The Asia Foundation undertook the Nabilan Health and Life Experiences Study (the Nabilan Study) from July to September 2015. The purpose of the Study was to generate rigorous, reliable data from women and men in Timor-Leste on the prevalence and perpetration of different forms of violence against women (VAW). The findings of the Study form the baseline data for the Foundation’s Nabilan Program, and inform programming and advocacy on responses to and prevention of violence against women and children in Timor-Leste.¹

The Timor-Leste Demographic and Health Survey (TLDHS) was conducted by the General Directorate of Statistics, Ministry of Finance in collaboration with the Ministry of Health from September to December 2016. The primary objective of the TLDHS project is to provide up-to-date estimates of demographic and health indicators. It provides a comprehensive overview of population, maternal, and child health issues in Timor-Leste, and includes an optional module on domestic violence. The data is intended to assist policy makers and program managers in evaluating and designing programs and strategies for improving the health of the country’s population.

Although the samples of the two studies were different, both studies collected data from a nationally-representative sample of women aged 15–49 years of age.

¹The study adapted the World Health Organization’s (WHO) Multi-country Study on Women’s Health and Domestic Violence against Women to conduct a women’s prevalence survey. This methodology is considered to be the gold standard for safely and ethically collecting high-quality data about VAW.
**INTIMATE PARTNER VIOLENCE AGAINST WOMEN IN TIMOR-LESTE**

**HOW ARE THE STUDIES DIFFERENT?**

The *Nabilan* Study was an in-depth survey dedicated to estimating prevalence rates of different forms of VAW, understanding the health and other consequences of violence, factors associated with risk of violence, and women’s coping strategies. The TLDHS is a more general survey that examines many demographic and health topics, of which domestic violence (through a dedicated optional Module) is just one. While both studies collected data on women’s experiences of IPV, there are some methodological differences in the approach of the studies as outlined in Table 1.

<table>
<thead>
<tr>
<th>METHODOLOGICAL DIFFERENCES</th>
<th>POSSIBLE IMPACT ON DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2016 TLDHS</strong></td>
<td><strong>2015 NABILAN</strong></td>
</tr>
<tr>
<td>Collected data on IPV among currently or previously married or cohabiting women 15-49.</td>
<td>Collected data on IPV among currently or previously partnered (including dating, not only cohabiting) women 15-49.</td>
</tr>
<tr>
<td>Violence questions ask about current or most recent partner, followed by questions on any partner before that.</td>
<td>Violence questions ask about any partner first and then breakdown by current, most recent, or previous partners.</td>
</tr>
<tr>
<td>Questions on physical violence included slightly different acts.</td>
<td>Questions on physical violence included slightly different acts.</td>
</tr>
<tr>
<td>Questions on sexual violence only related to physically forced sex.</td>
<td>Questions on sexual violence were more comprehensive than the TLDHS and included coercive sex.</td>
</tr>
<tr>
<td>Two days of interviewer training focused on IPV.</td>
<td>Three weeks of interviewer training.</td>
</tr>
<tr>
<td>Data collected with tablets during face-to-face interviews at the end of the overall Women’s questionnaire, however only a sub-set of women were sampled.</td>
<td>Data collected with tablets during the face-to-face interview.</td>
</tr>
</tbody>
</table>

Table 1: Methodological differences and possible impact on data
HOW ARE THE FINDINGS ACROSS THE TWO STUDIES SIMILAR?

There are some consistent and important findings across the TLDHS and Nabilan studies. Both studies found that:

- VAW is highly prevalent in Timor-Leste with serious health and other consequences for women and their children.
- There is a relationship between experiences of violence and attitudes that normalize violence – that is, all forms of IPV are more prevalent among people who agree that a man is justified in beating his wife under some circumstances.
- Women who witnessed their father beating their mother as a child were more likely to experience IPV themselves as an adult, highlighting a cycle of abuse.
- There is little difference between the rates of lifetime and current violence, meaning that most women are not able to leave abusive relationships.
- Both studies find that there is a high degree of overlap between women’s experiences of physical and sexual violence – that is, most women who have experienced sexual violence by an intimate partner have also experienced physical violence.
- Most women who experience IPV do not seek help from formal services.
- Women in the youngest age group have the highest rates of experiencing physical and/or sexual violence in the past 12 months.

WHY ARE SOME OF THE FINDINGS DIFFERENT?

— DIFFERENCE IN PREVALENCE

Figure 1: Percentage of ever-partnered women who reported experiencing physical and/or sexual IPV in their lifetime; and in the last 12 months – comparison between TLDHS and Nabilan findings
Figure 1 shows that the reported rates of IPV were higher in the *Nabilan* study (using the WHO methodology) compared with the TLDHS. This is particularly true for women’s experiences of sexual IPV. The *Nabilan* study also found that 14% of women reported that they had experienced violence during pregnancy compared with only 2% of women reporting this in the TLDHS.

### – DIFFERENCE IN OVERLAPS BETWEEN SEXUAL AND PHYSICAL IPV

The data from the *Nabilan* study, however, found more women had experienced sexual IPV without physical IPV compared with the TLDHS. This is likely because of the inclusion of coerced (not just physically forced) sex in the definition of sexual IPV in the *Nabilan* study. See Figure 2.

![Figure 2: Overlap of physical and sexual intimate partner violence](image)

**TLDHS**

**NABILAN**

### – WHY DO PREVALENCE DIFFERENCES EXIST?

Finding higher prevalence of IPV with surveys specifically on VAW is a common international pattern. In countries that have conducted surveys using both the WHO methodology and the DHS methodology, higher rates of violence are often reported with the WHO methodology (for examples, see Table 2 on the following page).

This is due to a number of reasons, including the methodological differences outlined in Table 1.

First, the methods of survey data analysis differ between surveys. For example, the TLDHS uses sampling weights. No sampling weights were applied in the *Nabilan* study. There may be an (slight) effect of sampling and application of sampling weights in TLDHS.

While both studies aimed to adhere to the ethical and safety procedures of the WHO methodology, it is possible that this was more strictly adhered to in the *Nabilan* study. The interviewers in the *Nabilan* study were provided with more intensive training on how to conduct interviews in a confidential manner, how to ask the violence related questions sensitively, and how to respond to distress or to cases of violence if reported. Furthermore, there were some reports that due to the women’s questionnaire in the TLDHS being so long, some interviewees could have been fatigued by the time the violence...
module was administered. The length of the survey could thus have led to higher refusal rates so that women could get back to their tasks. In addition, a woman’s family members and children might have attempted to gain her attention, thus leading to more interruptions and resulting in difficulty in maintaining confidentiality. All of this could have resulted in higher rates of disclosure and reduced under-reporting in the Nabilan study as compared with the TLDHS.

The Nabilan study captures more acts of sexual violence than the TLDHS, including sexual coercion. This helps to explain the higher rates of sexual violence reported in that study.

The Nabilan study asks about women’s experiences of violence from all partners in their lifetime. This usually results in a higher lifetime estimate compared with the TLDHS, which focuses on the current partner first.

<table>
<thead>
<tr>
<th></th>
<th>DHS</th>
<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural Peru (physical violence)</td>
<td>40%</td>
<td>61%</td>
</tr>
<tr>
<td>Urban Peru (physical violence)</td>
<td>42%</td>
<td>49%</td>
</tr>
<tr>
<td>Tanzania (sexual violence)</td>
<td>20%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Table 2: Comparison of rates of reported violence from DHS and WHO studies

— DIFFERENCES IN RISK AND PROTECTIVE FACTORS

The Nabilan study focused solely on VAW. Thus, it included more questions that enabled a comprehensive (multi-variate) analysis of the different factors that are associated with a woman’s risk of experiencing IPV (see Figure 4). The TLDHS main report explored relationships between demographic variables and experiences of violence, but only at a bivariate level.

For example, the TLDHS found physical violence to be more prevalent in rural, rather than urban, areas, and among women with lower levels of education and in lower wealth quintiles. The TLDHS also found that all forms of VAW are more common with higher frequency of husband’s drinking or getting drunk. These are valid findings. However, it is important to recognize that VAW is never caused by one single factor. It is driven by multiple factors that intersect at different levels of society. Therefore, the Nabilan study conducted a multi-variate risk factor analysis to understand the different drivers of violence, and how they interact with each other. From here we can see that to address IPV we need a variety of solutions that work across sectors in a holistic way.

\(^2\) Estimates of violence can calculate lifetime prevalence (% women ever reported abuse in their lifetime) and current or past 12 months prevalence (% women who reported an incident of violence in the past 12 months). The ratio of 12 month to lifetime prevalence indicates whether women are able to or do leave abusive relationships.
CONCLUSIONS

Both studies are valid and provide important sources of data to assist policy makers and program managers in developing and testing strategies for improving the health of people in Timor-Leste. The findings complement and reinforce each other. Prevalence rates of IPV are always underestimations given that many factors (such as methodology, training and context) affect a woman’s disclosure. This will always be the case. Thus, it is important to understand the main differences and strengths of each study.

The TLDHS provides vital data on many different health issues including IPV. It is a standardized survey, so it is possible to compare data from Timor with DHS survey results in other countries. Also, the TLDHS is a good tool to monitor trends over time, as long as questions and methods are similar each time it is implemented. However, given the sensitivity and complexity of the issue of VAW, a study that focuses solely on VAW such as the Nabilan study is also important. A dedicated study like this elicits higher rates of reported violence, and provides much needed evidence on the consequences and drivers of violence.

Both the Nabilan and TLDHS studies conclusively demonstrate that VAW is a serious issue in Timor-Leste that needs to be addressed.