or you forced him?

Male sexual assault of other males

- Have you ever done anything sexual with a boy or man when he didn't consent or you forced him?

Rape and gang rape of women

Table 5.1

Percentage of men/women reporting perpetration/victimization of rape against non-partner women

	Men's reports of perpetration Percentage	Women's reports of victimization Percentage
Specific non-partner rape		
Physically forced sex	6.1	4.8
Attempted forced sex*	-.	14.1
Forced sex when too drunk or drugged	1.7	2.1
Gang rape	2.2	2.5
Summary of any rape		
Any rape (lifetime)	21.8	17.9
Any rape (past 12 months)	9.1	4.3 ***
Any non-partner rape (lifetime)	8.1	6.7
Any non-partner rape (past 12 months)	1.7	3.9 **
Total number of men/women	986^	1026^

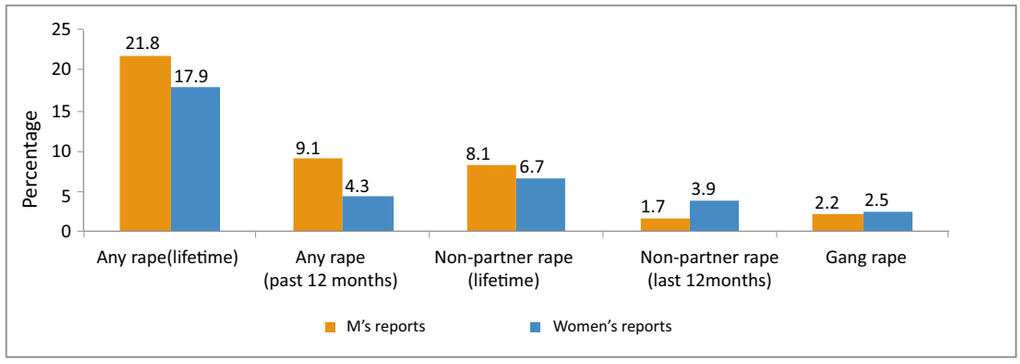
Asterisks denote a significant difference in male and female reports. ** P<0.01, ***P<0.001(Pearson chi-square test).

^ Total responses to each question may vary slightly depending on refusals.

* Note: Only women were asked about attempted forced sex.

Figure 5.1

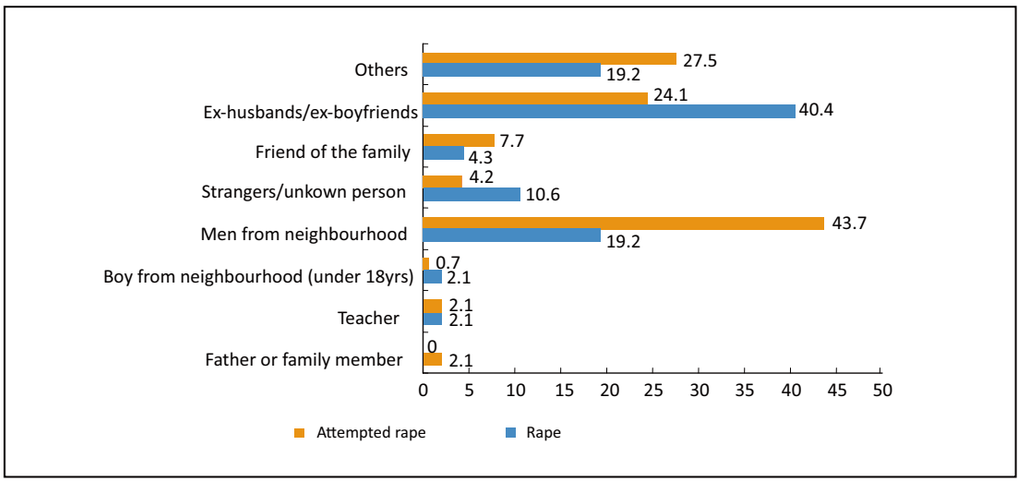
Prevalence of non-partner rape perpetration and victimization*



As shown by table 5.1 and figure 5.1, women face serious risks of rape or attempted rape. Approximately one in five men reported that they had committed rape against a woman or girl in their lifetime, and nine percent had done so in the last 12 months. Women's reports of experiencing rape were similar to men's reports, although women reported lower rates of rape in the last 12 months and higher rates of non-partner rape in the last 12 months. While women are most at risk of rape from an intimate partner, non-partner rape was also found to be relatively common. Eight percent of men and seven percent of women reported perpetration or experiencing rape, respectively, in their lifetime. Men were not asked about attempted rape, but a high percentage (14 percent) of women reported that they had experienced attempted rape. The rate of gang rape was also alarming, with 2.2 percent of male respondents reporting they had ever perpetrated gang rape, and 2.5 percent of female respondents reporting they had ever experienced gang rape.

Based on women's reports, figure 5.2 illustrates who are the main perpetrators of non-partner rape.

Figure 5.2
Women's reports of non-partner perpetrators of rape (number=47) and attempted rape (number=145)

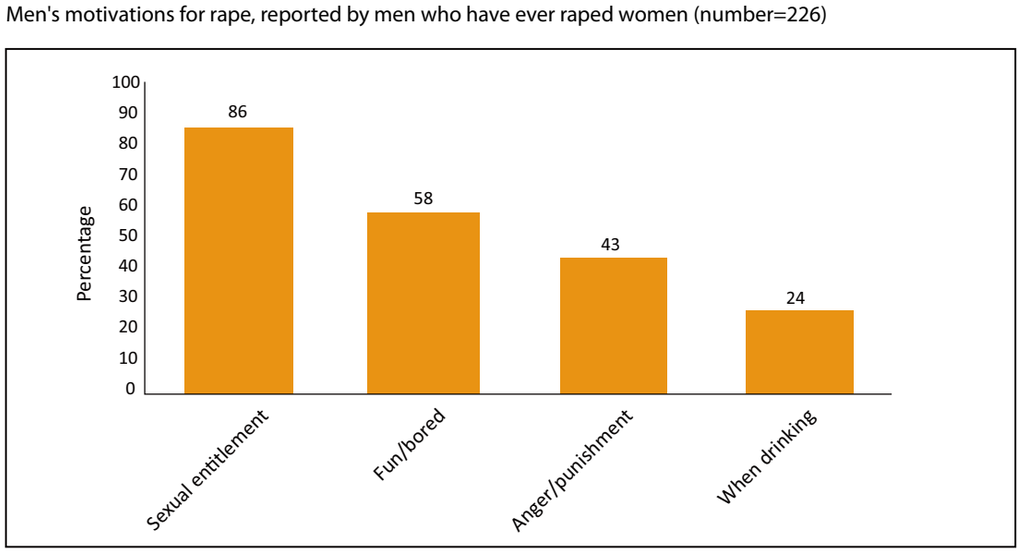


As presented in figure 5.2, the three groups of men who most frequently perpetrated non-partner rape or attempted rape included ex-husbands/boyfriends, men from the neighbourhood and strangers or unknown men. But the composition of rape perpetrators reported by women should be interpreted cautiously because among the 68 women who reported experiencing rape, 21 women reported that the man was 'other', that is, did not fit into these categories.

There were no significant differences in rape prevalence between groups according to age, marital status and income, based on men's and women's reports (see table 5.1 in Annex 2). However, the numbers of respondents in some categories are too small to draw any accurate conclusions.

Men's motivations and consequences of rape perpetration

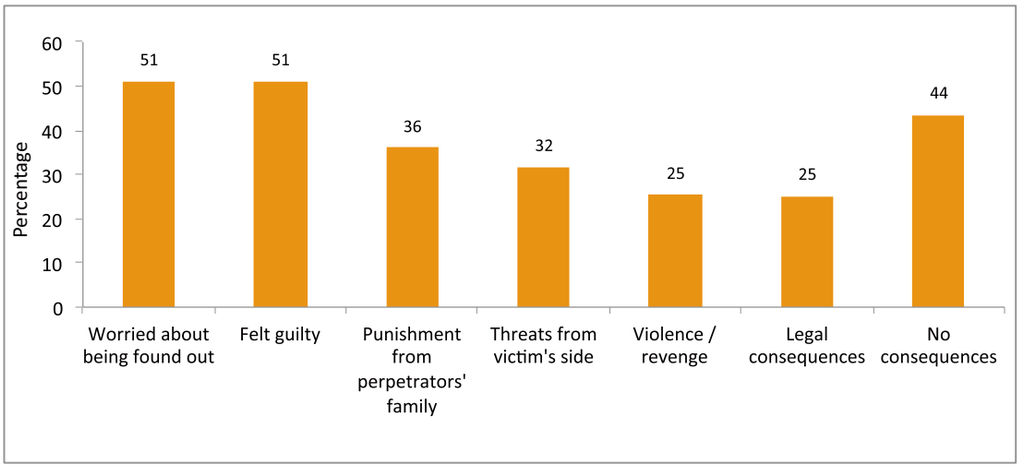
Figure 5.3
Men's motivations for rape, reported by men who have ever raped women (number=226)



Men who reported that they had committed rape were asked about the reasons and motivations for raping. Figure 5.3 shows that the most common motivation for rape among perpetrators was sexual entitlement – that they thought they had right to have sex even by force – with 86 percent of perpetrators thinking so. The second most common motive was for fun or as a form of entertainment. Using forced sex as a way to punish the other was the third most common motive. Alcohol was often regarded as a reason or excuse for rape, however, this was found to be less of a significant factor than the other reasons.

Figure 5.4

Consequences men faced for committing rape, among those who reported raping (number=226)



Men were also asked if they faced a variety of consequences after committing rape. Figure 5.4 (and table 5.2 in Annex 2) presents the consequences of rape faced by men. Significantly, 75 percent of men who had committed rape experienced no legal consequences indicating that one of the likely reasons that rape continues is impunity. Compared with the low official legal responses, private punishment from the family of the victim and/or perpetrators' family/friends was slightly more common with between 25 and 36 percent of men reporting this. Half of the men who committed rape reported that they felt worried that they would be found out or guilty, which could present a space for interventions with men.

Sexual harassment

Figure 5.4

Consequences men faced for committing rape, among those who reported raping (number=226)

	Ever Percentage	otal number of women who ever attended school and work
Any sexual harassment at workplace	12.4	796
Any sexual harassment at schools	3.5	1,063
Any sexual harassment at workplace or schools	15.0	805

Women were asked about experiences of sexual harassment in the workplace and at school. During their lifetime, about one in seven women reported experiencing sexual harassment in the workplace or at school, as shown in table 5.2. Compared with schools, women were more likely to experience sexual harassment in the workplace, with about one in eight women reporting this.

Discussion

Among women aged 18- to 49-years-old, 18 percent reported having been raped by their partner(s) or non-partner(s). Male respondents reported a higher prevalence of perpetration of rape (22 percent), although the difference was not significant. Comparing partner rape and non-partner rape, the study showed that women are more likely to be raped by their partners (10 percent) than non-partners (7 percent). Men's reports show the same pattern, with 14 percent reporting partner rape compared to 8 percent reporting non-partner rape. This is similar to international studies such as the WHO Multi-country Study and Partners for Prevention's UN Multi-country Study on Men and Violence research in Bangladesh, which found that women are most at risk of violence from an intimate partner (WHO, 2005; Naved et al., 2011). This highlights the importance of recognizing marital rape as a crime.

Women's reports of non-partner sexual violence in China (eight percent) fall in the middle of the range of prevalence rates reported in other countries that were involved in the WHO Multi-country Study (WHO, 2005). Among women who reported non-partner rape, the most likely perpetrators are their ex-husbands or ex-boyfriends.

Notions of masculinity and social norms that seem to give men the right to control women's bodies and be entitled to sex, regardless of consent, seem to be at play here. This is particularly evident as men themselves reported sexual entitlement to be the most common motivation for rape. The finding is consistent with results from other studies that found sexual entitlement to be the most common motivations for rape among men in Bangladesh and South Africa (Naved et al., 2011; Jewkes et al., 2010). The study highlights that the legal system's response to sexual violence against women must be strengthened to address the current impunity. Sexual violence of any form must be treated as unacceptable and both homes and neighbourhoods should be made safe places for women.

In terms of sexual harassment, compared with Pan's findings (2004, p.308), the rate reported by women respondents in our survey is lower. According to Pan's findings, during the year before their survey, 14 percent of women experienced verbal harassment and 7 percent experienced unwanted sexual touching, far higher than our findings. The difference can be explained by the different ways of measurement and the difference in the respondents' age range. More detailed information on sexual harassment should be collected in a future survey. Our findings highlight the importance of implementing sexual harassment policies in workplaces and public sector organizations along with the necessary training for employees and appropriate services for victims.

CHAPTER 6

WOMEN'S HEALTH CONSEQUENCES AND HELP-SEEKING BEHAVIOUR RELATED TO VIOLENCE

Main findings

- Women who experienced physical and/or sexual IPV are two to four times more likely to face mental, physical and sexual/reproductive problems, compared with women who have not faced violence.
- When women were physically abused by their partners during pregnancy, the possibility of experiencing a miscarriage or premature birth was high.
- Among women who experienced physical violence, 40 percent reported being injured
- Among those who were injured, 11 percent had to stay in bed, 13 percent had taken days off work and 24 percent sought medical help because of their injuries.
- The majority of women who have experienced violence have not sought help from anyone – 60 percent of women who experienced physical partner violence and 75 percent of women who had been raped by a non-partner never sought help.
- Among women who experienced physical IPV, only seven percent reported to police, and one woman reported that a case was opened. Among rape or attempted rape by non-partners, eight percent was reported to police, and five percent of the cases were opened.

This chapter summarizes the consequences of intimate partner violence on women's general health, mental health and sexual/reproductive health, and women's help-seeking behaviour after intimate partner violence and non-partner rape.

Injuries and general physical health (as reported by women)

Table 6.1

Proportion of women reporting injury from physical IPV and the impact

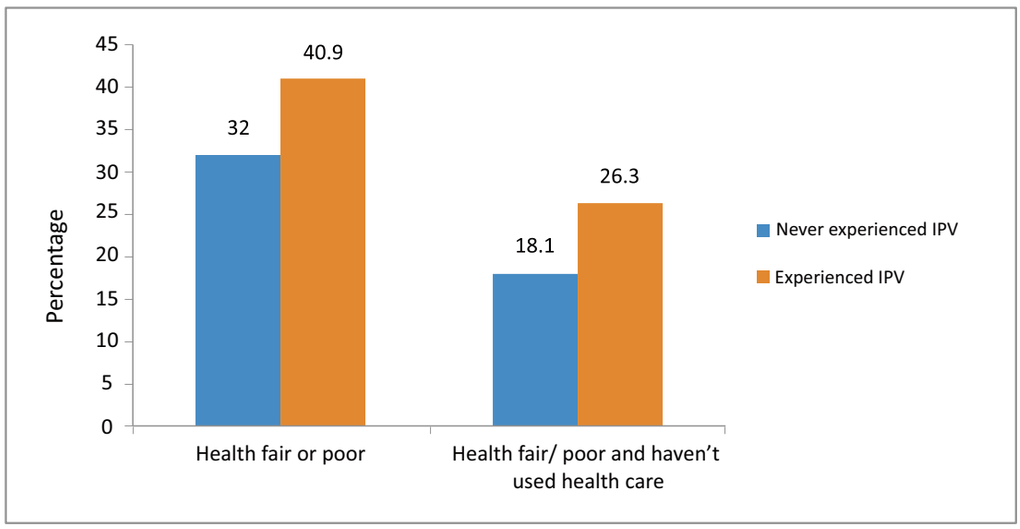
	Percentage
Ever injured	40.7
Injured: once or twice	26
Several (3-5 times)	7.7
Many times (6+ times)	6.3
Total number of women who had experienced physical partner violence	364
Stayed in bed because of injuries	11.3
Taken days off because of injuries	13.1
Ever sought medical attention for injuries	24.3
-If health care sought, did she tell health personnel the reason of injury	55.9
Any of the above impacts	34.9
Total number of women who were ever injured	148

[a] Injury here means any form of physical harm, including cuts, sprains, burns, broken bones, broken teeth or other similar injuries.

Table 6.118 shows that women face a high risk of being injured by physical IPV. Among women who experienced physical IPV, 40 percent were injured, including having cuts, sprains, burns, broken bones, broken teeth, having to receive treatment or being hospitalized. IPV also severely impacted women's everyday activities and their ability to work, and resulted in costs to the community's medical sector. Among women injured by physical IPV, 49 percent had to stay in bed, take leave from their job or seek medical treatment. Among women who had been injured, only one in four sought medical attention for their injuries and among those only half actually told health personnel the real cause of their injuries. This means that the majority of women's injuries related to violence goes untreated and are a hidden burden on the health sector.

All women were asked about their general health and use of health services. The study shows that women who experience violence do not only experience injuries, but longer-term general health problems.

Figure 6.1
Self-reported health status of women who have and haven't experienced physical and/or sexual IPV



Note: Both associations are highly statistically significant.

Figure 6.1 shows that women who had experienced physical and/or sexual IPV were significantly more likely to report fair or poor general health, compared with women who had not. Even though women who had been abused had poorer overall health, they were significantly less likely to have used health care in the last three months, indicating again that they often go untreated.

[18]For more details, see table 6.1 in Annex 2.

Mental health

Table 6.2a

Comparison of mental health problems of women who have and haven't experienced physical and/or sexual violence

	Never experienced physical/ sexual partner violence Percentage	Ever experienced physical/ sexual partner violence Percentage
Clinical depression		
Low	82.1	57.2***
Medium	9.4	21.4
High	8.5	21.4
Ever thought of committing suicide	8.4	17.7***
Ever attempted to commit suicide, among those who thought of committing suicide	32.7	34.8
Recent thoughts of suicide, among those who have ever thought about it	11.8	13
Total number of women	663	359

Asterisks denote the significance level of the difference. *** P<0.001(Pearson chi-square test).

Table 6.2b

Association between poor mental health experiences of IPV (odds ratios adjusted by age, education and partnership status)

	Increased odds that women who have experienced IPV will experience depression and suicidal thoughts (aOR)	CI		P value
		Low	High	
Clinical depression	2.9	2.0	4.3	<0.0001
Thoughts of suicide	1.8	1.3	3.4	<0.0001

As shown in tables 6.2a and 6.2b, IPV seriously affected women's mental health. Women who had experienced IPV were significantly more vulnerable than women who had not experienced IPV to have high or medium depression, have suicidal thoughts and attempt suicide. Among women who had never experienced partner violence, eight percent had ever had suicidal thoughts, however, among women who had experienced violence 18 percent had thought of committing suicide. Table 6.2b shows that, after adjusting for age, education and partnership status, abused women were approximately three times as likely to suffer from clinical depression and twice as likely to have had thoughts of suicide.

Reproductive health

As reported in Chapter 4, 34 women who had ever been pregnant reported experiencing physical violence during pregnancy. Three women out of those 34 women who had been beaten during pregnancy reported that they had a miscarriage and four women reported going into premature labour because of the violence (these numbers are too small to record as percentages).

However, the impact of violence on women's reproductive health goes beyond direct loss of pregnancy from the violence. As shown in tables 6.3a and 6.3b, there are significant associations between having reproductive health problems and violence. For example, among women who had never experienced violence, 20 percent had ever had a miscarriage compared to 29 percent of women who had experienced violence. That is, abused women were 1.6 times more likely to have had a miscarriage than non-abused women. Women who had experienced violence were 1.7 times more likely to have had an abortion with 58 percent of women reporting this compared with 44 percent of women who have never had an abortion. Women who had experienced violence were also more than three times more likely to have had three or more sexually transmitted infections. Abused women were less likely to be currently using contraception and more likely to have had their partner prevent them from using contraception, although this was not statistically significant.

Table 6.3a

Self-reported sexual/reproductive health of women who have and haven't experienced physical or/ and sexual IPV

	Never experienced physical/ sexual partner violence Percentage	Ever experienced physical/sexual partner violence Percentage
Ever had miscarriage	20.2	28.5*
Ever had stillbirth	5.7	8.8
Ever had abortion	44	57.6***
Total number of women who have ever been pregnant	867	
Currently using contraception	75.1	70.2
Partner ever refused /stopped from using contraception	22.4	26.2
Always use condoms in past year when having sex	3.2	2.9
Had STI many times[19]	9.2	17.2***
Ever had HIV test	7.6	7
Total number of women who have ever had sex	1053	

Note: Asterisks show relationships that are statistically significant. *= P<0.01; **= p<0.001; ***=P<0.0001

Table 6.3b

Odds ratios for reproductive health, comparing women who have and haven't experienced IPV, adjusted by age, education and partnership status

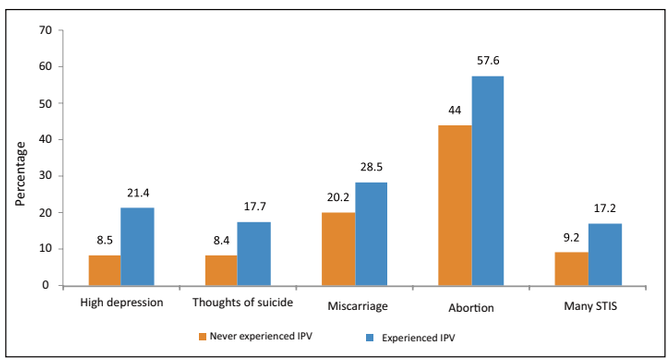
		aOR Low	CI High	P value
Miscarriage	1.6	1.1	2.2	0.006
Abortion	1.7	1.3	2.3	<0.0001
STIs (1-2)	2.9	2.0	4.2	<0.0001
(3 or more)	4.4	2.7	7.2	<0.0001

[19]More details on responses related to STIs can be found in table 6.2 in Annex 2.

When we put these findings in the context of men's sexual practices (as reported in Chapter 8) we can see why abused women are exposed to greater risks of STIs and HIV. Men who ever perpetrated physical and/or sexual violence against partners reported a higher rate of having sex with sex workers and having multiple sexual partners than men who had never perpetrated violence against a partner. Furthermore, 86 percent of men who used violence never or rarely used a condom when having sex in the past year.

In addition, compared with women who had not been physically and/or sexually abused by partners, women who had been abused were almost four times more likely to report an unsatisfying sexual life with their main partners (P<0.0001).

Figure 6.2
Comparison of mental and reproductive health of abused and non-abused women (all statistically significant)



Help-seeking behaviour

Help seeking behaviour after physical IPV

Among women who experienced physical IPV, 60 percent didn't seek any help from family, police or health services. Women who had reported to the police, health services or their family were asked about the treatment and reactions they got, which are detailed in table 6.4.

Table 6.4
Women's reports of help-seeking behaviour after experiencing physical IPV and the responses

Help-seeking behaviour, among women who experienced physical partner violence (number=361)	Percentage
Reported abuse or threats to the police	6.6
Sought medical treatment	10
Told family	36.8
Police response (women who reported to police (number=24))	
Opened a case	4
Sent her away	12.5
Tried to make peace between her and her abusive partner	37.5
Other	25
Medical workers response (women who sought medical help (number=36))	
Told health care worker real cause of injuries	52.8
Family response (women who told family (number=133))	
Support (including "supported her"," advised her to report to police")	24.8
Ambiguous (including both supportive and unsupportive responses)	30.8
Unsupported (including "told her to keep it quiet", "indifferent" and "blamed her for it")	44.4

Table 6.4 indicates that among women who ever sought help after experiencing physical IPV, although family was their most likely resource for help, only one third of victims asked for help from their family. However, only one in four women got complete support from their family after telling them about the violence. This shows that public consciousness on violence as unacceptable and as a crime still needs to be promoted.

One in ten women sought help from medical workers or police. Women who sought medical treatment for physical injuries but did not tell medical workers the reasons for their injury reported they thought it was a private issue, they felt shameful or medical workers did not ask about the cause of the injury.

The rate of physical IPV reported to police was quite low, with only seven percent of women reporting to the police. The proportion of physical IPV cases opened by police was extremely low. Among the women who reported to the police, only one woman had a case opened by police.

Help seeking behaviours of women after experiencing rape or attempted rape

Table 6.5 shows that after experiencing rape or attempted rape by non-partners, women's help-seeking behavior and the responses were very similar to those of women who experienced physical IPV: a low rate of help-seeking and few positive responses. Of women who had been raped or experienced attempted rape by a non-partner, about three quarters (72 percent) did not seek any help.

Table 6.5
Women's reports of help seeking after non-partner rape and attempted rape and the responses (number=176)

Help seeking behaviour, among women who experienced non partner rape (n=176)	Percentage
Reported abuse or threats to the police	8.0
Reported to health workers	9.0
Sought counselling or called a hotline	17.0
Reported to local Women's Federation, neighbourhood or villagers' committees	12.5
Told family	17.0
Police response (women who reported to police (number=14))	
Opened a case	57.1
Sent her away	42.9
Health workers response (women who sought medical help (number=16))	
Received medication for prevention pregnancy	51.9
Received medication for preventing HIV (PEP)	25.0
Received counselling	15.4
Family response (women who told family (number=30))	
Support (including "supported her"," advised her to report to police")	26.7
Ambiguous (including both supportive and unsupportive responses)	43.3
Unsupported (including "told her to keep it quiet", "indifferent" and "blamed her for it")	30.0

Compared with women's help seeking after experiencing physical IPV, fewer women sought help from their family after experiencing non-partner rape or attempted rape. This indicates that women victims of non-partner rape carry a heavier stigma than women victims of physical violence, and it may also be related to social stigma with regards to talking about sex. Again women's responses from family were often unsupportive.

The ratio of women seeking help from counsellors or from a hotline (17 percent) was the same as those seeking help from family (17 percent). This possibly indicates that anonymous professional counselling could be an effective way of supporting women who have experienced sexual assaults. Although few women reported to the police, the police response in terms of opening cases was better for rape than it was for partner violence, which indicates that violence within relationships is perhaps still seen as a family matter rather than a crime. Half the women who sought health care received medication for preventing pregnancy but far fewer received PEP treatment (post-exposure prophylaxis, which involves taking anti-HIV drugs) or were offered counselling.

Discussion

Intimate partner violence severely impacts women's physical, mental and sexual/reproductive health as well as the health of pregnant women. Primarily, it results in injuries, with 41 percent of physically abused women reporting injuries. IPV also indirectly impacts on a number of health outcomes (Garcia-Moreno et al., 2005). Compared with women who did not experience physical and/or sexual violence from their partners, those women who experienced it were significantly more likely to report fair or poor or very poor general health. This is consistent with findings from the WHO Multi-country Study, as well as studies from around the world that show that women who are physically abused often have many less-defined somatic complaints, including chronic headaches, abdominal and pelvic pains and muscle aches (Campbell, 2002; Eberhard-Gran et al., 2007; Ellsberg et al., 2008; Kishor and Johnson, 2004a; McCaw et al., 2007).

Abused women were significantly more likely to experience reproductive health problems, including STIs, miscarriages and abortions. In a number of other countries, physical abuse has also been found to be associated with higher rates of abortion, miscarriages, stillbirths and delayed entry into prenatal care (Kishor and Johnson, 2004a; Velzeboer et al., 2003; SPC, 2009, 2010). The impact on mental health is also evident with abused women more likely to have clinical depression and suicidal thoughts (Cocker et al., 2000; Kim et al., 2008; Lehrer et al., 2006). Similarly, other research shows that recurrent abuse puts women at risk of psychological problems such as fear, anxiety, fatigue, depression and post-traumatic stress disorder (Watts et al., 1998; Plitcha, 1992).[20]

Despite this, abused women were less likely to use health services indicating the impact of VAW presents a huge hidden public health problem. Further, women who did seek health care were unlikely to tell health workers the real cause of their injuries and often did not receive the care that they need. The capacity of health services need to be developed to be able to identify cases of abuse as well as respond to them effectively.

Physical violence severely impaired women's daily activities. Among women who had experienced injuries, 11 percent had to stay in bed and 13 percent had to take leave of absence from work. This provides strong evidence that the government's efforts to eliminate IPV not only safeguard women's right to live a life free from violence, but

[20]Because of the cross-sectional design of the study, we are unable to establish whether exposure to violence occurred before or after the onset of symptoms. Theoretically, women who reported ill health could have been more vulnerable to violence. However, previous studies on women's health suggest that reported health problems are mainly outcomes of abuse rather than precursors.

are also in accordance with the Chinese government's priority of continuing to promote national economic and social development. By preventing IPV against women, women's physical, mental and reproductive health will be greatly improved, which will in turn directly reduce a burden of medical expenses on society. More importantly, when rates of violence decrease the productivity of millions of women citizens will be greatly promoted, which will undoubtedly positively affect the gross domestic product of China both now and in the future.

Very few women who experienced violence reported to the police, and in even fewer cases was a case actually opened. This may be because of a lack of sensitization among police, making women hesitant to approach them. It may also reflect the fact that people still do not see domestic violence as a crime. It is also likely that women continue to feel shame and stigmatization that prevents them from reporting. This is likely the first time in China that there is a baseline of what percentage of violence cases are actually reported to police based on a population survey in the study site, which is very important.

The first point of contact for women is most often their family rather than more formal services. However, family responses are not always supportive and sometimes reinforce women's feelings of self-blame and shame. It is therefore important to reduce the social stigma surrounding violence, and promote supportive and caring responses by people if someone they know discloses experiences of violence. A number of scholars have noted the importance of supportive relationships for abused women (Davis, 2002; Landenburger, 1989; Ulrich, 1998; Lu and Chen, 1996). In order to effectively help women experiencing GBV at home and outside, the study finds that the accessibility and quality of formal and informal services needs to be greatly strengthened.

CHAPTER 7

GENDER RELATIONS

Main findings

- Nearly 90 percent of male and female respondents opposed men's perpetration of violence against women or women's tolerance of violence.
- More than half of male and female respondents support three statements related to gender and masculinity: men have to be tough; men need sex more than women; and women's most important role is to be the caregiver of the family.
- Half of the male respondents agreed that men should defend their honour with violence if necessary.
- Forty-two percent of male respondents and 31 percent of female respondents reported that all family decision-making was equitable.
- About half of male and female respondents' reported that housework was equally shared between husbands and wives, with the other reporting that wives solely did the housework.
- Sixty-four percent of male respondents who had children ever took paternity leave.

This chapter summarizes respondents' gender attitudes, which were measured using the Gender-Equitable Men (GEM) Scale. The GEM Scale was developed by Population Council and Instituto Promundo and has been used in India, Brazil and more than 15 other countries to date. These attitudinal questions have been used in diverse settings and have consistently shown high rates of internal reliability (Pulerwitz and Barker, 2008). The specific questions are outlined in table 7.1a. Men and women were asked whether they strongly agreed, agreed, disagreed or strongly disagreed with each statement. This chapter also examines respondents' attitudes toward laws against VAW and participation in activities against VAW; respondents' sharing domestic decisions and housework; and men's participation in fatherhood. Lastly, the chapter reports male respondents' sexual practices.

Attitudes toward gender relations

Table 7.1a

Proportion of men and women agreeing to GEM scale items

GEM scale	Male Percentage	Female Percentage
A woman's most important role is to take care of her home and cook for her family.	55.6	62.3**
Men need sex more than women do.	51.5	70.9***
There are times when a woman deserves to be beaten.	8.6	5.3***
It is a woman's responsibility to avoid getting pregnant.	21.5	29.2***
A woman should tolerate violence in order to keep her family together.	10.2	12.9***
I would be outraged if my partner asked me to use a condom.	32.3	46.2***
If someone insults a man, he should defend his reputation with force if he has to.	52.4	21.8***
Men have to be tough.	73.2	55.8***
Total number of respondents	1,017^	1, 103^

Asterisks denote the significance level of the difference between men and women's reports. ** P<0.01, *** P<0.001(Pearson chi-square test). ^ Total responses to each question may vary slightly depending on refusals.

As presented in table 7.1a, the study found three patriarchal views were deeply internalized by both men and women, namely: men have to be tough, men need more sex than women and women's most important role is to be the caregiver of the family. More than half of men and women agreed or strongly agreed with these statements. One half of men agreed or strongly agreed that men should defend their reputation with violence, thus for many men violence is seen as an acceptable way to deal with problems.

Regarding VAW, nearly 90 percent of men and women opposed men's perpetration of VAW or women's tolerance of violence, which indicates that, in the study site, the majority of people opposed VAW. Only about 10 percent of women and men believe that women should tolerate violence in order to keep the family together.

Comparing men and women's attitudes, there were significant differences on every item of the gender equality scale. A noteworthy finding is that female respondents generally had more gender inequitable views than men except with regards to statements about VAW and men's use of violence. More women than men supported traditional patriarchal conceptions including the ideas that men need more sex than women, women's role is as caregivers and keeping the family intact is more important than women's freedom from IPV. It seems that many women have internalized patriarchal views such as men's sexual desire is inborn and hard to control; and while men should enjoy sex, women should be responsible for sex.

Table 7.1b

Proportion of men and women in each tertile of the GEM scale, by groups

	Men				Women			
GEM tertiles[21]	Low equality Percentage	Medium equality Percentage	High equality Percentage	Total number of male respondents	Low equality Percentage	Medium equality Percentage	High equality Percentage	Total no. of female respondents
Age								
18-24	1.6	74.6	23.8	132	0.8	57.4	41.9	138
25-34	2.4	76	21.6	302	1.9	67	31.1	331
35-49	7.7	79.2	13.1*** a	583	7.5	80.4	12.1*** a	634
Education								
None	25	75	0	4	42.9	57.1	0	7
Primary	13.7	81.7	4.6	142	9.6	84.4	6	218
Some secondary	5	78	17	621	4.1	73.7	22.2	577
Complete secondary	2.2	71.5	26.3	141	1	63.4	35.6	104
Any higher	0	78.7	21.3*b	108	0	57.4	42.6*** * b	94
Income (Chinese Yuan/month)								
0-1000Y	7	78.1	14.9	128	-	-	-	-
1001-1500Y	6.8	79.7	13.5	207	-	-	-.	-
1501-2000Y	5	75.9	19.1	241	-	-	-	-.
>2000Y	3.6	77.1	19.3	332	-	-	-	-
Total	5.3	77.7	17	981	4.9	73.3	21.8	1,000

[a] Asterisks denote the significance level of the difference. ** P<0.01, *** P<0.001(Pearson chi-square test).

[b] **** P<0.0001(Kruskal Wallis test).

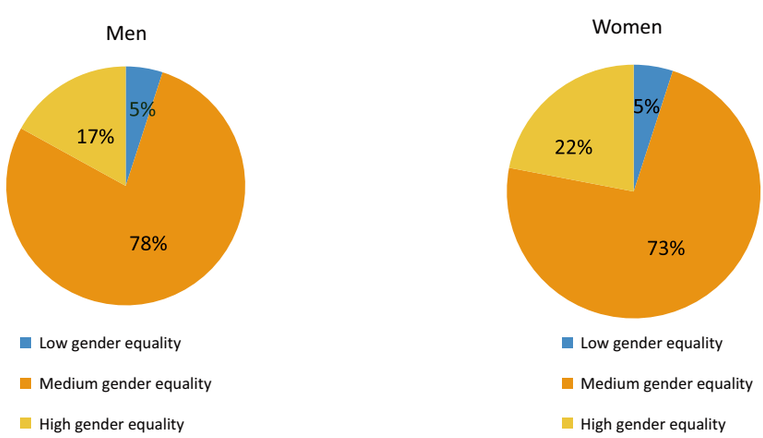
[21] The range of GEM scale was from 11 to 32. According to the technical advisory group of UN Multi-country Study on Men and Violence, a score from 11 to 16 was labeled as low equality, 17-24 as middle equality and above 24 as high equality.

The GEM scale was turned into tertiles, representing low gender equality, medium gender equality and high gender equality. As indicated by figure 7.1, both for men and women, only a few respondents fit into the low-equality category and most people had attitudes that fit into the medium-equality range – 78 percent of men and 73 percent of women. Seventeen percent of men and 22 percent of women had highly gender equitable attitudes.

There is significant difference among age and education groups for both men and women. Roughly speaking, the extent of gender equitable attitudes decreased when age increased, and increased when education level increased. Specifically, compared with women and men whose highest educational attainment was primary school or below, both women and men who received some secondary education or higher education were more likely to have highly gender equitable attitudes. These are good signs that change in attitudes, which may contribute to a reduction in GBV, may be possible by promoting educational attainment for both men and women and involving young people in activities advocating for gender equality.

The positive role played by higher educational achievement in increasing gender equality was found to be different by gender. For men, increased educational attainment effectively reduced their gender inequitable attitudes but did not guarantee that they developed highly gender equitable attitudes. By contrast, for women, the higher their educational attainment, the higher their support of gender equality.

Figure7.1
Men and women's gender attitudes (GEMS tertiles)



Additional questions were asked on gender equality, as presented in table 7.2. These findings generally confirm our findings in tables 7.1a and 7.1b with regards to respondents' attitudes toward gender equality. As high as 98 percent of men and women supported the principle of gender equality, however, in practical day-to-day examples of gender equitable practices and attitudes, many men and women were found to have internalized traditional patriarchal views. For example, 24 percent of male and 19 percent of female respondents agreed that women should obey their husbands and 22 percent of men and women believed men should have the final say on family matters. Overall, women were slightly more gender equitable than men and most of the gender differences are statistically significant. Slightly more than half of both male and female respondents demonstrated homophobia.

Table 7.2

Proportion of men and women personally agreeing with statements on gender relations

	Male	Female
People should be treated the same whether they are male or female.	98.2	98.8
A woman should obey her husband.	24.4	19.3***
A man should have the final say in all family matters.	22.2	22.3
Men should share the work around the house with women such as doing dishes, cleaning and cooking.	82.9	83.7****
If a man has paid bride price for his wife, he owns her.	23.8	26.3
A woman cannot refuse to have sex with her husband.	41.4	33.4***
If a wife does something wrong her husband has the right to punish her.	27.4	30.1**
When a woman is raped, she is usually to blame for putting herself in that situation.	11.8	10.2**
If a woman does not physically fight back, it is not rape.	53.5	53.5
It would be shameful to have a homosexual son.	56.8	50.3*
Total number of respondents	1,017^	1,103^

Asterisks denote the significance level of the difference. * P<0.05, ** P<0.01, *** P<0.001(Pearson chi-square test).

^ Total responses to each question may vary slightly depending on refusals.

Support for the law and engagement in gender activism

In order to evaluate respondents' knowledge on laws related to VAW, all respondents were asked questions related to laws against different forms of VAW.

Table 7.3a

Knowledge on related laws against VAW, by gender

	Men Yes (percentage)	Women Yes (percentage)
Is there a law against domestic violence in China?	50.5	49.5*
Is there a law against trafficking women in China?	51.0	49.0***
Is there a law against sexual harassment in China?	51.9	48.1***
Total number of respondents	1,017^	1,103

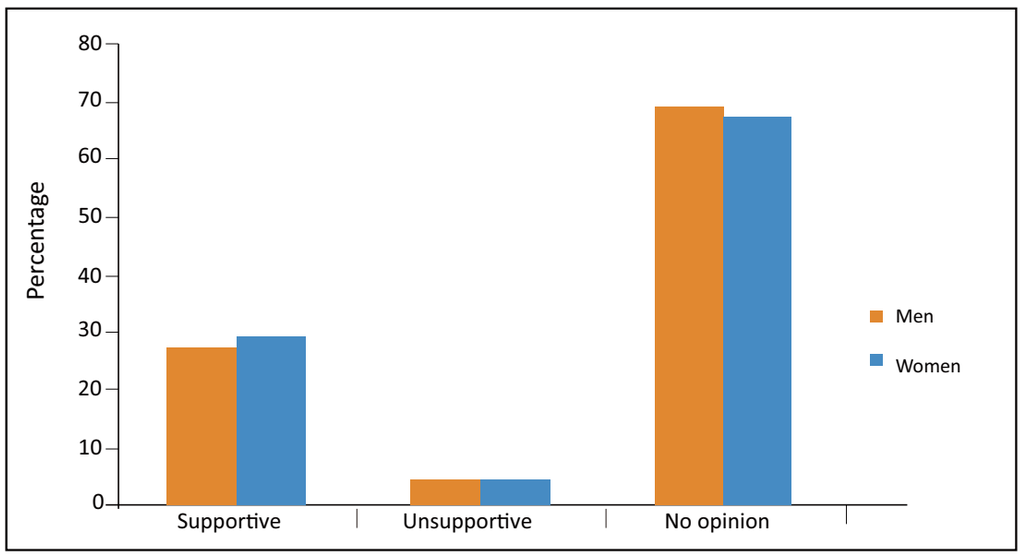
Asterisks denote the significance level of the difference. * P<0.05, *** P<0.001(Pearson chi-square test).

^ Total responses to each question may vary slightly depending on refusals.

As indicated by table 7.3a, about half of respondents did not know about the laws in China related to VAW. The finding that women had less knowledge of these laws than men seems to validate a common assumption in China: that women's exposure to violence is in part related to the fact that they are unaware of their rights and the laws that can protect them. However, data shows that almost half of men did not know about these laws either and the percentage of men who were aware of these laws is only slightly higher than the percentage of women. In addition, the gender discrepancy should be partly explained by men having more access to information than women. Efforts to raise public awareness about the law, consequently, are needed for men and women.

Figure 7.2

Men and women's support of VAW laws, among those who knew about the law



The need for more awareness raising is further emphasized by the fact that the majority of men and women (about 70 percent) who reported knowing these laws have no opinion about the law – perhaps because they do not know enough about its content (see figure 7.2).

Further the opposition to the law reported by some is concerning. Among male and female respondents who reported their opinions, 38 percent of men and 50 percent of women thought the laws make it too easy for women to charge men for violence; 25 percent of men and 23 percent of women thought the laws were too harsh, while half of them (52 percent of men and 55 percent of women) also thought the laws did not provide enough protection for victims. The respondents' attitudes towards VAW laws did not show significant differences between groups by gender, age, education, marital status and income, except that women's support increased with higher educational levels (see table 7.1 in Annex 2).

Box 7.1 Measurement of respondents' support for VAW laws

The findings in figure 7.2 were determined based on responses to the following statements:

- Laws makes it too easy for a woman to bring a violence charge against a man;
- Laws are too harsh;
- Laws are not harsh enough; and
- Laws do not provide enough protection for the victim of violence.

There were five options for every statement: strongly agree, agree, no opinion, disagree and strongly disagree.

The overall score of the five questions ranged from 4 to 20. The response was recorded as 'Supportive' if the score was less than 11, "Neither supportive or unsupportive' if 11-15, and 'Unsupportive' if above 15.

Table 7.3b

Proportion of respondents aware of campaigns or engaged in gender activism, by gender

	Male Percentage	Female Percentage
Heard about activities against VAW	44.4	38.4**
Seen programmes against VAW	64.1	57.5**
Participated in activities against VAW	27.5	17.5***
Engaged against VAW (heard or seen information/activities, or participated in activities)	73.9	65.3***
Total number of respondents	1017^	1,103^

Asterisks denote significant difference between male and female reports. ** P<0.01, *** P<0.001(Pearson chi-square test). ^ Total responses to each question may vary slightly depending on refusals.

In table 7.3b, it is difficult to interpret the finding that men are more likely to be aware of or engaged in activities on ending VAW than women, when most activities target women. One hypothesis is that men have more contact with public information and are, therefore, more likely to have contact with activities against VAW. This suggests that only using mass media is not enough to reach women. Further analysis shows that there was not a significant association between involvement in these activities and a lower rate of men's violence perpetration. However, for women, participating in these activities increased their intolerance to IPV. This seems to indicate that campaigns may have some effect on changing attitudes but changing behaviour is much more challenging and requires more time and more than campaigning to be effective.

In addition, the level of engagement with activities against VAW in the study site should be higher than the national average level, since organizations have been carrying out projects against VAW in the site over the past five years.

Domestic duties and decision-making

Box 7.2 Domestic decisions

Domestic decision-making was investigated by asking "who in your household usually has the final say regarding the following four issues":

- the health of women in the family;
- children's schooling and activities;
- how money is spent on food and clothing; and
- how money is spent on large investments such as buying a car, a house or a household appliance.

There are four or five options for every question, namely, yourself, partner, both equally, other member of family, and/or not applicable/no children. The respondents' answers were categorized according to the three tertiles in figures 7.3a and 7.3b.

Figure 7.3a
Men and women's reports of equality in household decision-making, among ever-partnered respondents

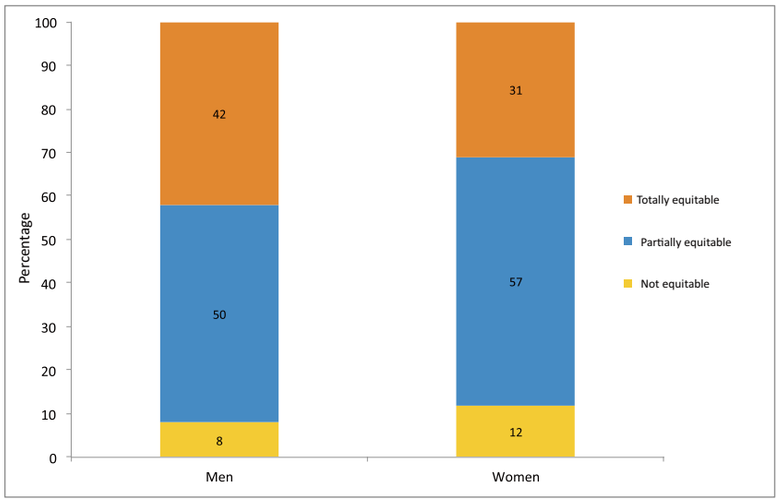
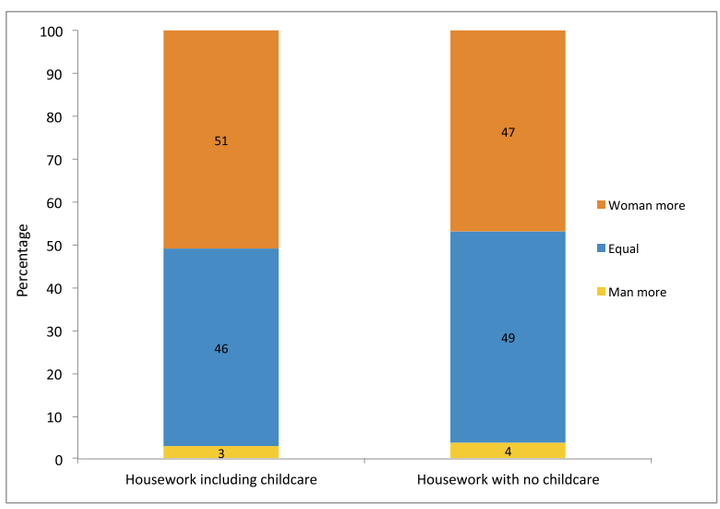


Figure 7.3a shows that men were more likely than women to report equality in household decision-making (also see box 7.2 for how this was measured). In general, there was no significant difference in reports on equality in household decision-making among groups according to age, marital status and income, however, education level did make a difference (see table 7.2 in Annex 2). For both men and women, higher education was a positive factor in reducing inequality in household decision-making, but it was not a strong factor in increasing total equality in decision-making. It is possible that the higher the women's education, the higher their expectation of gender equality. In other words, improving women's educational attainment can promote gender equality in household decisions between genders.

Furthermore, data analysis finds that the GEM scale was significantly associated with domestic decision-making. Among men who showed high gender equality according to the GEM scale, 49 percent shared domestic decision-making totally equally with their partner. Among men who showed medium and low gender equality, the two numbers were 40 percent and 32 percent, respectively.

Figure 7.3b
Sharing of household work as reported by ever-partnered men



Men were also asked about their involvement in housework and whether they or their partners did more housework. Housework referred to cooking, cleaning, washing clothes and taking care of children. According to figure 7.3b, generally speaking, regardless of whether couples had children or not, housework was still feminized. About half of men did little housework, nearly half equally shared housework with wives or girlfriends and only less than four percent do more than female partners.

A comparison among age groups found that the oldest group showed the most inequality, regardless of whether or not childcare was included (see table 7.3 in Annex 2). In fact, the difference was not significant when childcare was included, which indicates that men shared childcare less than they shared other housework. Whether childcare was included or excluded, the only protective factor for the equal sharing of housework was a college-level education ($P<0.05$). Further, men respondents in the lowest income group shared more housework than other groups of men, indicating that poverty is not a risk factor for the unequal sharing of housework.

In terms of marital status, it is interesting that cohabiting men were more likely to do housework than married men. This may be explained by Chinese cultural ideas about gender roles during dating and marriage. For example, there is a proverb in China that states that a man is his girlfriend's slave while they are dating because he desperately tries to please her so as to convince her to marry him; however, after they are married he will become her general so it is her turn to please him by doing all the housework.

Fatherhood and parenting

Box 7.3 Men's engagement with children

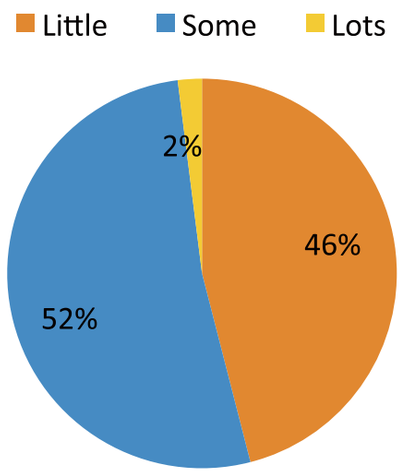
Men's engagement with children was measured by whether and how often male respondents did the following things with children under 18 years old who lived with the respondents:

- playing or doing activities with the children;
- talking about personal matters with the children (such as their relationships, worries or feelings); and
- helping any of the children with their homework.

The respondents could choose one of four options: never, sometimes, often or always.

The overall score of the five questions ranged from three to twelve. The response was recorded into 'little engagement' when the score was less than six, 'some engagement' when seven to nine, and 'lots of engagement' when above nine.

Figure 7.4
Men's engagement with children



As presented in figure 7.4, among men who had children less than 18 years old, their participation in fatherhood was poor. Nearly half of men were minimally involved in fatherhood, half were somewhat involved and only two percent were strongly involved. However, 47 percent of men reported ever beating their children.

Generally speaking, there was no significant difference in engagement with children or beating of children among groups divided by age, educational attainment, marital status or income (see table 7.4 in Annex 2). However, men with higher education were significantly more engaged in fatherhood than men with lower education levels (P<0.0001).

Attitudes toward gender equality were found to be significantly associated with fatherhood engagement. Among men who had highly gender equitable attitudes, measured by the GEM Scale, seven percent frequently engaged with their children. The number of men with medium and low gender equitable attitudes who frequently engaged with their children were two percent and zero (P<0.01), respectively.

In addition, by simple logistic regression, men's engagement with childcare did not affect whether or not they beat their children, even for those men with higher education and more engagement with childcare. This means there are other factors affecting men's beating of children. Data analysis finds that men who perpetrated physical and/or sexual violence against their female partners, compared with men who did not, were twice as likely to beat their children (P<0.0001). Men who reported raping women were almost three times more likely to beat children, compared with men who had not raped women.

Table 7.4
Odds ratio for men's use of violence against their children, by their perpetration of partner violence, adjusted by age, education and partnership status

	Ever perpetrated/ experienced IPV	Never perpetrated/ experienced IPV	aOR	CI	P value
Male respondents beating children	62.5 percent	42.6 percent***	2.5	1.5-4.0	<0.0001

Furthermore, men's perpetration of violence against women and children is part of a cycle of violence through generations. Men who witnessed their mother being beaten when they were children were nearly three times more likely to beat their own children than men who had not witnessed violence (P<0.01).

In order to understand more about men's engagement with fatherhood, the study also collected information about men's involvement with newborns. The data shows that the vast majority of male respondents cared about their wives and newborns. Among men who had children, 88 percent ever accompanied their partners to prenatal examinations and 85 percent of men were present when their children were born. Among 83 men who were absent during their children's birth, 93 percent reported that

they wanted to be present but their jobs did not permit it or they could not afford it. After their children were born, apart from those men who were self-employed or not working at that time, 64 percent took paternity leave. The most common length of their leave was two weeks or less.

Discussion

One of the most important findings of the study is that male respondents showed a big contradiction between their attitudes and behaviours on gender equality. Men showed high support of the abstract principle of gender equality – as high as 98 percent of men supported the notion that women should be treated equally to men. By contrast, only slightly more than one third of the men reported that they equally decided family issues with their partners, and about half of the men shared little of the housework or childcare. This was also found to be the case in other countries that undertook the IMAGES study (Barker et al., 2010).

The striking contrast can be partially explained by men's definition of what is a normal/real man and a normal/real woman. For example, more than half of the men thought that women's most important role was to look after family members, men should have a bigger say on important family issues and men should protect their honour/masculinity with violence if necessary. This indicates that the rigid norms of hegemonic masculinity and femininity directly encourage men not to participate in housework and child raising, as well as justifying perpetration of IPV against women. Therefore, future programming should encourage people to challenge the patriarchal definitions of femininity and masculinity, to clarify what is real gender equality and to put this into practice.

In addition, the discrepancy between men's attitudes and practices may also come from the unsupportive social policy environment. The vast majority of men wanted to be present when their children were born and to take parental leave to care for their newborns, however, 15 percent of men could not be present and one third of men did not take parental leave. According to men's reports, their unavailability was mainly due to their jobs not permitting it or not being able to afford it economically. The unsupportive policies in the workplace reflect one of the rigid gender norms that it is women's responsibility to care for children. Consequently, eliminating rigid gender norms should be conducted both on personal and societal levels. Social policy reform is necessary to meet men's needs and desires to be involved in the birth and care of their babies, and to promote gender equality in sharing childcare.

Additionally, in order to eliminate hegemonic masculinity and construct more gender equitable masculinities, women should also be targeted. Data shows that women also more or less internalized patriarchal gender norms, and supported them more than men in some cases. In other words, women's engagement is also needed to eliminate hegemonic masculinity and facilitate gender equitable alternatives.

On prevention of IPV against women, two specific findings are worthy of attention. Firstly, half of the female and male respondents were ignorant of the fact that there are laws against VAW in China, and only about a quarter of men and women who knew about the laws actually supported the laws. Consequently, public consciousness and support to eliminate IPV against women can be promoted if people have more knowledge of the laws. Secondly, the cycle of violence between genders and generations can be broken if men's negative engagement with children, such as beating children, can be reduced.

CHAPTER 8

MEN'S EXPERIENCES OF VIOLENCE AND ADVERSITY

Main findings

- Seventy-five percent of male respondents reported suffering from at least one form of trauma including physical, emotional or sexual violence as well as neglect during childhood.
- Among male respondents, three percent reported that they had ever been raped by another man.
- Among male respondents, 12 percent reported suffering from high depression, and 17 percent reported ever having suicidal thoughts or attempted suicide.
- More than half of all sexually active men have had sex with a sex worker or engaged in transactional sex.
- About four in five male respondents who had ever had sex reported that they never or rarely used condoms.
- Slightly more than one third of male respondents reported low life satisfaction.

This chapter summarizes the violence and hardship male respondents experienced during childhood, and their risky behaviours, including in their sexual lives, and through alcohol and drug use. Male respondents' mental health and vulnerability are also explored.

Box 8.1 Childhood trauma

An internationally recognized Childhood Trauma Scale was used to measure five forms of childhood trauma. All respondents were asked whether they had experienced forms of trauma described below when they were under the age of 18 years. Respondents could ask one of four options for every question: never, sometimes, often and very often. Five scores on the following forms of abuse were added together for an overall score of childhood trauma. The higher the score, the more severe the childhood trauma.

Physical hardship (hunger)

- I did not have enough food to eat.

Neglect

- I lived in different households at different times;
- One or both of my parents were too drunk or drugged to take care of me;
- I spent time outside the home and none of the adults at home knew where I was.

Emotional abuse

- I was told I was lazy or stupid or weak by someone in my family;
- I was insulted or humiliated by someone in my family in front of other people;
- I saw or heard my mother being beaten by her husband or boyfriend.

Physical violence

- I was beaten at home with a belt or stick or whip or something else that was hard;
- I was beaten so hard at home that it left a mark or bruise;
- I was beaten or physically punished at school by a teacher or headmaster.

Sexual violence

- Someone touched my buttocks or genitals or made me touch them when I did not want to;
- I had sex with a man/woman who was more than five years older than me;
- I had sex with someone because I was threatened or frightened or forced.

Box 8.2 Men's bullying during childhood

Bullying was investigated by asking the following two questions:

- Were you bullied, teased or harassed in school or in the neighbourhood in which you grew up?
- Did you bully, tease or harass others?

Respondent could choose one of four options for each question: never, sometimes, often and very often.

Women respondents were not asked the above questions.

Men's experiences of violence during childhood

Table 8.1a

Proportion of men and women who experienced different forms of abuse/hardship and neglect in childhood

	Men Percentage	Women Percentage
Physical hardship (hunger)	56.3	46.7
Neglect	39.5	18.7
Emotional abuse	60.1	46.2
Witnessed mother being abused	20.9	20.0
Physical abuse	44.0	18.2
Sexual abuse	13.7	8.8
Bullied	24.7	-
Bullying others	21.8	-
Total number of male respondents	995^	1021^

^ Total responses to each question may vary slightly depending on refusals.

Table 8.1b

Odds ratios for men's involvement in other violence by their perpetration of IPV, adjusted for age, education and partnership status

	Ever perpetrated IPV Percentage	Never perpetrated IPV Percentage	aOR	CI	P value
Being bullied during childhood	41.0	20.0	2.9	2.1-4.1	0.000
Bullied others during childhood	38.7	16.9	3.3	2.3-4.8	0.000
Ever involved in street violence	27.0	15.0	2.2	1.5-3.2	0.000

The data shows that men's experiences of violence as children were quite common. Excluding bullying and hunger, 75 percent of male respondents and 57 percent of female respondents reported that they had experienced at least one form of abuse, and the difference between genders was highly significant ($P<0.0001$).

Table 8.1a lists more detailed data. A noteworthy prevalence that should be specifically pointed out is that one in five men reported they witnessed their mothers being beaten by their male partners. While many male respondents experienced violence during childhood, 22 percent also reported bullying others during childhood. Men involved in bullying were two to three times as likely to have perpetrated IPV in adulthood.

On parental absence, 16 percent of male respondents reported that during their childhood their mothers and/or fathers were rarely or never at home. Paternal absence (14 percent) was more common than maternal absence (8 percent), which is not a surprise since men are widely expected to be in charge of the public sphere while women are expected to be in charge of the private sphere, and childcare has long been highly feminized in China.

Table 8.1c

Distribution of mean scores on the childhood trauma scale and proportion of parental absence reported by men, by groups

	Mean Childhood trauma score	Parental absence Yes Percentage
Age		
18-24	15.9	13.7
25-34	16.0	14.7
35-49	16.6*a	17.5
Education		
None	19.0	0.0
Primary	17.6	18.8
Some secondary	16.3	17.0
Complete secondary	15.8	12.8
Any higher	15.5****	13.1
Income (Chinese Yuan/month)		
0-1000Y	16.9	17.1
1001-1500Y	16.1	15.0
1501-2000Y	16.3	16.7
>2000Y	15.9	15.4
Total number of male respondents	976	1008

Asterisks denote relationships that are statistically signficant. * P<0.05, ** P<0.01, *** P<0.001 and **** P<0.0001).

Table 8.1c shows that 34-49-year-old men suffered most from childhood trauma and further data analysis shows the biggest difference among age groups is mainly in terms of hunger, not physical, emotional or sexual abuse and neglect. In other words, the rates of physical, emotional and sexual abuse and neglect that children suffered have not decreased in past decades. This is perhaps not surprising as in contemporary China the public still lacks awareness about the issue of child abuse. Many Chinese parents still believe that their children will benefit from physical discipline. Table 8.1c demonstrates that there is an association between higher levels of trauma during childhood and men's low levels of education – that is, those who had no education had a mean score on the childhood trauma scale of 19 compared with a score of 15.5 among those who had a tertiary education.

Parental absence does not seem to strongly affect male respondents' income or educational achievement. At the same time, there was no significant difference among the three age groups. However, for those male respondents whose fathers were rarely or never at home during their childhood, fewer were engaged in their own children's lives than male respondents whose fathers were always or usually at home. Campaigns promoting fatherhood, therefore, will benefit not only current children, but also their own children in future.

Homophobia and sexual victimization

There were strong homophobic attitudes among respondents. About half of the respondents think it is shameful to have a homosexual son (see table 7.2) and did not support legal protection for homosexual people. Homophobic attitudes also led some men to perpetrate violence against men who were not traditionally masculine. Among male respondents, five percent reported being victims of homophobic violence, including name-calling, threats of violence or actual violence, due to their being regarded as effeminate, 'sissy', gay, attracted to other men or having sex with men.

Among all male respondents, three percent (number=27) reported being raped by another man. It is important to note that men who have been raped by other men do not necessarily identify as homosexual.

Other violent or criminal behaviour

A male respondent is categorized as 'ever being involved in other violence or criminal behaviour' if he reported ever owning a weapon, fighting with a weapon, being a member of a gang or being arrested/jailed. Among all male respondents, 18 percent (number=178) reported ever being involved in other violence or criminal behaviour.

Table 8.2

Distribution of involvement in other violence or criminal behaviour reported by men, by male groups

	Yes Percentage		Yes Percentage
Age		Income (Chinese Yuan/month)	
18-24	25.8	0-1000Y	8.1
25-34	23.8	1001-1500Y	17.2
35-49	12.6a ***	1501-2000Y	17.2
		>2000Y	20.2 a *
Education		Marital status	
None	0	None	9.7
Primary	13.3	Married	15.8
Some secondary	18.1	Cohabitated	32.4
Complete secondary	22.0	GF	35.3
Any higher	15.1	Previously was married	29.7
Total male respondents	985	Previously had GF	13.8 b ***

[a] Asterisks denote the significance level of the difference. * P<0.05, *** P<0.001(Pearson chi-square test).
[b] ***p<0.001 (Fisher's exact test).

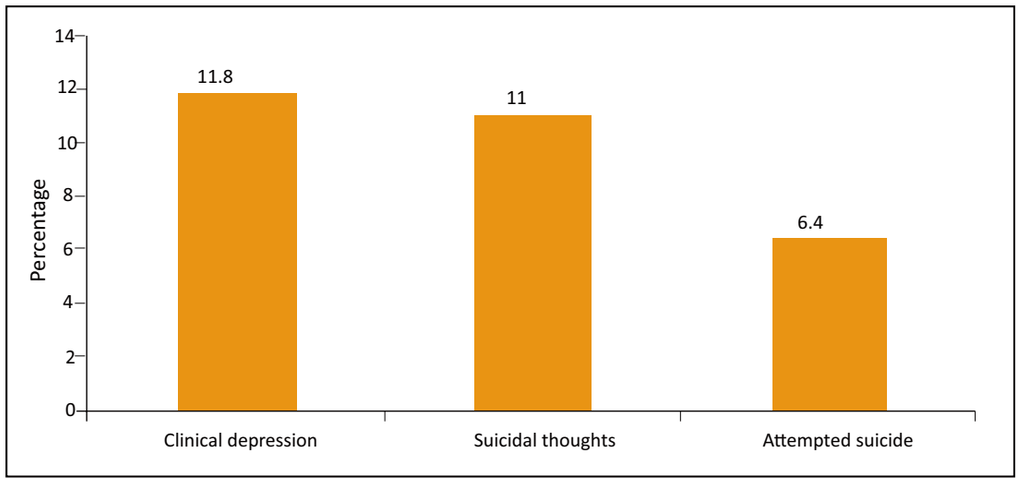
As shown in table 8.2, other violence or criminal behaviour was dominated by young men. About one in four male respondents between 18 and 34 years old reported ever being involved in any other violence or criminal behaviour. Among men who were cohabiting or had girlfriends when interviewed, there was a high percentage of involvement in these types of violence and criminal behaviour. This should be partly explained by the relatively young age of men who cohabit or are dating women. The trend between higher income and higher prevalence of other violence and criminal behaviour seems to challenge a common assumption that poverty is a risk factor for street violence. Educational achievement did not show a significant association with violence and criminal behaviour.

Health and vulnerabilities

Data shows about one third of men ever sought health services in the last three months; about half used health services in the past one or two years, and the rest had not used health services in three years or more. Among female and male respondents who reported their overall health was fair, poor or very poor and did not seek medical help in the past three months, men's ratio was higher than women's (23 percent versus 18 percent, $p<0.01$). This can partly be explained by a rigid gender norm of hegemonic masculinity, namely, that men have to be tough, which may have prevented men from showing vulnerability by going to see a medical professional.

Mental health

Figure 8.1
Proportion of men reporting mental health problems



Mental health in the survey was evaluated by the CES-D (Center for Epidemiologic Studies Depression) scale and suicidal ideation; the specific questions of CES-D scale are listed in Annex 3 (Q606 a-t and Q607-9).

Among all male respondents, 12 percent reported suffering from clinical or high depression, which was similar to women's reports (13 percent). However, the percent of male respondents ever having suicidal thoughts or attempting suicide was significantly higher than that of women (17 percent versus 12 percent).

Table 8.3
Odds ratios for men's mental and reproductive health by perpetration of IPV, adjusted for age, education and partnership status

	Ever perpetrated IPV Percentage	Never perpetrated IPV Percentage	aOR	CI	P value
Clinical depression scale	15.2	8.1	2.5	1.6-4.2	0.000
Suicidal ideation	21.9	12.6	1.8	1.3-2.7	0.002
Penile abnormal discharge or ulcer	27.3	16.1	1.9	1.3-2.8	0.000
Low or medium life satisfaction	59.2.8	46.0	1.9	1.4-2.5	0.000

Among male respondents, the group with the lowest education was most vulnerable to suffer from mental health problems. Twenty-two percent of male respondents who only finished primary school or below reported high depression, 12 percent more than men who attended secondary school or above. As far as suicidal ideation is concerned, 27 percent of men who only finished primary school or below reported ever thinking about or attempting suicide, 11 percent higher than men who attended secondary school or above. The group of men with the lowest income was more likely to have suffered from high depression compared with the other three groups. Neither age nor marital status showed significant association with male respondents' mental health.

Based on bi-variate logistic regression, accounting for age, education and partnership status, men who have perpetrated partner violence are 2 ½ times more likely to have clinical depression and nearly twice as likely to have considered suicide.

Alcohol abuse

Male respondents also reported other risky behaviours. For example, 12 percent of male respondents reported having six or more drinks on one occasion at least every month, and five percent reported their everyday activities were affected by drinking. Chapter 9 will demonstrate that alcohol abuse is a risk factor for men's perpetration and women's victimization of IPV. Based on male respondents' reports, three percent used drugs in the past 12 months. There is no possibility to explore its association with IPV due to the few incidences.

Life satisfaction

On the whole, slightly more than half of male respondents reported they had low or medium life satisfaction. Table 8.1 in Annex 2 illustrates which men were most likely to suffer from low life satisfaction. Men who were young, not married or had lower income were more vulnerable to suffering from low or medium life satisfaction. Further analysis finds that differences among men's education groups and their reported life satisfaction is associated with age. In addition, statistical analysis found that men's low or medium life satisfaction was significantly associated with their perpetration of IPV. As shown in table 8.3, compared with men who had not perpetrated IPV, men who perpetrated IPV were nearly twice as likely to report low or medium life satisfaction ($p<0.001$).

Sexual satisfaction

The data shows that the vast majority of respondents (93 percent of men and 92 percent of women) were satisfied with their sex life with their main sexual partners. However, IPV was found to be associated with dissatisfaction in sexual life. Among those women who reported experiencing emotional, economical, physical or sexual IPV, 11 percent were sexually unsatisfied; significantly higher than women not experiencing IPV (five percent, Fisher's exact <0.001). Among men who had not perpetrated any of the four forms of IPV, two percent reported being unsatisfied with their main partners while among men who had perpetrated IPV the percentage was 10 percent (Fisher's exact <0.001).

Sexual practices and reproductive health

Box 8.3 Transactional sex

The definition of and information on transactional sex were collected by asking whether women had sex with male respondents because the male respondents did/were expected to do the following things:

- provided her with drugs, food, cosmetics, clothes, a cell phone, transportation or anything else she could not afford by herself;
- provided her with somewhere to stay;
- gave her items or did something for her children or family;
- gave her cash or money to pay her bills or school fees.

Figure 8.2
Proportion of men who had ever had transactional sex and sex with a sex worker, reported by men who had ever had sex

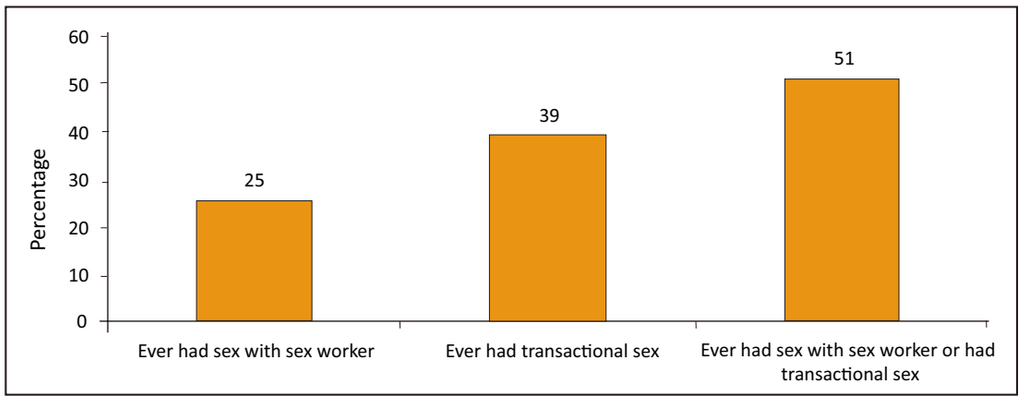


Figure 8.2 indicates that transactional sex (see box 8.3 for definition) and sex with a sex worker were common practices among men; the two figures are 39 percent and 25 percent, respectively. More than half of all men who had ever had sex had engaged in either sex with a sex worker or transactional sex.

Table 8.2 in Annex 2 shows the breakdown of these practices by different groups. Among the three age groups, 25- to 34-year-old-men were the most likely to have had transactional sex with nearly half of them reporting it; this was significantly higher than the two other age groups. One hypothesis is men in this age group were possibly wealthier than those in the 18- to 24-year-old-group and more sexually active than the 35- to 49-year-old-group. Comparing among groups according to marital status, men who were never partnered were least likely to have had transactional sex or sex with a sex worker. The men currently cohabiting were the most likely group to have engaged in these practices. Those with a higher income were also significantly more likely to have had sex with a sex worker. Education did not affect the distribution of having commercial sex.

One in three (34 percent) men who had ever had sex reported having more than one sexual partner in the last year. However, figure 8.4 shows that men's condom usage was low, both among all sexually active men as well as among those who have had multiple sexual partners in the past 12 months. Thirty-

four percent of male respondents reported having multiple sexual partners in the past 12 months and only 10 percent always used a condom.

Men who have multiple sexual partners are vulnerable to STIs as are their female partners. Slightly more than one out of five men (22 percent) reported ever experiencing penile abnormal discharge or ulcers. As shown in figure 8.3, among men who reported having multiple sexual partners in the past 12 months and women who reported being unsure of their male partners' fidelity, their sexual/reproductive health was worse than those who had a single sexual partner. Further, table 8.3 shows that men who perpetrate IPV are nearly twice as likely to have had penile abnormal discharge or ulcers.

Figure 8.3
Genital symptoms and men's number of sexual partners in past 12

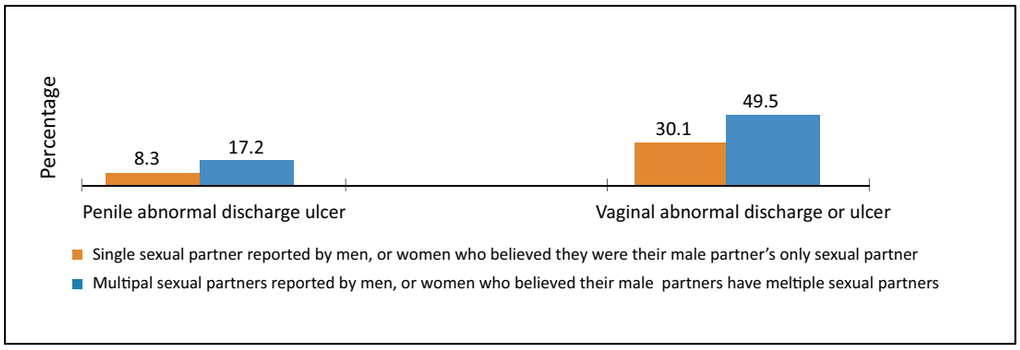
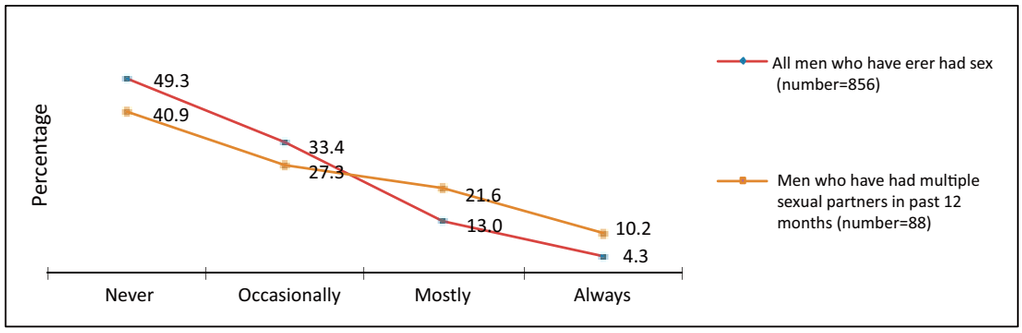


Figure 8.4
Condoms usage in past 12 months reported by men



Discussion

The survey demonstrates that violence against children is a serious social problem. The data also shows that in past decades, violence against children has not significantly diminished. The majority of male respondents had suffered physical, emotional or sexual violence as well as neglect from their families, schools or communities before the age of 18. Other recent studies have also found that violence against children is a highly prevalent but often hidden issue in the Asia-Pacific region. UNICEF's systematic review of research on the prevalence, incidence and consequences of child maltreatment reported 19 percent of people witnessing parental violence, which is almost exactly the same as the findings of this study (UNICEF, 2012). The Partners for Prevention's study (UN Multi-country Study on Men and Violence) conducted in Bangladesh also found high rates of child abuse, though the Bangladesh study found higher rates of sexual abuse than this study in China (Naved et al., 2011).

The next chapter demonstrates that, for men, reducing childhood trauma and creating healthy home environments are protective factors against the perpetration of IPV in adulthood. In other words, violence against children not only violates children's health, development and well-being, but also contributes to the cycle of violence between generations and genders.

In 1990, the Chinese government ratified the Convention on the Rights of the Child, which highlights the need to prevent all forms of violence against children. The Law on the Protection of Minors (2006), and the National Programme on Women's Development of China (2001-2010 and 2011-2020) all state the need to prevent violence against children. Given the findings of this study, greater attention needs to be paid to prioritizing effective action to eliminate violence against children.

According to the popular standards of 'real men', discussed in Chapter 7, men should be tough, men need more sex than women, it is women who should mainly be responsible for contraception and men should use force to defend their reputation if necessary. Men's risky behaviours and their involvement in other forms of violence may in part be linked to their desire to live up to these rigid notions of what it means to be a man in China. Perhaps it is therefore not surprising that the vast majority of male respondents were found to be having unprotected sex, which put themselves and their female partners at great risk of STIs, including HIV. Exchanging sex for money was also common practice among men, with half of all sexually active men having had sex with a sex worker or engaged in transactional sex. These rates are somewhat higher that the findings of Pan and Yang (2004), however it is unclear whether the difference between the two surveys is due to male respondents being younger in this survey than in Pan's, or is due to rising popularity of having sex with sex workers in the last decade [22].

Given the quite low rate of men's condom usage, prevalent involvement in transactional sex and having sex with sex workers, as well as multiple sexual partners, programmes to promote men's safe sex are urgently needed. Such projects will greatly reduce men's and women's risk of STIs including HIV, and if integrated into GBV work would also likely reduce IPV because men's unsafe sexual behaviours are associated with violence perpetration (see Chapter 9).

The study finds that men are vulnerable to high depression, suicidal ideation and reproductive ill-health. Men's own mental health issues and risky behaviours not only harm themselves, but are also associated with perpetration of partner violence against women. However, we don't know whether perceived low life satisfaction, depression, etc. causes men to use violence or follows from their use of violence and associated behaviours – more research is required in this area. There is international evidence that suggests it is both and men with better mental health use IPV less, indicating that investment in men's mental health is a priority for violence prevention.

The rigid requirements of hegemonic masculinity that require men to be tough seem to prevent men from seeking medical help even when they need it. Furthermore, the survey demonstrates that men were also victims of rape. Therefore, Clauses 236 and 237 of the Criminal Law of China, which stipulates that only women or girls are possible victims of rape, fails to protect men and should be amended. One of the reasons behind the denial could be related to the stigma of male-to-male rape, evidenced by widespread homophobia reported by half of the male respondents and five percent of male respondents perpetrating violence against homosexual or untraditional men.

[22]The range of GEM scale was from 11 to 32. According to the technical advisory group of UN Multi-country Study on Men and Violence, a score from 11 to 16 was labeled as low equality, 17-24 as middle equality and above 24 as high equality.

CHAPTER 9

ASSOCIATIONS WITH IPV AND RAPE PERPETRATION AND VICTIMIZATION

Main findings

- The risk factors for men's perpetration of physical and/or sexual IPV are child abuse, alcohol abuse, frequent quarrelling within the couple and multiple sexual partners.
- Risk factors for men's perpetration of rape against a non-partner are child abuse, alcohol abuse and multiple sexual partners; empathy is a protective factor.
- Violence exposure during childhood was found to be the most common risk factor for women's victimization of physical and/or sexual IPV and rape.
- Risk factors for women's experiences of partner violence included childhood trauma, having a male partner who dominated household decision-making, frequent quarrelling between the couple and the suspicion of partner infidelity by women. Men's work-related stress or stress due to unemployment was not significantly associated with men's perpetration of IPV against women.

This chapter analyzes the risk factors associated with men's perpetration and women's victimization of IPV and rape (including partner and non-partner rape). A total of three models are presented. Given that there is a strong overlap between physical and sexual intimate partner violence, these have been analysed together. Non-partner rape perpetration has been modeled separately. The total number of women reporting non-partner rape in China was too small to complete a full risk factor analysis so this has been excluded. Risk factors for women's victimization and men's perpetration are presented separately. The analysis was done using multi-variate logistic regression. A large range of factors were explored and only the significant factors are included in the final models. All models are adjusted by age.

Risk factors for men's physical and/or sexual IPV perpetration

Table 9.1

Risk factors for physical/sexual partner violence perpetration in China

Risk factors	aOR	CI		P value
		lower	upper	
Alcohol problems	2.44	1.18	5.05	0.016
Childhood emotional abuse	1.74	1.26	2.39	0.001
Childhood sexual abuse	1.90	1.19	3.05	0.008
Frequency of quarrelling (ref. - rarely)	1.00	1.00	1.00	
(sometimes)	2.46	1.70	3.57	<0.0001
(often)	8.91	2.74	28.96	<0.0001
Number of sexual partners (ref. - 1 partner)	1.00	1.00	1.00	
(2-3 partners)	1.53	1.09	2.16	0.015
(4+ partners)	2.56	1.69	3.86	<0.0001

Table 9.1 summarizes the significant associations with men's perpetration of physical and/or sexual IPV against women. This shows there are five key factors that increase the risk of men's perpetration of physical and/or sexual violence against their female partners. Men who have alcohol problems are nearly 2 ½ times more likely to perpetrate IPV than those who do not have alcohol problems. Child abuse, both emotional and sexual, are significant risk factors. The frequency of quarrelling in the relationship is also a strong risk factor. Compared to men who quarrel with their partners rarely, those who quarrel sometimes are 2 ½ times more likely to use violence and those who quarrel often are nearly nine times more likely to use violence. Men's number of sexual partners in their lifetime is also significant – men who have had multiple sexual partners are more likely to perpetrate violence.

On the other hand, poverty, men's stress due to unemployment and work-related stress were not found to be significantly associated with partner violence. In current Chinese mass media, these factors are often portrayed as increasing men's IPV perpetration, but this was not proved by our study. Education, age and income were also not proved to have a significant association with violence perpetration in this study. Significantly, while gender equitable attitudes are related to some factors such as household decision-making, it does not appear to have a significant association with violence perpetration in this study. Much further research is needed to build a more nuanced understanding of the association between gender equitable attitudes and violence perpetration in China.

Risk factors for men's rape perpetration

Table 9.2

Risk factors for men's non-partner rape against women

Risk factors	aOR	CI		P value
		lower	upper	
Alcohol problems	2.62	1.17	5.84	0.019
Empathy	0.90	0.84	0.98	0.013
Childhood sexual abuse	3.85	2.17	6.83	<0.0001
Childhood physical abuse	1.82	1.03	3.20	0.039
Number of sexual partners (ref. - 1 partner)	1.00	1.00	1.00	
(2-3 partners)	2.90	1.29	6.49	0.01
(4+ partners)	5.99	2.68	13.37	<0.0001

Generally speaking, the risk factors for men's perpetration of non-partner rape, shown in table 9.2, are quite similar with the risk factors for men's perpetration of physical and/or sexual IPV. Child abuse, alcohol problems and multiple sexual partners are all

common risk factors. However, the effect of multiple sexual partners is more significant for non-partner rape than IPV. That is, if a man had four or more sexual partners in his lifetime, compared to only one, they were nearly six times more likely to have committed non-partner rape, whereas they were 2.3 times more likely to have committed IPV. In addition, empathy is found to be a protective factor for non-partner rape, while it was not a factor for IPV.

Risk factors for women's experiences of physical and/or sexual partner violence

Table 9.3

Associations with women's victimization of physical and/or sexual IPV (adjusted for age, education and marital status)

Risk factors	aOR	CI		P value
		lower	upper	
Childhood trauma scale (continuous)	1.2	1.1	1.3	<0.0001
Household decision-making (ref. none)				
Man dominates some decisions	1.5	1.1	1.2	0.008
Unsure of partner's fidelity	1.8	1.3	2.4	<0.0001
Quarrelling (ref. rarely)				
Sometimes	4.5	3.0	6.6	<0.0001
Often	13.1	6.2	29.9	<0.0001

As shown in table 9.3, four key risk factors were identified for women's experiences of physical and/or sexual partner violence. Women who had experienced childhood trauma, including physical, sexual and emotional abuse, were significantly more likely to experience IPV. In households where men dominated household decision-making, women were also more likely to experience partner violence. Women who were unsure of their partner's fidelity, that is, they were likely having an affair, were nearly two times more likely to experience partner violence. Similar to risk factors for men's perpetration when there was quarrelling in the relationship, women were much more likely to experience violence. Women who reported that they quarrelled with their partner sometimes, as compared with rarely, were nearly five times more likely to be abused and those who reported quarrelling often were approximately 13 times more likely to experience abuse.

The following factors were not found to be significantly associated with women's victimization of physical and/or sexual violence from partners: 1) Women's own attitudes and controlling behaviours. It is men's controlling behaviours that are significantly associated with women's victimization of physical and/or sexual violence from partners. Eighty-six percent of women reported they experienced any form of men's controlling behaviour, as mentioned in Chapter 4. 2) Age, education and whether women earned an income were also not found to be significantly associated with experiences of violence. In addition, early marriage (under 18 years old) was not proven to be significantly related with women's experiences of IPV since there were only nine women who reported that they got married when they were under 18 years old.

Discussion

Both for men's perpetration and women's experiences of physical and/or sexual IPV and men's perpetration of non-partner rape, the common risk factor was exposure to violence and trauma during childhood. This finding demonstrates that GBV is intertwined with violence against children. Other literature on GBV suggests that children who have either experienced violence themselves or witnessed violence when growing up are more likely to end up in a violent relationship, either as the perpetrator or as the victim (Ellsberg et al., 1999; Jewkes and Abrahams, 2002; Martin et al., 2002; Whitfield et al., 2003). The association between violence in childhood and adult domestic violence suggests that violent behaviour is learned. It is likely that children in violent homes learn to use violence rather than other more constructive methods to resolve conflicts (Lee, 2007).

In China, these findings are of high value. Because of activists' great efforts over the past two decades, stopping domestic violence has become a mainstream goal in China. Raising society's consciousness on the prevalence and severity of child abuse, especially the vicious cycle between VAW and violence against children, will help end violence against children and likely contribute to the prevention of VAW.

While alcohol is not a cause of violence, this study found that men's problem drinking was a strong risk factor for both intimate partner violence and rape in China. Across a variety of settings in developed and developing countries, men's drinking patterns have been found to be associated with marital violence (Cocker et al., 2000; Jewkes and Abrahams, 2002; Moraes and Reichenheim, 2002; Schluter et al., 2008; White and Chen, 2002). Studies have also found that alcohol abuse use was related to a greater likelihood of physical injury (Brecklin, 2002).

For male perpetration of violence, having multiple sexual partners is a risk factor for both IPV and rape in China. Similarly, a study in South Africa found a higher incidence of rape perpetration among men who had multiple sexual partners (Jewkes et al., 2012). Correspondingly, the suspicion of partner infidelity by women respondents was a risk factor for their experiences of violence. Having a partner who had an affair has also been found to be a risk factor for IPV (SPC, 2009, 2010; Fulu, forthcoming). Perhaps this is because having affairs or multiple sexual partners highlights a belief in the sexual availability of women and reflects an unequal dynamic within the relationship.

Men's domination in household decision-making is also a risk factor, so building equal interaction between couples by equally sharing household decisions and improving non-violent communication skills is important for violence prevention. This is further emphasized by the fact that quarrelling is a risk factor for IPV for both men and women.

Gender attitudes were not found to be a significant factor in this analysis, which indicates that unequal gender norms and patterns run deeper than just attitudes. However, other findings in the study demonstrate that violence is a gendered phenomenon and directly related to power inequalities. This suggests that simply changing men's or women's attitudes is unlikely to end GBV, and more work is needed to address the interplay of different factors across individual, family and societal levels. It should also be noted that it is difficult to capture gender norms in an individual survey and more research is needed in this area.

CHAPTER 10

RECOMMENDATIONS

Promote gender equality in practice

Recommendation 1: Promote school-based and community-based gender equality programmes for boys and young men, along with girls

The research found a disjuncture between both men's and women's stated support of gender equality and the widespread prevalence of gender inequitable practices. Gender inequality is one of the key underlying drivers of GBV. Evidence from around the world shows that well-planned and carefully implemented school-based gender-equality programmes with boys and girls can help reduce rates of violence and violence-supportive behaviours and attitudes. Promising examples include the Gender Equity Movement in Schools (GEMs)[23]in India and Safe Dates [24]in the USA.

School-based programmes can reach children as they are still forming their attitudes toward relationships and, therefore, programmes will be most effective if they start with pre-teens. Programmes should examine gendered social norms and promote equality and respect in relationships. Both boys and girls should be involved in these programmes, but there should be a combination of both single-sex and mixed-sex activities, to allow space for addressing specific messaging to each group in a safe environment.

The most impactful school-based programmes will be paired with teacher training on gender equality and the implementation of gender-equitable school policies.

In order to access children who cannot be reached through schools, similar programmes for youth can be run on the community level, for example, through youth centers or sports clubs.

Recommendation 2: Promote gender-equitable, non-violent masculinities in the mass media

The study found that dominant notions of masculinity in China are linked to control, toughness, sexual prowess and use of violence in certain circumstances. The prevalence of these beliefs, among both men and women indicates the need for gender-equitable, non-violent masculinities to be widely promoted. Given the wide access to television, radio and, increasingly, internet in China, the mass media would be an effective tool to convey positive messages about diverse ways of being a man.

Given their influence, media industries, and particularly the advertising industry, can play a large role in either reinforcing or challenging gender norms and attitudes that contribute to GBV. Advertising companies should, therefore, be encouraged to avoid promoting violent masculinities or gender-inequitable behaviours.

Edutainment programmes have had positive impacts on gender equality in other countries as they are able to reach large audiences and deliver complex messages. Soul City[25] from South Africa and Bell Bajao[26] ('Ring the Bell') from India are good examples. Television or radio programmes should be developed in China, which portray male characters who are caring, reject violence, share in the decision-making with their partners and respect women.

The media should also be used to promote real-life stories of non-violent men or men who reject dominant notions of masculinity to promote gender equality.

[23]See: http://www.icrw.org/where-we-work/gender-equity-movement-schools-gems

[24]See: http://www.respect-works.com/safe-dates

[25]http://www.soulcity.org.za/

[26]http://www.bellbajao.org/

Recommendation 3: Expand and promote government commitment to gender equality

The Chinese Government's commitment to gender equality is well recognized and welcomed, however, there is still room for improvement and the government should be further supported and encouraged to meet their obligations under CEDAW. More work can be done, on the national and provincial government levels, to ensure women and men's equal access to education, property and employment opportunities.

Public promotion of the government's commitment to gender equality can have a significant impact on encouraging gender-equitable policies and practices in the private sector. We encourage the government to use these study findings to raise public awareness about GBV and challenge the widespread tolerance of gender inequitable attitudes and practices. The national government should also work with the legal sector to ensure that the study findings are used to inform evidence-based reforms to legislation.

End impunity for violence against women

Recommendation 4: Establish and implement a clear legal framework for addressing violence against women

While VAW is mentioned in several different national and provincial-level regulations, there is no separate legislation on IPV in China. A clearly defined, specific national law against violence against women, such as the proposed Law on the prevention and punishment of domestic violence, should be developed and ratified immediately. As rape within marriage was found to be far more prevalent than non-partner rape, the definition of rape in the Criminal Law of China should also be expanded to recognize marital rape. These are crucial first steps to end impunity for VAW in the country. It is also important that legislation includes a component of gender equality training for convicted men to mitigate the chances of repeat offenses.

Furthermore, the data shows that the existing regulations are rarely implemented properly and public knowledge about them is minimal. A national office should be established to coordinate the implementation of laws and regulations aimed at addressing VAW and civil society organizations should monitor and evaluate this process. Mass media, social media, community and school-based campaigns should be launched nationwide to expand public awareness of laws related to VAW and to increase men's understanding that their actions have legal consequences.

Civil society organizations and the UN family should work with the government to meet their obligations under CEDAW and the Beijing Declaration and Platform for Action.

Recommendation 5: Sensitize and build the capacity of law enforcement and judiciary personnel to effectively and appropriately deal with cases involving gender-based violence

The findings illustrate that very few women reported their experiences of violence to police and, of those that reported intimate partner violence, only one resulted in a case being opened by the police. This reflects the urgent need to build the capacity of China's law enforcement and judiciary personnel to handle cases of GBV in an effective and sensitive way. Improving the legislation will have little or no impact if those in charge of implementing it continue to hold gender-inequitable or judgemental attitudes or if they do not have the tools to appropriately respond.

Training should be provided to all people, both men and women, working in the legal sector, including, for example, police officers, lawyers and judges. The training should focus on raising the awareness of those who work in the legal sector on the nature, extent, contributing factors and consequences of GBV and sensitizing them to consider and address the needs of women who experience violence. This training should be a requirement for all new employees in the criminal justice system and should require regular refresher courses. In particular, police – as, usually, the first point of call for women seeking legal recourse – should be trained on how to receive women's reports of violence in a non-judgmental way and without undermining the women's concerns. Emphasis should be put on

ensuring that law enforcement and judiciary personnel know how and where to direct women who request counselling or medical attention.

International evidence (Heise, 2011) illustrates that police training programmes are most likely to be successful when trainings are conducted by fellow law enforcement personnel and endorsed by senior police officers. It is important that these trainings be regular and ongoing, rather than one-off, and integrated into all aspects of police training.

Improving the health sector response

Recommendation 6: Enhance the capacity of mental health services

Our research found that depression and suicidality are serious problems faced by women in China and that women who experienced IPV were much more likely to suffer from high depression and have considered or attempted suicide. This points to the need to enhance the capacity of mental health services in China to deal with issues relating to VAW. Mental health workers need to be trained to thoroughly understand the extent, nature and risk and protective factors for violence and the findings of this study can be a starting point for that curriculum. Mental health policies and programmes need to recognize and take into account violence against women as a critical issue. Mental health services also need to be readily accessible to women and be able to ensure women's confidentiality.

Recommendation 7: Develop a comprehensive health sector response to the impacts of violence against women

The data illustrates that VAW has serious direct and indirect impacts on women's physical, mental and reproductive health. Health sector responses to women seeking help for the impacts of violence, therefore, need to be coordinated and consistent. Responses need to be integrated within the sector (for example, between emergency services, mental health services, antenatal care, etc.) and also across other sectors (for example, with police and social services).

Furthermore, the relatively low number of women who sought medical help after experiencing violence suggests that capacity needs to be built for the health sector in China to better respond to VAW. All health services need to be equipped with health professionals who are trained, according to internationally recognized standards, to provide care to women who have experienced violence. The World Health Organization's forthcoming guidelines for health sector responses to GBV should be used to guide this process.

Guidelines should be put in place across the health sector ensuring that: women who experience violence are not stigmatized or blamed when they seek help; they receive appropriate medical attention; and their confidentiality and security is safeguarded.

Recommendation 8: Use sexual and reproductive health services as entry points for providing referral and support services to women who experience violence

The widespread availability of and use of reproductive health services in most of China makes these a good entry point for identifying women who are experiencing violence and putting them in contact with appropriate service providers. As the data shows that violence directly affects women's sexual and reproductive health, it is crucial that sexual and reproductive health services have the skills to address violence. Staff in reproductive health services should be trained on how to recognize and respond to violence, especially during and after pregnancy, and clear protocols for how to do this should be put in place nationally. A clear and accessible referrals system to ensure that women receive appropriate care and follow-up services, including after pregnancy, must be set up in addition to staff training.

In sites where official reproductive health services are unavailable, community-based programmes should be run to identify women's reproductive health needs and to develop strategies to address these. One example is ReproSalud in Peru (Moya, 2002).

Address men's health and well-being

Recommendation 9: Support the availability of counselling services for men

The data illustrates that Chinese men also face serious mental health issues and men's psychological ill health was found to be associated with their perpetration of IPV and rape. Men's mental health challenges and needs are distinctly different from those of women who experience violence and, therefore, they should be approached differently. Specialized counsellors should receive training on gender roles and masculinities to better understand the specific pressures and expectations that men experience in China. The data collected in this study on depression and work stress can be a starting point for such a curriculum but additional research should be done on men's depression to give counsellors a more nuanced understanding of the issues.

Recommendation 10: Build the capacity of law enforcement and medical personnel to sensitively and effectively support men who experience viol

Our study found that men also experience sexual violence from other men and, while it is much less prevalent than VAW, it is likely that both law enforcement and medical personnel in China are even less capable of sensitively and effectively responding to the needs of men who experience sexual violence. Male rape of men should be added to the definition of rape in the Criminal Law of China so that men who experience sexual violence have the option of legal recourse. Workers in both the health and legal sectors should be sensitized in how to receive men's reports of violence in a non-judgemental way and without undermining men's concerns. Emphasis should be put on ensuring that law enforcement and judiciary personnel know how and where to direct men who request counselling or medical attention. As with women, maintaining the confidentiality of men who report violence is also imperative.

Recommendation 11: Conduct awareness-raising campaigns directed at men to increase their use of health services

Men's use of health services was found to be quite low and this is likely related to dominant notions of masculinity in China, which require men to be tough. Given the extremely low condom use reported and the frequency of men having multiple partners, men's sexual health issues directly impact women's sexual health. Furthermore, men who perpetrated IPV were more likely to have poor mental and sexual health. Therefore, encouraging men to make use of medical services is a necessary component of addressing GBV and its consequences. As aforementioned, appropriate and effective medical services for men must first be set up, followed by widespread awareness-raising campaigns to encourage men to seek medical attention and to have regular checkups. Campaigns may be run both in the mass media and through community organizations and workplaces. A successful international example is the Movember campaign[27] but to be most effective, campaigns in China should draw on the masculine traits that are most important to Chinese men.

Recommendation 12: Address notions of masculinity associated with toughness and sexual prowess that encourage risky behaviours and prevent men from seeking help

The study finds that dominant notions of masculinity in China are associated with control, toughness, sexual prowess and use of violence in certain circumstances. These notions encourage men's risky behaviours (transactional sex, multiple partners, low condom use, involvement in gangs, reluctance to seek medical help and alcohol abuse) that increase men's likelihood of perpetrating both IPV and non-partner rape. The study also finds that men are vulnerable to high depression, suicidal ideation and reproductive ill-health and men's use of health services is quite low. The findings indicate that the rigid gender norm of hegemonic masculinity, namely, that men have to be tough, may have prevented men from showing vulnerability by going to see a medical professional and/or any other help. Men's own mental health issues and risky behaviours not only harm themselves, but are also associated with perpetration of partner violence against women. There is an urgent need to widely promote gender-equitable, non-violent masculinities for men's as well as women's health and well-being.

[27] http://ex.movember.com/?home

Moreover, the data shows that among men who perpetrated rape, 67 percent were 20-29 years old when they perpetrated rape for the first time, and 24 percent were 15-19 years old. This indicates that the prevention of sexual violence needs to begin with teenagers and the importance of addressing dating violence in activities aimed at ending sexual violence and IPV against girls and young women.

Support women experiencing violence

Recommendation 13: Strengthen formal support services for women experiencing violence

The data illustrates that very few women experiencing violence sought help from either the police or health services. This finding reflects both the lack of accessible services and women's reluctance to use existing services. The latter is likely indicative of both women's lack of confidence or trust in the ability of service providers to help them and of women's internalization of the social stigma against experiencing violence.

Formal support services should be expanded and improved. Counselling services for women who experience violence should be supported and made more easily accessible to women. Additionally, training and sensitization should be provided to service provision personnel to increase their capacity to deal with cases of violence against women according to the woman's choice of how she wants the case handled. Health-care workers, for example, should receive training on the treatment of injuries and crisis intervention for women experiencing violence in a non-judgemental way and without blaming the women.

The existence and effectiveness of these services should be promoted through awareness-raising campaigns aimed at women and women's community organizations, such as the Women's Federation, to reduce the shame and stigma associated with experiencing violence.

As part of this strengthening of formal support services, it is crucial that an effective multi-sectoral referral system be set up between medical services, counselling services, police and legal services. Procedures for referral should be formalized and clear guidelines put in place for prioritizing the safety of the woman reporting violence.

Recommendation 14: Strengthen informal support services for women experiencing violence

The study found that women who experience violence are much more likely to seek help from their family members than from formal support services. However, only one third of women who had experienced IPV told a family member about the abuse and, of those, 44 percent were blamed, told to keep quiet or received an indifferent response from their family member. This signifies the need for informal support services to be nurtured and strengthened and the social stigma against experiencing violence to be addressed. Mass media campaigns and community workshops can provide friends, families and colleagues with clear and accurate information about GBV and can build the capacity of these people to provide effective and sensitive support to women experiencing violence.

Address ideologies of male sexual entitlement

Recommendation 15: Promote safe and consensual sex in the mass media, schools, workplaces and community centers

The findings from our study show that 86 percent of men who raped women were motivated by sexual entitlement. Furthermore, 51 percent of men and 70 percent of women agreed that men need more sex than women. Coupled with the prevalence rates for partner and non-partner rape in China, these findings point to the urgent need to address social norms around male sexual entitlement in China. In addition to the aforementioned reform of the definition of rape in the Criminal Law of China, specialized programmes should be designed for schools, workplaces and community centers to teach boys, girls, women and men about consent, respect and communication in sexual relationships. Given the extremely low rates of condom-use, the high proportion of men who have multiple

sexual partners, and the significant associations between men's perpetration of VAW and men having sex with sex workers or multiple partners, it is crucial that these education programmes also strongly promote safe sexual practices. Some gender-segregated sessions of these programmes may be helpful to build women's and girls' capacity to negotiate condom-use.

These programmes should be paired with concurrent messaging in the mass-media and mass media agencies should be lobbied to present safe and consensual sex in their programming.

Recommendation 16: Institute gender equality and anti-harassment policies in all workplaces

Fifteen percent of women reported experiencing sexual harassment at school or at work and this is also closely linked to the ideology of male sexual entitlement. The government should require that all education institutes and workplaces, both in the public and private sectors, must have rigorous policies against sexual harassment coupled with clear protocols and confidential reporting mechanisms. All companies and organizations should hire specialized focal points or ombudspersons for harassment and these personnel should receive gender sensitization training to help build their capacity to appropriately manage reports of harassment. In addition to putting these mechanisms in place for people who experience harassment, compulsory gender equality training for teachers and employees may also help prevent the occurrence of sexual harassment in schools and workplaces.

Recommendation 17: Address notions of masculinity associated with sexual prowess and sexual entitlement

As discussed earlier, the rigid notions of masculinity that are associated with dominance or toughness, male entitlement and ownership of women seem to give men the right to control women's bodies and be entitled to have sex regardless of women's consent. The study finds that men's sexual privilege is widely accepted as a social norm by both men and women. For example, 51 percent of male respondents believed men need more sex than women. The fact that more women (70 percent) agreed with this than men shows that many women have internalized such notions. The wide acceptance of men's sexual privilege may explain why men felt legitimated to perpetrate rape against women. This is particularly evident as the most common motivation for rape among perpetrators was sexual entitlement, with 86 percent of perpetrators reporting this motivation. These findings illustrate the urgent need to address social norms of masculinity associated with male sexual entitlement in China.

End violence against children

Recommendation 18: Support positive parenting interventions

Most female respondents (57 percent) and an even higher proportion of male respondents (75 percent) experienced some form of abuse or neglect during childhood. The prevalence of child sexual abuse is particularly concerning, with more than 13 percent of boys and 9 percent of girls reporting sexual abuse before the age of 18. Our study also found that both experiencing and witnessing violence during childhood greatly increased men's likelihood to perpetrate IPV and rape and also significantly increased women's likelihood of experiencing IPV in adulthood. Furthermore, men who witnessed their father beating their mother were nearly three times more likely to beat their own children.

There is emerging international evidence that parenting programmes can be effective in preventing child abuse and strong evidence that they can successfully reduce antisocial behaviour that may lead to future violence perpetration (Heise, 2011). The Positive Parenting Programme (Triple P)[28] is one example. We strongly recommend the widespread implementation of parenting programmes in China. In addition to covering topics such as communication, respect and non-violent conflict-resolution, parenting programmes must promote gender equitable raising of boys and girls. Antenatal health services may be one entry point for offering parenting programmes in China.

[28] http://www1.triplep.net/

Recommendation 19: Implement non-violence programmes and policies in schools that address abuse, harassment and bullying

A quarter of men reported being bullied during childhood and almost a quarter said they bullied others. Bi-variate analysis showed that both being bullied and bullying others during childhood increased men's likelihood of perpetrating IPV in adulthood by two to three times. We, therefore, recommend that anti-bullying programmes be instituted into all schools in China. The curriculum of these programmes should teach respect, communication and non-violent conflict-resolution skills.

Given the prevalence of childhood experiences of physical and sexual abuse as well as women's reports of sexual harassment at school, it is important that schools also provide programmes to teach children skills to recognize abuse and harassment and what they can do if they experience or witness abuse or harassment. It could be feasible to integrate these themes into health classes, where they exist. In order for these programmes to be effective, schools must have clear protocols in place for handling children's reports of abuse and school policies should prohibit violent forms of punishment and harassment by and between teachers and students. Teachers must also be required to attend anti-harassment training.

Recommendation 20: Work with at-risk children to try to prevent the cycle of violence

Our data, and many other international studies, shows that boys who experience or witness violence are significantly more likely to perpetrate GBV in adulthood and girls who experience or witness violence are much more likely to experience GBV in adulthood. It is therefore critical to work with at-risk children to prevent the continuation of the cycle of violence. Staff working in schools should be trained on how to recognize potential signs of abuse. Furthermore, the education sector should work closely with the health sector and social welfare sector to design a clear and effective reporting and referral system, where the safety of the child is prioritized.

Support further research and evaluations

Recommendation 21: Enhance capacities for further collection and analysis of data on gender-based violence and masculinities to monitor changes

This research is the first in China to collect data on prevalence and risk and protective factors for GBV by exploring masculinities. This study is, however, merely the first step and much further research is needed, both to monitor changes in prevalence and gender equitable attitudes over time and to build a more nuanced understanding of the drivers of violence in China. This information will help inform more effective policies and programmes to reduce violence. The methodology of this study, along with the WHO Ethical and safety guidelines for research on violence against women, the PATH/WHO Manual on research methodologies for studying violence against women and the Injury surveillance guidelines by WHO and CDC, should be shared with researchers in universities and research institutes and trainings should be conducted on these to enhance the capacities of Chinese researchers to conduct rigorous and ethical research on GBV and systematic monitoring.

Recommendation 22: Support and conduct rigorous evaluations of promising programmes

While several programmes to reduce GBV or promote gender equality have already been implemented in China, there have been no rigorous evaluations of the effectiveness of these programmes on reducing rates of violence or changing gender norms. Strong evaluations are necessary for understanding what types of programmes work best in the Chinese context and for developing more effective prevention programmes in the future.

Summary of recommendations

Action	Findings	Recommended programme and policy steps
Promote gender equality in practice	• While almost all respondents agree that women and men should be equal, the dominant notions of masculinity held by both women and men are linked to toughness, sexual prowess, control of decision-making and use of force in some occasions. • When women's male partners dominated household decision making, they were more likely to experience IPV.	• Promote school-based and community-based programs for boys and young men, along with girls. • Promote gender-equitable, non-violent masculinities in the mass media. • Expand and promote government commitment to gender equality.
End impunity for violence against women	• Only a quarter of men who reported raping a woman were ar rested or jailed. • Only 7 percent of women who had experienced intimate partner violence reported it to the police and among them only one case was opened by the police.	• Establish and implement a clear legal framework for addressing gender-based violence • Sensitize and build the capacity of law enforcement and judiciary personnel to effectively and appropriately deal with cases involving gender-based violence.
Improve the health sector response	• Violence against women has serious physical, mental and reproductive health consequences for women. • 40 percent of all women who ever experienced physical IPV were injured. • Women who experienced IPV were four times more likely to have had multiple sexually transmitted infections. • Women who experienced violence were nearly three times more likely to have clinical depression and twice as likely to have thoughts of committing suicide. • Women also experienced violence during pregnancy. • Only 14 percent of women had ever had an HIV test.	• Enhance the capacity of mental health services personnel to effectively handle cases involving gender-based violence. • Develop a comprehensive health sector response to the impacts of violence against women. • Use sexual and reproductive health services as entry points for providing referral and support services to women experiencing violence.
Address men's health and well-being	• Three percent of men experienced rape by another man. • Twelve percent of men reported experiencing high depression and 17 percent reported considering or attempting suicide. • More than a third of men reported low life satisfaction. • Men's psychological and sexual ill health was associated with their perpetration of IPV. • Many men are involved in risky behaviours (transactional sex, multiple partners, low condom use, involvement in gangs, reluctance to seek medical help and alcohol abuse) that are linked to dominant notions of masculinity, and these types of behaviours increased men's likelihood of perpetrating both IPV and non-partner rape. • Condom usage was very low, with almost 50 percent of all men never using condoms in the last 12 months and 85 percent of men who had multiple partners in the last 12 months never using condoms during this time. • Twenty-two percent of men and 75 percent of women had experienced abnormal genital discharge or ulcers.	• Build the capacity of law enforcement and medical personnel to sensitively and effectively support men who experience violence. • Conduct awareness-raising campaigns directed at men to encourage them to make use of health services. • Support the availability of counselling services specifically for men. • Address notions of masculinity associated with toughness and sexual prowess that encourage risky behaviours and prevent men from seeking help

Action	Findings	Recommended programme and policy steps
Support women experiencing violence	• Only seven percent of women who experienced physical IPV and eight percent of women who experienced rape reported it to the police. • Only 10 percent of women who sustained injuries from physical IPV sought medical help. • Seventeen percent of women who experienced non-partner rape sought counselling or contacted a hotline. • Women were much more likely to seek support from informal services than formal ones.	• Strengthen formal support systems for women experiencing violence. • Strengthen informal support systems for women experiencing violence.
Address ideologies of male sexual entitlement	• Eight-six percent of men who raped were motivated by sexual entitlement. • Fifteen percent of women reported experiencing sexual harassment at school or in the workplace. • Thirty-four percent of men had sex with multiple partners in the last 12 months. • Men who had sex beyond their main partners were two to almost six times as likely to perpetrate IPV. • About 25 percent of men who had ever had sex had engaged in sex with a sex worker.	• Promote safe and consensual sex through mass media, schools, workplaces and community centers. • Institute gender equality and anti-harassment policies in all workplaces. • Address notions of masculinity associated with sexual prowess and sexual entitlement.
End violence against children	• Seventy-five percent of male respondents and 57 percent of females experienced some form of abuse or neglect during childhood. • More than 13 percent of boys and almost 9 percent of girls were sexually abused before the age of 18. • Experiences of childhood trauma was the only common risk factor for both perpetration and victimization of IPV and non-partner rape. • Twenty-five percent of men reported being bullied during childhood and 22 percent reported bullying others.	• Support positive parenting interventions. • Implement non-violence programmes and policies in schools that address abuse, harassment and bullying. • Work with at-risk children to try to prevent the cycle of violence.
Support further research and evaluations	• This is the first research of its kind in China on masculinities and violence but it is not nationally representative. • This research provides a baseline on men's and women's attitudes and behaviours in relation to gender equality and violence. • There have been no enough rigorous evaluations of the effectiveness of GBV programmes in China on reducing rates of violence or changing gender norms.	• Enhance capacities for further collection and analysis of data on gender-based violence and masculinities to monitor changes. • Support and conduct rigorous evaluations of promising programmes.

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ANNEX 1: Sample design

About the study site: Eixian

Due to the sensitive nature of the topic and data, the name of the study site has been changed in order to avoid the unnecessary stigmatization of the location where the study was carried out. Thus the study site is referred to using the pseudonym Eixian. While the name of the study site has been changed, all data presented in this report is real.

The Neighborhood Community and the Villagers' Community [29]

In China, a person's life is greatly affected by their 'hukou.' 'Hukou' refers to where a person is registered – which is basically either an urban community or a rural community. 'Hukou' is a common variable used in a quantitative survey in China. Generally speaking, in the past, if a person lives in an urban community, he or she has an urban hukou; if a person lives in a rural community, he or she has a rural hukou. However, this has changed due to tremendous migration between rural and urban areas (including big, medium and small cities) during recent decades. For example, in the study site, approximately one third of people were living in urban communities, and two thirds were living in rural communities. However, only 11 percent of the whole population in the study site are registered as having an urban hukou.

When deciding the sampling strategy, the project team followed the common stratum principle, namely, dividing all of the 401 communities in Eixian into urban and rural communities. Respondents were not sampled according to the hukou where they are registered because people registered as having an urban hukou in Eixian are few (as described in the previous paragraph). The protocol of UN Multi-country Study on Men and Violence stipulates self-weighted sample, which means people registered as having an urban hukou in sample size would be as few as 200, which would not meet the basic requirement of multi-variable statistics.

Two revisions on sampling

Compared with the regional protocol there were two revisions during sampling.

One revision was individuals, not households, were randomly sampled because communities in Eixian register residents by individuals, not by households.

The other revision was to draw men and women from the same community, rather than exclusively choosing one gender in each community. The most important reason for this change was because the average household number is large enough. Although about one third of people have migrated out, their family still lives in their communities except for a few households in which the whole family has migrated from Eixian. In addition, the cost of drawing respondents from 150 communities is beyond the project budget. After consulting with the technical advisor of UN Multi-country Study on Men and Violence, the project team made these two revisions. After the survey finished, it was found that among the 83,300 households involved, on average, only 1 respondent in 39 households participated in the survey, far below the requirement by the protocol that stipulates drawing 1 respondent among 15 households. There is only one community where the interval was slightly less than 15 households.

Because of the high confidentiality ensured by PDAs – nobody knew what the respondent answered except himself or herself – no women or men were found to be harmed by the survey both during the field survey and in the follow-up reports by the local organizations.

Details on drawing eligible people

When drawing respondents, each list was divided into women's and men's sections, and intervals were calculated by the total number of women or men aged 18-49 in each community divided by 25 or 49, since 50 or 98 respondents should be sampled in every community. When deciding the starting point for two sections individually, in order to prevent individuals of

[29] As mentioned in Chapter 2, urban community is used to refer to Neighbourhood Community (juweihui) and rural community is used to refer to Villager's Community (cunweihui) in this report.

the same family from being sampled, the two sections were individually ranked by detailed address. After the first starting point was randomly chosen, the second start point was also randomly chosen. But at the same time, in order to prevent choosing sampled women and men from the same family, the second starting point was not the same number as the first one, since the average family among 18-49 year olds in the study site is around three. After the lists of communities were finished, the local communities were asked to check whether there were respondents from the same family, and if so they were replaced by the nearest person on the ranked list. Only eight respondents from the same families were found, due to incorrect addresses, and were replaced.

Other measures of ensuring confidentiality

Local organizations were the only resource through which the project team could get residents' lists, and at the same time, it was impossible for the interviewers to gain eligible people's trust without the introduction of local organizations. Because the local organizations had the respondents lists, the project team ensured the confidentiality of respondents through the following measures: 1) The local organization were required to keep the lists confidential and to return the lists to the project team as soon as the survey finished in the community. The project team then immediately destroyed the lists. 2) In cases where supervisors suspected that the selected respondent had been replaced by a friend or family member, the supervisors explained that replacements would ruin the representativeness of the study and waste everyone's time. During the fieldwork, several people did admit they were asked to replace others. 3) To ensure no replacements were included, supervisors, who had the lists containing the name, gender, ID number and address of every sampled person, could ask a respondent's birthday or detailed address to verify the correct identity of a respondent. Once the survey at one community was finished, the supervisors handed in the lists to the project team. Actually, replacements only occurred in the beginning of the survey. Replacements were no longer found after the project team highlighted the paramount importance of not using replacements to local organizations.

Examples of using the PDA

Interviewers needed to input a group of numbers

Example of the interface respondents saw when practising how to use the PDAs.

ANNEX 2: Statistical appendices

Appendix Table 5.1

Men's reports of perpetration and women's reports of victimization of non-partner rape, by group

	Men's reports of perpetration Percentage (Number)	Women's reports of victimization Percentage (Number)
Age		
18-24	5.6 (7)	6.5 (8)
25-34	8.2 (24)	5.7 (18)
35-49	8.6 (48)	7.4 (42)
Education		
None	33.3 (1)	0.0 (0)
Primary	8.6 (12)	7.9 (17)
Some secondary	8.4 (50)	7.8 (46)
Complete secondary	7.8 (11)	2.9 (3)
Any higher	4.8 (5)	2.2 (2)
Income (Chinese Yuan/month)		
0-1000Y	11.1 (14)	-
1001-1500Y	6.7 (14)	-
1501-2000Y	7.6 (18)	-
>2000Y	8.1 (73)	-

Asterisks denote the significance level of the difference. * P<0.05 (Fisher's exact test).

Appendix Table 5.2

Men's motivations for and consequences of rape, reported by men who ever raped women (number=226)

	Yes Percentage
Motivation of rape	
Rape as punishment or in anger	43.2
Rape for fun/when bored	57.5
Rape from sexual entitlement a	86.1
Rape when drinking	23.9
Consequences of rape	
Worried a lot about being found out	51.1
Felt guilty	51.1
Punishment from perpetrators' family/friends	35.8
Threats from someone supporting victims	31.7
Violence from someone getting revenge for victims	25.4
Arrested and charged dropped	20.0
Arrested with a court case	19.9
Jail	17.0
No consequences	43.6
Arrested and/or jailed for rape b	25.2

[a] This is summed up by three options: I wanted her sexually, I wanted to have sex, and I wanted to show I could do it.

[b] This is calculated based on: arrested and charges dropped, arrested with a court case, and jailed. If respondents answered 'yes' to any of these three items, the response was categorized as 'yes' for 'Arrested and/or jailed for rape.'

Appendix Table 6.1

Proportion of women reporting injury from physical IPV and the impact

	Number	Among all physically injured women (number=146) Percentage	Among all physically abused women (number=364) Percentage	Among all ever-partnered women (number=1,026) Percentage
Injured [a]	146	100	40.1	14.2
Severely injured [b]	12	8.2	3.3	1.2
Impact				
Stayed in bed	17	11.6	4.6	1.7
Off from work	18	12.3	4.9	1.8
Went to hospital or saw a doctor	36	24.7	9.9	3.5
Received any form of medical treatment	33	22.6	9.1	3.2
Any impact of the above	51	34.9	14.0	5.0

[a] Injury here means any form of physical harm, including cuts, sprains, burns, broken bones, broken teeth or other things like this.

[b] Severely injured here is categorized as having been admitted to hospital, receiving surgery, broken bones treated, receiving stitches or dental care.

Appendix Table 6.2

Women's reports of STI symptoms by experiences of violence

	Ever Percentage	Total number of women ever had sex life
HIV test		
Never experienced phys/sex IPV	14.6	608
Ever experienced phys/sex IPV	14.8	384
Abnormal vaginal discharge		
Never experienced phys/sex IPV	66.2	535
Ever experienced phys/sex IPV	85.5***	351
Vaginal ulcer		
Never experienced phys/sex IPV	17.2	535
Ever experienced phys/sex IPV	25.3**	348
Abnormal discharge or vaginal ulcer		
Never experienced phys/sex IPV	68	531
Ever experienced phys/sex IPV	86.5***	348

Asterisks denote the significance level of the difference. *** P<0.001(Pearson chi-square test).

Appendix Table 7.1

Proportion of support for VAW laws, by gender, and by groups, among people who were aware that such laws existed in China

	Men				Women			
	Supportive Percentage	No opinion Percentage	Unsupportive Percentage	Total number of male respondents	Supportive Percentage	No opinion Percentage	Unsupportive Percentage	Total no. of female respondents
Age								
18-24	29.6	66.7	3.7	81	35.3	63.5	1.2	85
25-34	28.9	68.5	2.6	197	32.3	64.9	2.9	205
35-49	25.4	70.3	4.3	303	24.7	70.2	5.1	292
Education								
None	0.0	0.0	0.0	0	0.0	100.0	0.0	1
Primary	19.6	73.9	6.5	46	17.2	81.6	1.2	87
Some secondary	27.5	68.5	4.0	352	29.1	66.5	4.4	340
Complete secondary	27.9	69.2	2.9	104	27.6	68.4	4.0	76
Any higher	29.1	69.6	1.3	79	42.3	53.9	3.8*	78
Income (Chinese Yuan/ month)								
0-1000Y	24.6	66.7	8.7	69	-	-.	-	-
1001-1500Y	21.7	76.7	1.6	120	-.	-.	-	-
1501-2000Y	26.3	69.9	3.8	133	-	-	-	-.
>2000Y	31.7	65.1	3.2	221	-.	-	-	-.
Total	27.2	69.2	3.6	581	28.9	67.3	3.8	582

Asterisks denote the significance level of the difference. * P<0.05 (Kruskal Wallis test).

Appendix Table 7.2

Distribution of equal participation in domestic decisions, by gender and by groups

	Ever-partnered men				Ever-partnered women			
	Not equitable Percentage	Partially equitable Percentage	Totally equitable Percentage	Total no. of male respondents	Not equitable Percentage	Partially equitable Percentage	Totally equitable Percentage	Total number of female respondents
Age								
18-24	4.4	44.5	51.1	114	8.2	56.2	35.6	122
25-34	5.1	51.6	43.3	297	10.6	60.7	28.7	328
35-49	9.0	50.7	40.3	574	12.4	56	31.6	632
Education								
None	50.0	50.0	0.0	4	12.5	62.5	25	10
Primary	15.1	45.2	39.7	136	18	52	30	251
Some secondary	6.3	52.3	41.4	603	9.7	56.3	34	622
Complete secondary	5.4	42.3	52.3	136	9.1	68.2	22.7	106
Any higher	5.7	60.0	34.3***	105	7.5	71.6	20.9**	93
Marital status								
Married	10.3	41.0	48.7	120	23.1	42.3	34.6	78
Cohabitated	7.5	51.1	41.4	865	11.2	58	30.8	1004
Income (Chinese Yuan/ month)								
0-1000Y	9.5	48.3	42.2	126	n.a.	n.a.	n.a.	n.a.
1001-1500Y	6.2	50.9	42.9	208	n.a.	n.a.	n.a.	n.a.
1501-2000Y	8.6	53.8	37.6	245	n.a.	n.a.	n.a.	n.a.
>2000Y	6.8	49.5	43.7	334	n.a.	n.a.	n.a.	n.a.
Total	7.6	50.6	41.8	985	11.5	57.5	31.0***	1082

Asterisks denote the significance level of the difference. ** P<0.01, *** P<0.001 and **** P<0.0001 (Pearson chi-square test).

Appendix Table 7.3

Housework sharing reported by ever-partnered men

	Including childcare				No childcare			
	Man more Percentage	Equal Percentage	Woman more Percentage	Total number of male respondents	Man more Percentage	Equal Percentage	Woman more Percentage	Total number of male respondents
Age								
18-24	2.0	52.9	45.1	51	1.6	60.7	37.7	61
25-34	1.9	51.2	56.9	260	4.1	55.2	40.7	268
35-49	3.0	43.9	53.1	538	4.2	45.0	50.8*a	545
Education								
None	25.0	75.0	0.0	4	0.0	50.0	50.0	4
Primary	3.3	52.9	43.8	121	4.9	53.2	41.9	124
Some secondary	2.6	44.3	53.1	533	4.4	46.4	49.2	545
Complete secondary	0.9	41.1	58.0	112	1.7	47.9	50.4	117
Any higher	2.5	60.3	37.2** b	78	3.6	63.9	32.5	83
Marital status								
Married	2.1	46.3	51.6	804	3.4	48.9	47.8	823
Cohabitated	11.4	54.5	34.1*** a	44	14.0	56.0	30.0*** a	50
Income(Chinese Yuan/month)								
0-1000Y	2.7	60.3	37.0	111	5.1	59.0	35.9	117
1001-1500Y	2.3	42.9	54.9	175	5.1	43.2	51.7	176
1501-2000Y	3.4	48.8	47.8	205	3.8	52.9	43.3	210
>2000Y	1.7	42.4	55.9* a	297	2.6	47.2	50.2	307
Total	2.6	46.6	50.8	849	4.0	49.2	46.8	874

[a] Asterisks denote the significance level of the difference. * P<0.05, ** P<0.01, *** P<0.001(Pearson chi-square test).

[b] Asterisks denote the significance level of the difference. ** P<0.01 (Fisher exact test).

Appendix Table 7.4

Distribution of men's engagement with children and beating of children, by groups (men who reported living with children under 18 years old)

	Engagement with children				
	Little Percentage	Some Percentage	Lots Percentage	Ever Percentage	Total number of men with children under 18 yrs^
Age					
18-24	39.1	56.5	4.4	26.1	55
25-34	46.0	51.7	2.4	51.2	308
35-49	46.5	51.5	2.0	47.1*	641
Education					
None	66.7	33.3	0.0	33.3	8
Primary	50.7	49.3	0.0	48.7	201
Some secondary	44.0	54.9	1.1	46.4	597
Complete secondary	52.7	43.6	3.6	45.5	111
Any higher	38.9	47.2	13.9	54.3	87
Marital status					
Married	44.7	53.0	2.3	38.9	35
Cohabitated	73.7	26.3	0.0	47.6	969
Income (Chinese Yuan/month) (among those with income)					
0-1000Y	51.7	45.0	3.3	49.2	60
1001-1500Y	50.6	48.3	1.1	38.6	87
1501-2000Y	41.9	55.2	2.9	53.3	105
>2000Y	38.4	59.8	1.8	45.8	164
Total	45.9	51.8	2.3	47.2	1004

Asterisks denote the significance level of the difference. * P<0.05 (Pearson chi-square test).

^ Total responses to each question may vary slightly depending on refusals.

Appendix Table 8.1

Men's life satisfaction reported by men, by groups

	Low satisfaction	Medium satisfaction	High satisfaction	Total number of male respondents
Age				
18-24	47.0	19.0	34.0	132
25-34	43.0	20.9	36.1	302
35-49	31.7	14.8	53.5***	583
Education				
None	0.0	75.0	25.0	4
Primary	28.9	11.3	59.8	142
Some secondary	37.2	18.2	44.6	621
Complete secondary	33.3	17.0	49.7	141
Any higher	52.8	16.7	30.5***	108
Marital status				
None	61.3	9.7	29.0	31
Married	35.0	16.8	48.2	826
Cohabitated	48.7	10.3	41.0	39
GF/BF	36.5	25.0	38.5	52
Previously was married	48.7	21.6	29.7	37
Previously had GF/BF	41.9	19.4	38.7*	31
Income (Chinese Yuan/month)				
0-1000Y	43.6	14.3	42.1	133
1001-1500Y	40.7	14.8	44.5	216
1501-2000Y	34.1	16.9	49.0	249
>2000Y	28.9	19.5	51.6*	339
Total	37.1	17.1	45.8	1,017

Asterisks denote the significance level of the difference. *P<0.05 and *** P<0.001 (Pearson chi-square test).

Appendix Table 8.2

Proportion of men who had transactional sex and sex with a sex worker reported by men who had sexual experiences, by groups

	Ever had transactional sex		Ever had sex with a sex worker		
	Ever Percentage		Ever Percentage		Total number of responses^
Age					
18-24	37.7		18		122
25-34	47.5		30.6		281
35-49	35.0**		23.4*		492
Education					
None	66.7		0		3
Primary	31.8		30.9		110
Some secondary	38.9		25		540
Complete secondary	40.4		25		136
Any higher	46.2		28.6		105
Marital status					
None	3.2		0		31
Married	39.1		25.1		717
Cohabiting	61.1		38.9		36
Girlfriend	43.8		25		48
Previously married	46.9		37.5		32
Previously had GF	36.7***		16.1***		31
Income (Chinese Yuan/month)					
0-1000Y	34.2		19.5		113
1001-1500Y	38.3		21.9		183
1501-2000Y	38.3		18.8		218
>2000Y	40.8		32.2**		314
Total	39.2	895^	24.9	895^	

[a] Asterisks denote the significance level of the difference. * P<0.05, ** P<0.01, *** P<0.001(Pearson chi-square test).

^ Total responses to each question may vary slightly depending on refusals.

ANNEX 3: CES-D Scale

The Center for Epidemiologic Studies - Depression (CES-D) Scale is a brief scale designed to measure self-reported symptoms associated with depression experienced in the past week. The CES-D Scale includes 20 items (Q606 a-t) comprising six scales reflecting major facets of depression: depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite and sleep disturbance.

606	CES-D SCALE	RARELY OR NEVER	SOME OR A LITTLE OF THE TIME	MODERATE AMOUNT OF TIME	MOST OR ALL OF THE TIME
a	During the past week I was bothered by things that usually don't bother me	1	2	3	4
b	During the past week I did not feel like eating, my appetite was poor	1	2	3	4
c	During the past week I felt I could not cheer myself up even with the help of family and friends	1	2	3	4
d	During the past week I felt I was just as good as other people	1	2	3	4
e	During the past week I had trouble keeping my mind on what I was doing	1	2	3	4
f	During the past week I felt depressed	1	2	3	4
g	During the past week I felt that everything I did was an effort	1	2	3	4
h	During the past week I felt hopeful about the future	1	2	3	4
i	During the past week I thought my life had been a failure	1	2	3	4
j	During the past week I felt fearful	1	2	3	4
k	During the past week my sleep was restless	1	2	3	4
l	During the past week I was happy	1	2	3	4
m	During the past week I talked less than usual	1	2	3	4
n	During the past week I felt lonely	1	2	3	4
o	During the past week people were unfriendly	1	2	3	4
p	During the past week I enjoyed life	1	2	3	4
q	During the past week I had crying spells	1	2	3	4
r	During the past week I felt sick	1	2	3	4
s	During the past week I felt that people dislike me	1	2	3	4
t	During the past week I could not get 'going'	1	2	3	4

607	Thank you for answering those questions. Thinking about your whole life experience, have you ever thought about ending your life?	YES.....1 NO 2	831
608	Have you ever tried to take your life?	YES.....1 NO 2	
609	In the past four weeks, has the thought of ending your life been in your mind?	YES.....1 NO 2	

ANNEX 4: Research team members

The research team is composed of both men and women, with one expert in the field of quantitative research in sociology and gender, one expert in the study of masculinity and sexuality; and another expert in gender, social work and domestic violence intervention.

Research experts:Wang Xiangxian, Fang Gang, Li Hongtao

Dr. Wang Xiangxian, female, is an associate professor of sociology in the School of Politics and Public Administration at Tianjin Normal University. Wang has a doctorate degree in sociology with a concentration on sociology of gender from the Chinese Academy of Social Sciences. She has a strong background and rich experience in quantitative survey research. Wang was appointed as coordinator of projects funded by the Civil Affairs Ministry and other institutions, on topics including college students' dating violence, violence in intimate relationships and rural women's participation in politics. She is the author of Violence in Intimate Relationship: a Survey Study among 1015 College Students and Gender Comes: an Observation of Gender from a Female Researcher's Perspective, as well as about 30 research papers.

In the project, Wang was responsible for modification of questionnaires, the designing and implementation of sampling, training and leading the interviewers, technique service and quality control of field research, data analysis and report writing.

Dr. Fang Gang, male, associate professor and Director of the Institute of Sexuality and Gender Studies at Beijing Forestry University. As a productive researcher and a pioneer in masculinities studies in China, his primary research interest lies in sex and gender, as well as alternative masculinity from a feminist perspective. Fang is the founder of Beijing Young Scholars' Network for Promoting Gender Awareness, and founder of the academic salon that discusses alternative masculinity and male liberation, which has put forward the men engagement movement in China since 2005.He is the author of more than 50 books, published in both mainland China and Taiwan, including Male Officers in Public Affairs Department: a Study of Masculinity, Men's Studies and Men Engagement, The Third Sex: Men's Situation and Their Liberation and others. He has published more than 20 academic articles and is the editor of a column on men's studies in the Journal of the Women's College of Shandong.

In the project, Fang was responsible for financial management, modification of questionnaires, the supervisors and interviewers' recruitment, training and management and logistical support.

Prof. Li Hongtao, female, Director of the Center for Gender Studies at the Chinese Women's College, Vice-Chairperson of the Board of the ADVN (Anti-Domestic Violence Network). Li's research interest lies in gender and domestic violence intervention. She has rich experience in working with local government sectors to conduct large-scale joint programmes, and has served as an expert in the CP5/6 Reproductive Health/ Birth Control Project jointly held by NPFPC, MOH and UNFPA. She has worked very closely with both the government officials in Eixian and Chengde, Hebei. She is the editor/co-editor of The Handbook of Aid and Counselling for Women Victims of Domestic Violence, the Handbook of Training on Gender and Reproductive Health, the Handbook of

Medical Intervention on VAW, and others. She has also served as an evolution expert in Review of Gender Mainstreaming in the 6th Country Programme 2009 Annual Work Plans.

In the project, Li was responsible for proposal drafting, modification of questionnaires, the supervisors and interviewers' recruitment and coordinating with the related partners.

Project coordinators: Zhang Liu and Yang Zhihong

Zhang Liu, female, has a master's degree in communication and is a project officer at ADVN. Yi received her master's from the Communication University of China. In the project, she was responsible for coordination, logistical support and was a supervisor.

Yang Zhihong, female, is a research assistant at the Institute of Sexualities and Gender Studies at Beijing Forestry University, a postgraduate in Psychology and a third standard state counsellor. Yang has a background in basic psychology, masculinities and qualitative research. In the project, she was responsible for coordination and logistical support.