



Health and Status of a Woman in the Family in Turkmenistan

Report on the results of the national sample survey



2021



The sample survey “Health and Status of a Woman in the Family in Turkmenistan” was conducted in 2020 as part of the implementation of objectives of the first National Action Plan on Gender Equality in Turkmenistan for 2015-2020. Conducting this survey is an important step for Turkmenistan, both in terms of researching the issue and in terms of developing national capacity to conduct sociological surveys based on the international methodological standards. The survey was carried out with the technical support of the United Nations Population Fund (UNFPA), with funding from the Government of Turkmenistan and support from the international organizations (UNFPA, the European Union and the British Embassy in Turkmenistan). The survey organizers thank Aysel Vazirova, UNFPA International Expert, for technical support in the use of methodology, training of interviewers and development of this report.

Collecting and analysing data on violence against women, as well as on women's and children's health is essential in order to facilitate the development and implementation of state policy, to stimulate in-depth scientific research and to raise public awareness on the issue. This analysis is also important for the fulfillment of Turkmenistan's international obligations under the Convention on the Elimination of All Forms of Discrimination against Women and monitoring the progress within the framework of the national agenda on achieving the targets of the Sustainable Development Goals.

The report contains information about the methodology of the survey and the main findings.

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ABBREVIATIONS

WHO	World Health Organization
CEDAW (CEDAW)	Convention on the Elimination of All Forms of Discrimination against Women
NAP 2015-2020	National Action Plan on Gender Equality in Turkmenistan for 2015-2020
NAP 2021-2025	National Action Plan on Gender Equality in Turkmenistan for 2021-2025
IPV	Intimate partner violence
UN	United Nations
UN-Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
SDG	Sustainable Development Goals
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
MICS	Cluster survey on multiple indicators

1 INTRODUCTION

Turkmenistan pursues active gender-oriented national policy, based on constitutional principles, as well as the Sustainable Development Goals (SDGs), aimed at addressing the most important global problems, including ensuring environmental sustainability, social inclusion and economic prosperity. Legislative and organizational measures are being taken to implement the principle of equal rights and opportunities for men and women.

The socially oriented policy of the President of Turkmenistan to enhance the role of women in socio-political, economic and cultural life, protect the rights and legitimate interests, provide state benefits, provide conditions for a decent life and creative labor is the most important factor for the sustainable socio-economic development of the country, strengthening legal foundations and further democratization of the Turkmen society.

Issues of gender equality are reflected in all national programs of Turkmenistan, an important direction of which is further integration of women and girls into the socio-economic and cultural development of the country. The adoption of the “Program of the President of Turkmenistan for socio-economic development of the country for 2019-2025”, as well as national programs that promote gender equality reaffirm the country’s commitment to addressing gender issues.

The sample survey “Health and Status of a Woman in the Family in Turkmenistan” is the first national experience in collecting data and analyzing the problem of domestic violence against women based on the interviews with women aged 18-59 years in all regions of the country (the capital and five velayats). Conducting this survey is an important step for Turkmenistan, both in terms of researching the issue and in terms of developing national capacity to conduct sociological surveys based on the international methodological standards. The survey was conducted as part of the implementation of objectives of the first National Action Plan on Gender Equality in Turkmenistan for 2015-2020 (NAP 2015-2020), with the technical support of the United Nations Population Fund (UNFPA). The survey was conducted with funding from the Government of Turkmenistan and with the support of the international organizations (UNFPA, the European Union and the British Embassy in Turkmenistan).

Violence against women is a global problem that knows no cultural, geographic, religious, social and

economic boundaries. Physical, psychological, sexual and economic violence against women is a widespread phenomena. It is well known that violence against women in its many forms and manifestations is a violation of human rights and fundamental freedoms.

Turkmenistan, like many other UN member states, has acceded to almost all major international treaties in the area of gender equality, including the “Convention on the Elimination of All Forms of Discrimination against Women” in 1996 (CEDAW) and its Optional Protocol in 2009, the 2030 Sustainable Development Goals, where Goal 5 aims to achieve gender equality. As part of the realization of the Agenda 2030, a Voluntary National Review (2019) was prepared and an assessment was conducted on the integration of the SDGs into the national and regional development programs, including SDG 5 targets and indicators.

Currently, the country is implementing a large-scale list of measures **to ensure gender equality and prevent domestic violence** within the framework of the second National Action Plan on Gender Equality in Turkmenistan for 2021-2025.

The policy of preventing domestic violence in Turkmenistan is determined by the general strategy and priority areas of the state policy to support women, the purpose of which is to implement the principle of equal rights and freedoms, create equal opportunities for men and women in accordance with the Constitution of Turkmenistan, the provisions of international law and the recommendations of the IV World Conference on Status of Women (Beijing, 1995), etc.

During the implementation of the first NAP 2015–2020, the Law of Turkmenistan “On State Guarantees for Ensuring Equal Rights and Equal Opportunities for Women and Men”¹, was adopted, establishing state guarantees for ensuring equal rights and equal opportunities for women and men in all spheres of state and public life. In particular, in accordance with paragraph 2 of Article 22 of the said Law, Turkmenistan guarantees and ensures equal protection of women and men from domestic violence manifested in the form of physical or psychological impact or harm committed by one

family member in relation to another family member.

Currently, active cooperation is being carried out with the international organizations, in particular with UNFPA, in order to strengthen interagency

cooperation in the prevention of domestic violence against women based on respect and observance of human rights, protection and consideration of the interests of women, integration of social services at the local level.

The recommendations of the Committee on the Elimination of Discrimination against Women, issued in 2018 upon analysis of the 5th Periodic National Report, cover a range of measures in the field of addressing violence against women. The importance of collecting reliable information on the prevalence of gender-based violence against women, developing a system of measures to support and protect victims of violence, expanding the prevention actions to eliminate violence against women, as well as adopting comprehensive legislation that specifically defines all forms of gender-based violence against women and criminalizes them is underlined. The Committee recommended that the results of the survey be used to create a comprehensive national strategy to prevent and address gender-based violence.²

Within the framework of NAP 2015–2020, comprehensive work was carried out to prepare and conduct this survey “Health and Status of a Woman in the Family in Turkmenistan”, which covered key topics related to violence against women. The second NAP 2021–2025 envisages important strategic actions to improve national legislation that criminalizes all forms of gender-based violence against women and girls, to integrate multi-sectoral response to gender-based violence in healthcare, law enforcement and psychosocial sectors, increase the mass media's capacity to cover the issues on prevention of gender-based violence, launch the national information campaigns and activities during the international days, establish and expand the hotlines for the provision of immediately health and psychological counseling.

¹Digest of the Mejlis of Turkmenistan, 2015, No. 3, p. 98

² Concluding observations on the 5th Periodic Report of Turkmenistan, 25 July 2018

2 SURVEY GOALS AND OBJECTIVES

The sample survey included the following goals:

- 1 identification and analysis** of the main characteristics of the situation with violence against women in Turkmenistan;
- 2 development of recommendations** for state bodies and public organizations working in the field of responding to domestic violence and other types of violence against women.

The main goal was to conduct an assessment of the situation with regard to violence against women by a husband or partner, however, the questions also covered other situations related to violence.

The collection and analysis of data on violence against women and on women's and children's health

are needed to facilitate the development and implementation of public policy, to stimulate in-depth scientific research and to raise public awareness about the issue. This analysis is also important for the fulfillment of Turkmenistan's international obligations under CEDAW and for monitoring progress within the framework of the national agenda on SDG 5 targets.

The survey pursued the following objectives:

- 1** determination of the prevalence of violence against women in the country as a whole and in the regions;
- 2** studying the prevalence and characteristics of various forms of violence (physical, sexual, psychological and economic) and controlling behavior within family relations in the country and regions;
- 3** identifying groups at higher risk and identifying possible socio-demographic or other indicators that increase the risk of domestic violence;
- 4** exploring the possible impact of domestic violence on women's health and children's well-being;
- 5** identifying the strategies that victims of violence use to obtain protection and support, as well as studying what kind of support they receive from various state and public organizations.



3 RESEARCH METHODOLOGY

The survey used the methodological approach and tools developed by WHO for the International Study on Violence and Women's Health (2005)³. All tools (questionnaire and instructions for interviewers) were adapted to the country context. Along with general conceptual framework, the survey used key terms and operational definitions necessary to assess the situation of domestic violence.

In accordance with the objectives, the sample survey provided answers to the following key research questions:

1 What is the **prevalence and characteristics of physical, sexual and/or psychological violence** among women aged 18-59 (by husband/partner, during their lifetime and over the past 12 months) in the country as a whole and in certain regions? What is the prevalence of economic violence against women aged 18-59 (by husband/partner, during their lifetime) in the country as a whole and in certain regions?

2 What is the **prevalence of physical and sexual violence** against women and girls by persons other than a spouse or relationship partner **after the age of 15**?

3 What is the **prevalence of sexual violence** against girls **before the age of 15**?

4 What socio-demographic factors correlate with the presence of domestic violence?

5 What are **the consequences of violence** against women for victims of violence and their children?

6 What strategies do women choose when they are victims of domestic violence?

The success of the survey was largely due to the establishment of a special institutional mechanism at an early stage that coordinated the work of all parties throughout the process. All aspects of the development of survey instruments, its planning and implementation were carried out by coordinated efforts within the framework of a specially created Working Group, which included representatives of key government departments (Ministry of Health and Medical Industry of Turkmenistan, Ministry of Labor and Social Protection of Turkmenistan, Ministry of Internal Affairs of Turkmenistan, Institute of State, Law and Democracy of Turkmenistan, the State Statistics Committee of Turkmenistan) and a public organization (the Women's Union of Turkmenistan). The work of the Working Group at all stages of the survey was technically supported by UNFPA.

QUESTIONNAIRE

The survey questionnaire consists of 11 sections and covers topics corresponding to the key research questions. The interviews were conducted in the face-to-face format (respondent and interviewer) with the conditions of confidentiality. At the same time, the interviewers noted the answers, but personal data was not recorded in order to preserve the anonymity and safety of the respondents.

PREPARATION OF INTERVIEWERS

The process of selection and training of interviewers was based on a strategy developed taking into account the socio-cultural context of Turkmenistan. The survey covers sensitive topics such as family relationships and reproductive health, which increases the risk of receiving a large number of interview refusals and makes it difficult to identify situations with domestic violence. In order to neutralize the risks, it was decided to use a new approach to the selection of interviewers. Given the high level of trust in doctors in the Turkmen society, during the consultations it was decided to engage women working in the health sector, in particular family doctors and doctors specializing in reproductive health, as interviewers.

³WHO multi-country study on women's health and domestic violence against women, 2005, WHO, WHO | WHO Multi-country study on women's health and domestic violence against women

Interviewers received comprehensive training that included four components:

- Acquaintance with basic information about domestic violence, its forms, main causes and consequences, as well as the situation with the promotion of gender equality in Turkmenistan;
- Information about international experience in conducting surveys on gender-based and domestic violence and about WHO methodology;
- Familiarization with survey instruments (in particular, detailed learning of the questionnaire), interview techniques and survey organization;
- Ethical and safety standards in conducting a survey on domestic violence.

GENERAL CHARACTERISTICS OF THE SAMPLE DESIGN

The survey population is the **total of all women aged 18–59** who live in non-institutional (private) households in Turkmenistan. To conduct the survey, a statistical distribution of the stratified territorial multistage sample of units of the target population was formed - women aged 18-59 years.

The survey sample was based on a complete mapping of the primary healthcare locations compiled for all regions of Turkmenistan and sorted by territorial units of different levels, indicating the number of households in them. In the primary healthcare locations selected for the survey, the sampling frame was the lists of households updated at the time of the survey and sorted in accordance with the respective housing numbers. In the households selected for the survey, the sampling frame was the lists of all women residing there aged 18–59, sorted in descending order of their age.

Table 1.
Distribution of clusters by strata

Region	Urban	Rural	Total
Turkmenistan	48	48	96
Ashgabat	14	0	14
Ahal velayat	6	10	16
Balkan velayat	10	4	14
Dashoguz velayat	5	11	16
Lebap velayat	8	10	18
Mary velayat	5	13	18

SAMPLE SIZE

The rational sample size at the national level is determined at the level of **2874 households**. When carrying out additional corrective calculations, the total sample size was determined in the number of **3596 households**. This was due to the need to take into account factors such as the presence of households that do not include representatives of the target population - **women aged 18-59**, refusal to participate within the households or their selected members, the presence of households in which no one can be found at home.

STRATIFICATION OF THE POPULATION AND SAMPLE PLACEMENT BY STRATA

To ensure uniform distribution of the sample across the country, stratification was carried out by six main administrative-territorial units of Turkmenistan (Ashgabat and five velayats), and within them - by the type of locality of residence of the population.

The distribution of the estimated sample size by strata was carried out in two stages. At the first stage, the minimum sample size (370 households) in each region was distributed by type of location. At the second stage, the difference between the total minimum sample size and the rational sample size was distributed across strata in proportion to the proportion of households in them. During the peer review process, it was assumed that the cluster size for the survey within the strata would be 30 households (female) for all regions. With this in mind, the distribution of clusters by strata was implemented and the sample size was adjusted.

In accordance with the estimates of the expected level of participation of households, the cluster sizes (number of households) for selection were as follows: 42 for the city of Ashgabat, 40 for the Balkan velayat and 36 for all other regions.

Table 2.
Distribution of the number of households for selection by strata

Region	Urban	Rural	Total
Turkmenistan	1852	1744	3596
Ashgabat	588	0	588
Ahal velayat	216	360	576
Balkan velayat	400	160	560
Dashoguz velayat	180	396	576
Lebap velayat	288	360	648
Mary velayat	180	468	648

SELECTION OF SURVEY UNITS

When forming a sample within the strata, multi-stage selection procedures were applied. At the first stage of selection in each stratum, the primary territorial units of the sample were selected - family physician (medical) territorial units. Primary territorial units were selected using a systematic selection mechanism with a probability proportional to size - the number of households in them.

At the second stage of selection, in the selected primary territorial units, households were selected with equal probability for the survey. For this, a systematic selection mechanism was used.

At the third stage of sampling in each selected household, a woman aged 18-59 was selected. Respondent selection procedures were carried out by interviewers using special tables similar to Kish tables.

DATA COLLECTION AND PROCESSING

Data collection was carried out by **interviewing women aged 18-59** in households in five velayats of the country (Ahal, Balkan, Dashoguz, Lebap, Mary) and the city of Ashgabat. The survey covered 3596 households. Field work on the survey of women was carried out from February 25 to April 1, 2020. The data was collected by six teams, each of which consisted of five interviewers and one supervisor.

Data entry from paper questionnaires was carried out using an application prepared on the basis of CSPro software. The application provided the necessary arithmetic-logical control to detect possible errors. The data were analyzed using the Statistical Package for Social Sciences (SPSS) version 25 software. For this purpose, syntaxes and a tabulation plan were developed.

DATA ANALYSIS METHODS

The survey data were analyzed in the framework of the "environmental theory of gender-based violence determinants" (WHO)⁴ and gender analysis of domestic violence as a component of the general situation of gender inequality in access to economic and social resources and opportunities, gender roles and stereotypes that reproduce gender violence.

Long-term studies of violence against women in various countries show that it is not the result of any single factor. In particular, spousal/partner violence arises as a product of a complex combination of individual socioeconomic and cultural characteristics, the structure and norms of family relationships, characteristics of the immediate environment (urban/rural), gender inequality and gender discrimination, and fundamental social perceptions of the acceptability of violence in general and in relation to certain groups of the population.

The **WHO Integrated Ecological Model** is widely used to analyze the set of factors that regularly produce violence against women.

The model considers the **cumulative effect of individual factors**, characteristics of the living environment and factors that shape the reproduction of gender inequality in society.

Such analysis **provides a better understanding** of why violence occurs in certain families, why the prevalence of violence is higher in certain regions, and which population groups are more at risk of violence.

This model also forms the WHO questionnaire, which was the basis for the tools of this survey.

The conclusions and recommendations have been developed within the framework of approaches to the problem of violence against women, which consider it as an integral part of the general problem of gender inequality and place the issues of support and protection of victims of violence in the broader context of the protection of human rights by the state. This approach emphasizes the responsibility of the state to protect the rights of

citizens, regardless of whether violence occurred within or outside the family, the form of violence and the format of the relationship between the victim and the perpetrator. The analysis and recommendations were also based on a victim-centered approach and building responses to violence that maximize women's ability to make decisions about their own safety and well-being.

⁴Details about the integrated environmental model, [The Ecological Framework \(endvawnow.org\)](http://endvawnow.org)



BASIC TERMINOLOGY, DEFINITIONS AND MEASUREMENT OF PREVALENCE OF VIOLENCE



The survey used the general definition of violence against women given in the Declaration on the Elimination of Violence against Women (Article 1)⁵. The definitions proposed in the protocol of the WHO multi-country study "Women's Health and Domestic Violence against Women" (2005)⁶ were also used along with WHO report on global, regional and national estimates of prevalence of intimate partner and other violence against women (2018)⁷.

Violence against women is "any act of gender-based violence that causes or is likely to cause physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether in public or in personal life"⁸.

Domestic violence is any act by a family member (most often an intimate partner), regardless of where it occurs, that has a negative impact on a woman's well-being, physical or psychological health, freedom or right to the full development of a woman.

Intimate partner (identical to husband/partner in this sample survey) is a partner in current and past relationships, both in registered marital relationships (in the civil registry offices) and in unregistered relationships.

Physical violence by an intimate partner is the intentional use of physical force with the intent (or potential) to injure, harm or take life.

Sexual abuse (act of sexual abuse) **by an intimate partner** is any act in which a person uses force, coercion or psychological pressure to force another to participate in a sexual relationship. It can occur in a variety of situations, including marital relationships, dates, contacts at school or work, and in the family. The definition does not include sexual harassment.

Psychological abuse⁹ on the part of an intimate

partner is any act that is detrimental to a woman's self-esteem, identity, or development of a woman's personality. Examples of such actions are humiliation, insults, threats.

Control behavior is a set of actions that keeps a woman in a position where her actions and decisions are regularly checked and controlled by a partner or spouse. As part of the survey, the respondents were asked a set of questions regarding controlling behavior.

Sexual violence by others - acts of sexual violence (forced sexual intercourse or sexual activities) by persons who are not the intimate partner of the victim.

Lifetime prevalence of physical and/or sexual intimate partner violence is the proportion of women reporting one or more acts of physical and/or sexual violence by a current or former spouse or partner at any time during their lifetime, among all women in a given age group who have ever been married or in a relationship ("lifetime violence"). The "lifetime" time frame in this survey covers the experiences of women aged 18-59.

Prevalence of physical and/or sexual intimate partner violence in the past 12 months is the proportion of women reporting one or more acts of physical and/or sexual violence by a current or former spouse or partner in the past 12 months, among all women in a given age group who have ever been married or in a relationship ("current abuse"). The time frame "during the last 12 months" covers the experience of the 12 months immediately preceding the interview. The prevalence of physical, sexual and psychological violence by husband/partner was estimated based on the responses of women aged 18-59 years who are or have been married/relationships in the following questions for each form of violence.

⁵Declaration on the Elimination of Violence against Women, General Assembly [resolution 48/104](#) from 20 December 1993

⁶WHO Multi-Country Study on Women's Health and Domestic Violence Study Protocol, Version 27 Sept 2006 (updated 9 Sept 2007)

⁷Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO

⁸Declaration on the Elimination of Violence against Women, General Assembly [resolution 48/104](#) from 20 December 1993

⁹The term "psychological abuse" used in this report is consistently applied within the WHO methodology. There is currently limited agreement on standardized measures for measuring psychological abuse. Some country surveys/surveys include controlling behavior as part of psychological abuse, others identify it as a risk factor and measure it separately. WHO's current work is to standardize measures to better reflect the extent and severity of intimate partner psychological violence, and to determine the most appropriate threshold for assessing its prevalence. This work is part of the Joint Program to Strengthen Methodologies and Measurements and Build National Capacity for Data on Violence against Women, a partnership between WHO and the United

Physical violence

Has your current husband/partner or any of your previous husbands/partners ever done any of the following:

- a. Hit you or throw objects at you?
- b. Pushed you or pulled your hair?
- c. Hit you with a fist or an object?
- d. Kicked you, pulled your arms or hit you?
- e. Tried to strangle you or burn you?
- f. Scared you with a knife or other weapon, or used them against you?

Sexual violence

Has your current husband/partner or any of your previous husbands/partners ever done any of the following:

- a. Forced you to have sex with him against your will, using physical force?
- b. Have you been forced to have sexual intercourse with him against your will, out of fear of his actions?
- c. Forced you into humiliating, from your point of view, sexual acts?

Psychological abuse

Has your current husband/partner or any of your previous husbands/partners ever done any of the following:

- a. Offended you or offended your honor?
- b. Has he insulted you in front of other people?
- c. Acted in a way to scare you (for example, by staring at you, yelling at you, breaking things)?
- d. Threatened you that he would harm you or your loved ones?
- e. Insulted your loved ones?

The prevalence of economic violence by the current husband/partner was estimated based on the responses of women aged 18-59 years who are

currently married/in a relationship and have their own income to the following questions:

- a. Have you ever had to quit your job or turn down a job offer at your husband's insistence?
- b. Has your husband/partner ever taken money from you that you have earned or saved?
- c. Has your husband/partner ever refused to give you money for household needs (even though he had money)?
- d. Are you involved in the decision to spend the money you earn, or are you required to give some or all of the money to your husband/partner?
- e. Who decides how to manage the money earned by your husband/partner?

The prevalence of physical and sexual violence by any person (other than husband/partner) was estimated

based on responses from all women aged 18-59 to the questions below for each form of violence.

Physical violence

After you turned **15 years old**, did it happen that **someone beat you**, used physical force against you?

(for women who were/are currently married/have (had) a partner - other than the husband/partner)?

Sexual violence

After you **turned 15, did someone force you to have sex** with him (her) or to perform any sexual activity

(for women who were / are now married / have (had) a partner - other than husband/partner)?

LEVEL OF PARTICIPATION AND CHARACTERISTICS OF RESPONDENTS

Of the 3596 households selected, 3496 households were identified as occupied. In 3348 households, consent was obtained to conduct the survey. The number of households with at least one eligible woman (aged 18-59) was 2989. **Only one woman was interviewed in each household.** In situations where there was more than one eligible woman in a household, one woman was randomly selected. As a result, 2961 women were successfully interviewed. The proportion of female respondents who answered was 99.1% of the total number selected by the Kish method.

Most of the women aged 18-59 who took part in the survey had an average level of education (76.4%). The share of women with primary or secondary vocational education was 16%, with higher vocational education – 6.8%. The share of

respondents with no education or with only primary education was 0.8%.

Married women (78.9%) traditionally comprised the most numerous group in the distribution by marital status. 5.1% of women are in unregistered relationships, 3.7% divorced or ended relationships, 2.8% were widows. 9.5% of respondents have never been married/in a relationship.

Among women who are or were married/in a relationship, the vast majority of the current (last) marriage was registered in the registry office (92.3%). There was no marriage ceremony (marriage registration, religious ceremony, wedding, etc.) in 2.4% of respondents. Among women who had any type of marriage ceremony, 4.1% said they entered into a marriage/relationship before the age of 18.

4 VIOLENCE AGAINST WOMEN BY SPOUSE / PARTNER

THE SITUATION IN THE WORLD AND NEARBY COUNTRIES

Research shows that globally, intimate partner violence (IPV), i.e. husband or relationship partner, is **the most common form of violence** against women. The prevalence of IPV is a measure developed by the World Health Organization¹⁰, and is most frequently used in international studies to analyze the level of violence against women in a particular country or region of the world.



Women have experienced **physical and / or sexual violence**

According to the WHO, **one in three women worldwide** (35%) have experienced physical and/or sexual violence at some point in their lives by a husband, relationship partner or anyone else¹¹. According to the same estimates, more than 25% of women have experienced physical and/or sexual violence at the hands of a spouse or relationship partner at least once in their lives. At the same time, the prevalence of IPV varies greatly in different countries of the world (from 6% in Georgia to 51% in Afghanistan)¹².



A survey conducted in Turkmenistan showed that 12% of women aged 18-59 years have been subjected to physical and/or sexual violence by a spouse or partner (current or former), that is, **every eighth woman in the country** who is or was in a marriage or relationship, has such an experience.

National IPV prevalence is comparable to the European Region that makes up 25% (WHO, 2013), as well as data from several countries in Central Asia and the South Caucasus. At the same time, the results for Turkmenistan are closer to the results obtained in Kazakhstan (16.5%¹³), and in the South Caucasus (Azerbaijan - 14%, Armenia - 8%)¹⁴, than the situation in Kyrgyzstan (26.6%) and Tajikistan (26.4%).

Data on current violence reveals a similar trend. In Turkmenistan, 3.4% of ever-married or in relationship women reported experiencing physical and/or sexual violence by a spouse/partner in the past 12 months. The level of current violence is close to the results obtained in Kazakhstan (4.7%) and Armenia (4%), and significantly lower than the data identified in Kyrgyzstan (17.1%) and Tajikistan (19%).

¹⁰Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and nonpartner sexual violence, WHO, 2013

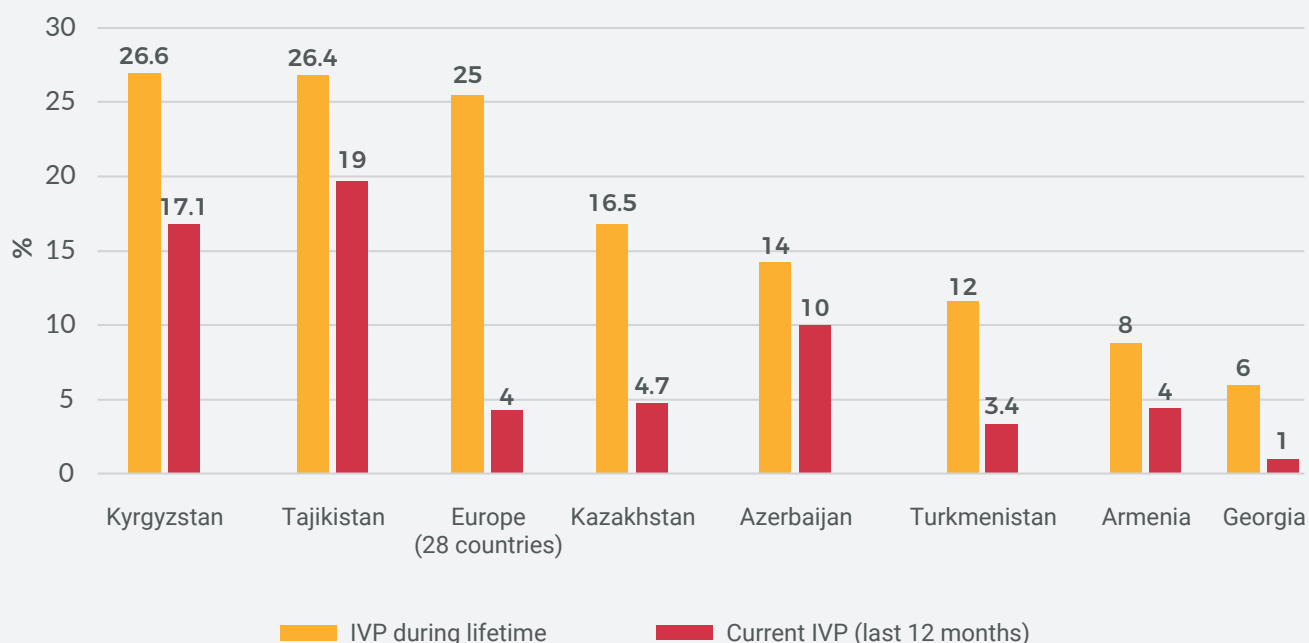
¹¹Violence against women Prevalence Estimates, 2018. Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. WHO: Geneva, 2021

¹²Coll CVN, Ewerling F, García-Moreno C, et al Intimate partner violence in 46 low-income and middle-income countries: an appraisal of the most vulnerable groups of women using national health surveys BMJ Global Health 2020;5:e002208

¹³The study in Kazakhstan was conducted among women aged 18-75, see SAMPLE SURVEY ON VIOLENCE AGAINST WOMEN KAZAKHSTAN, page 60, Astana, 2017, kazakhstan vaw reportfinalrussep2017compressed.pdf (unwomen.org)

¹⁴Global Database on Violence Against Women, UN Women, COUNTRY PROFILE (unwomen.org) . It should be noted that in a number of countries, women aged 15-49 years were interviewed, and not 18-59 years old as in this study.

Figure 1.
Prevalence of physical and/or sexual violence by husband / partner in the countries of Central Asia and the South Caucasus, percent



It should be noted that Turkmenistan, like Kazakhstan and Georgia, is characterized by a noticeable difference between the prevalence of IPV throughout life and in the last 12 months. This means that **women were less likely to report recent or ongoing violence** than they were at some time in their lives. This situation may be the result of the reluctance or fear of the respondents to talk about the current period of their lives. In this case, it is especially important to understand the seriousness of the risks for women who are in crisis and do not dare to seek help.

Cultural taboos against discussing domestic violence with outsiders, fear of retaliation, and economic and social barriers often prevent women from speaking out about violence. The normalization of domestic violence may also be a reason for not allowing female respondents to report their experiences in a survey. Such factors play a particularly significant role in situations of ongoing violence where the current spouse or partner is the source of the violence.

PREVALENCE OF DIFFERENT FORMS OF VIOLENCE

The international practice of analyzing violence against women distinguishes **several forms of violence: physical, sexual, psychological, and**

economic. The forms of violence also include various traditional or new practices: forced marriage, early marriage, cyberstalking. The prevalence of physical, sexual and psychological violence is most often measured in a country and regional context. At the same time, the methodology adopted by WHO determines the presence of violence through a series of questions about certain specific actions (or threats of actions) that damage the physical and sexual health of women. Psychological violence is also determined by identifying specific degrading acts that harm the psychological health of women¹⁵. It should be noted that all forms of violence may acquire specific characteristics in a particular cultural and social context, which makes their identification particularly difficult.

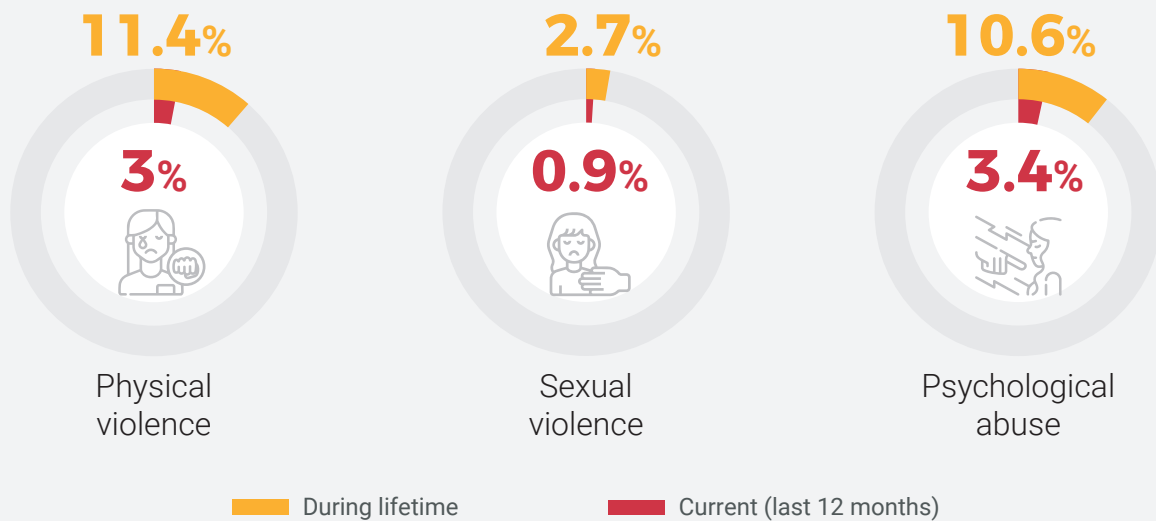
The results of the survey showed that the prevalence of various forms of violence against women by a husband or partner in Turkmenistan is as follows: 11.4% - physical violence, 2.7% - sexual violence and 10.6% - psychological violence¹⁶. Thus, similar to the experience of many countries, in Turkmenistan, respondents were the least likely to report sexual violence, which may be more related to the particular trauma and cultural stigmatization of such an experience, as well as serious social and family pressure on victims of violence.

¹⁵Operational definitions for each form of violence as presented in the Survey Methodology chapter

¹⁶Among women aged 18-59 who are or have been married or in a relationship

Figure 2.

Prevalence of various forms of husband / partner violence among women aged 18-59 who are or have been married or in a relationship, percent



The survey demonstrated that **13.3% of women** who are currently married/in relationships and **have their own income** were subjected to economic violence by a husband or partner during their lifetime. 83.4% of women among currently married/in relationships are unable to sell their property without the permission of their husband or other family members. This severely limits the resources needed by women who choose to confront violence or leave the relationship.

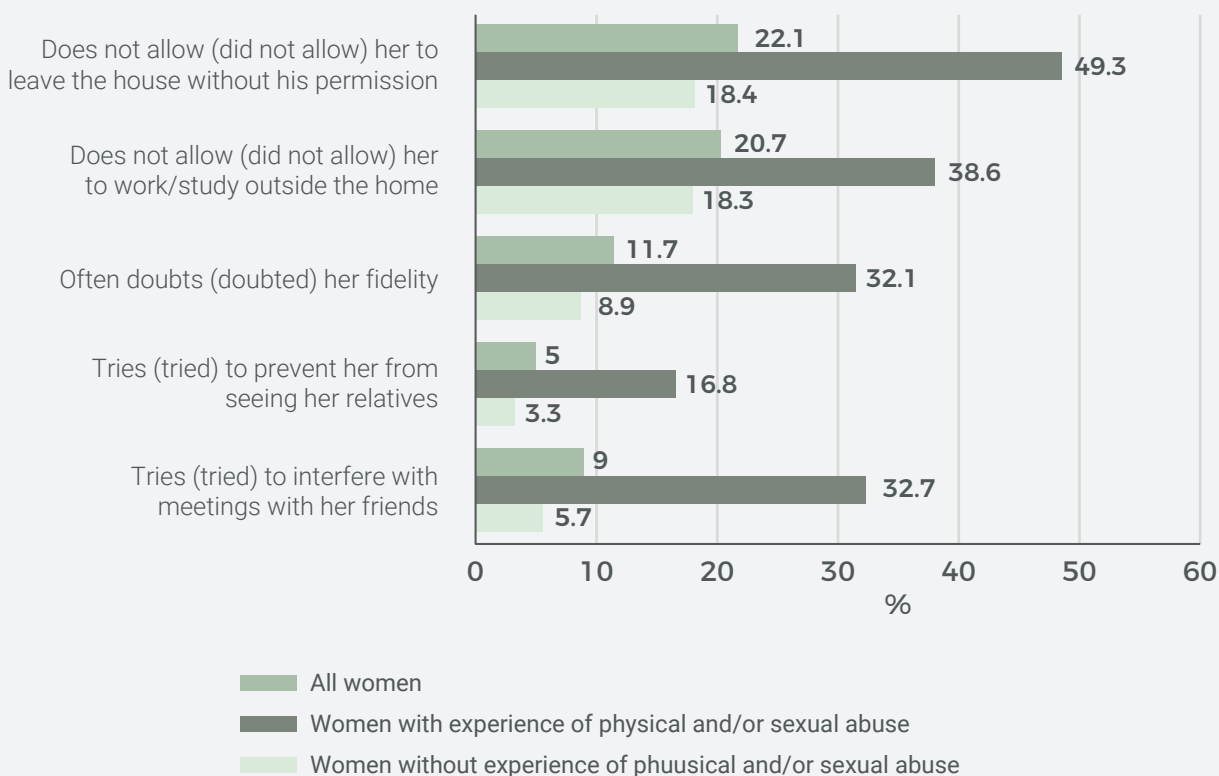
The function of controlling behavior was analyzed from the point of view of the role of the husband/partner and refers to the part of the ecological model that covers the relationship between a woman and her partner. However, the value of information about controlling behavior lies in the fact that common practices of control and restraint provide insight into gender norms that exist in a particular community or society as a whole. Data on controlling behavior allow us to

draw conclusions not only about how widespread control is by a husband or partner, but also about what forms of control most often take place in the lives of the respondents.

The results showed that 41.1% of the respondents at least once in their lives encountered one or another type of controlling behavior from their husband/partner. Restriction on a woman leaving the house, her access to public space, is the most common form of control. It was experienced by 22.1% of the respondents. This prohibition not only makes a woman more dependent and, consequently, more vulnerable to violence, but also significantly limits her ability to seek help and protection from the actions of an aggressor. It is significant that among women who have been physically and/or sexually abused by a husband/partner, the proportion of those who reported having controlling behavior is significantly higher than among women without such experience.

Figure 3.

Percentage of women aged 18-59 who have experienced various controlling actions from their current (last) husband/partner



The survey showed that **the second most common form of control** is a ban on working or studying outside the home. Every fifth woman (20.7%) among the survey participants experienced a situation where her husband or partner forbade her to work or study if this meant she was outside the home. The ban closes opportunities for women in the field of education, acquiring a profession, economic independence, personal development, psychological health and a healthy lifestyle. The connection between controlling behavior and husband/partner violence consists, on the one hand, in increasing women's dependence on the aggressor, and on the other hand, in limiting women's contacts with the outside world and those social support networks that could help them break out of relationships built on violence.

Controlling behavior is based not only on gender inequality within the family, but also on the attitude of society, which justifies both the prohibitions and the punishment for their violation. Data from the 2019 Multiple Indicator Cluster Survey (MICS) shows that a large proportion of women (58.4%) aged 15-49 years consider violation of restrictions and obligations imposed by spouse control as a sufficient reason for husband to beat his wife.

This attitude of part of society creates an environment where

violence is justified as a punishment for violation of gender taboos

and supports a certain gender distribution of power, resources and responsibilities in the family. For example, 19.2% of MICS respondents believed that a woman leaving home without her husband's permission is a sufficient reason to beat his wife. The present **survey showed that restrictions** on leaving the house, studying and working outside the home are the most common types of controlling behavior. In turn, social isolation and the inability to have their own resources make women more vulnerable to domestic violence (correspondingly, the level of violence is higher in families where there is controlling behavior) and create barriers to providing the necessary protection and support from the relevant agencies.

Figure 4.

Relationship between gender roles, controlling behavior and domestic violence



Various forms of violence are often used by the perpetrator(s) in parallel and interrelatedly. So the use of physical violence by a partner may be preceded by a long period of psychological violence, and sexual violence can be committed against the background of the threat of physical violence. At the same time, economic abuse (for example, when a partner takes away all money or valuables) puts a woman in a situation of dependence, and makes it much more difficult for her to get out of a relationship of physical, psychological or sexual abuse. Thus, the various forms of IPV form the so-called “power and control wheel”¹⁷, a set of violent practices that reinforce each other's impact

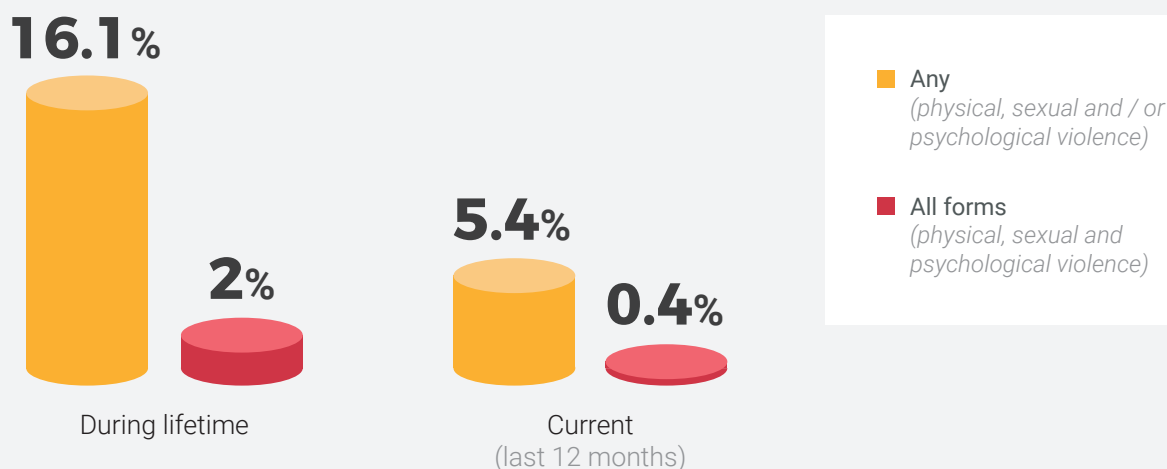
and aggravate the damage done to victims of violence.

In Turkmenistan, the proportion of women aged 18-59 who report that they have ever experienced one or more types of violence (physical, sexual and/or psychological) by their current or former husband or partner is 16.1%, meaning **every sixth woman has a similar experience**. The survey data also revealed a group of women who reported experiencing all three forms of violence. Among women who have ever been married or in a relationship, 2% have experienced both physical and sexual and psychological abuse in their

¹⁷The Wheel of Power and Control является широко применяемым в международной практике инструментом анализа взаимодействия различных форм гендерного насилия. Методика была разработана в рамках Дулусской модели анализа гендерного насилия, организации Domestic Abuse Intervention Programs. Understanding the Power and Control Wheel - Domestic Abuse Intervention Programs (theduluthmodel.org)

Figure 5.

Percentage of women aged 18-59 who are or have been married/in relationships subjected to any form of violence (physical, sexual and/or psychological) and all three forms of violence by husband / partner



The survey revealed that in Turkmenistan, **5.4% of the survey participants¹⁸, have experienced** physical, sexual and/or psychological abuse by their husband/partner at least once in the last 12 months. An indicator measuring the prevalence of three forms of violence (physical, sexual and/or psychological violence) over the past 12 months is included in the list of priority indicators of the Sustainable Development Goals for SDG 5 - Ensuring gender equality and the rights and opportunities of all women and girls (indicator 5.2.1).¹⁹

The indicator showing the prevalence of IPV over the past 12 months allows one to assess the

current situation that requires urgent action. Naturally, its level is lower than the indicator that measures the experience of violence throughout a lifetime. However, both indicators are valuable in terms of organizing quick assistance to victims (including in situations where a woman's life and health are in immediate danger), and for developing multi-year comprehensive measures and actions to prevent domestic violence. It should be understood that violence has both short-term and long-term consequences. Damage to physical health, social and economic activity, as well as psychological trauma for women subjected to violence and their families can last for many years after the occurrence of acts of violence.

SOCIO-DEMOGRAPHIC FACTORS ASSOCIATED WITH VIOLENCE AGAINST WOMEN

Analysis of the survey results within the framework of the integrated ecological model revealed a number of factors correlated with the level of prevalence of violence against women.

Regional differences

In Turkmenistan, the prevalence of husband/partner violence against women varies by region. The survey showed that **compared to other regions in Lebap velayat**, the proportion of women reporting exposure to physical violence by a husband/partner at any time in their lives is the

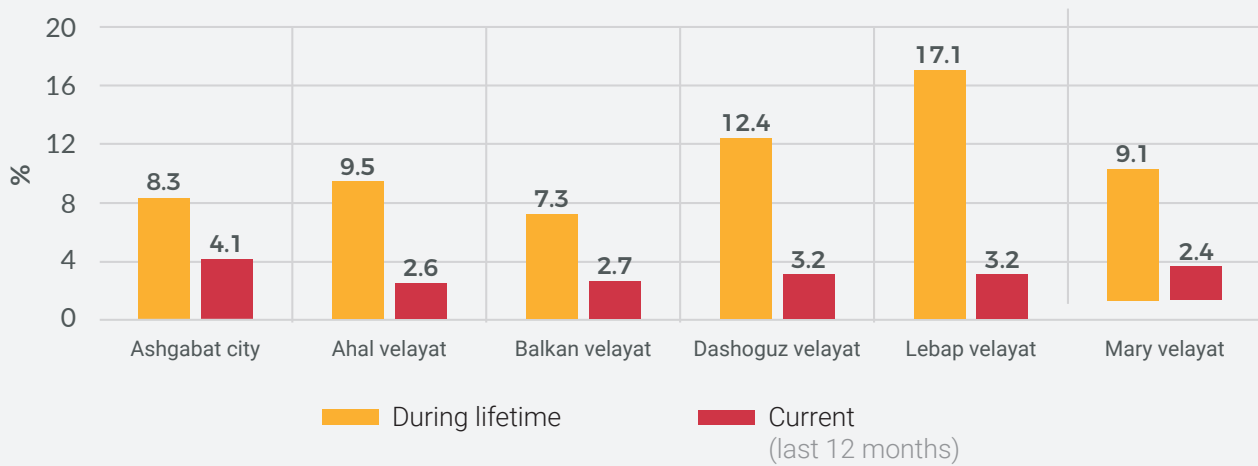
highest (17.1%). The second place in terms of prevalence of physical violence is occupied by Dashoguz velayat (12.4%). The value of this indicator in other regions varied from 7.3% in Balkan velayat to 9.5% in Ahal velayat. The situation with the level of use of physical violence over the past 12 months in the regional context is different. In Ashgabat city, 4.1% of women reported experiencing physical violence by their husband/partner in the last 12 months, while in other regions the prevalence ranged from 2.4% in Mary velayat to 3.2% in Dashoguz and Lebap velayats.

¹⁸Among women who are married or in a relationship

¹⁹https://unece.org/fileadmin/DAM/stats/documents/ece/ces/ge.30/2018/may/Session_2_Berdikeeva_RUS.pdf

Figure 6

Percentage of women age 18-59 who have experienced **physical violence** by current or former husband / partner, by region



Regional differences in women's exposure to psychological violence and behavioral control by their husband/partner during their lifetime show a similar pattern. In Lebap (15.7%) and Dashoguz velayats (12.5%), female respondents reported

experiencing psychological abuse more often than in other regions. Approximately every second woman in Dashoguz and Lebap velayats (47.5% and 48.6%, respectively) has experienced at least one type of controlling behavior during lifetime.

Figure 7.

Percentage of women aged 18-59 who have experienced **psychological violence** by their current or ex-husband / partner, by region

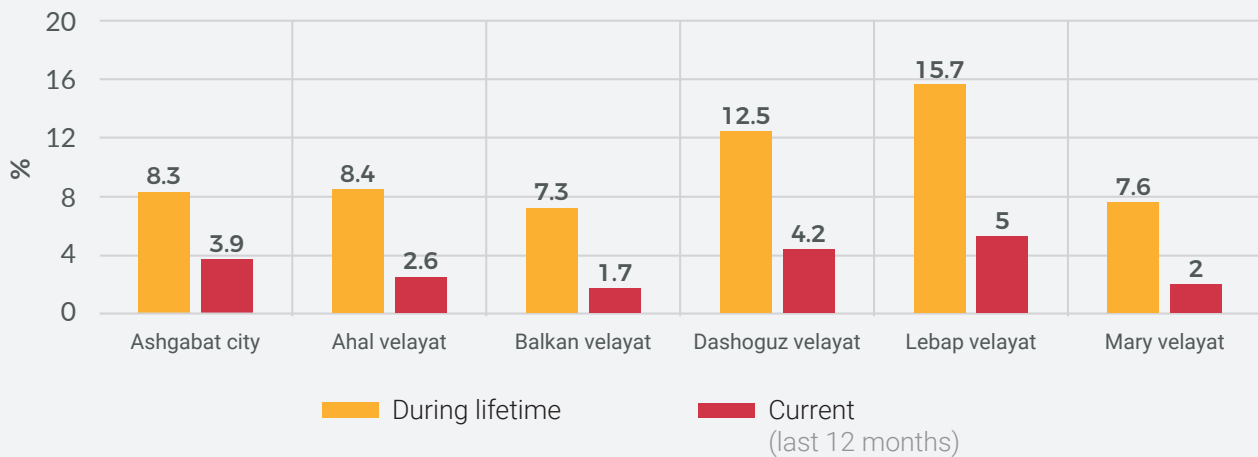
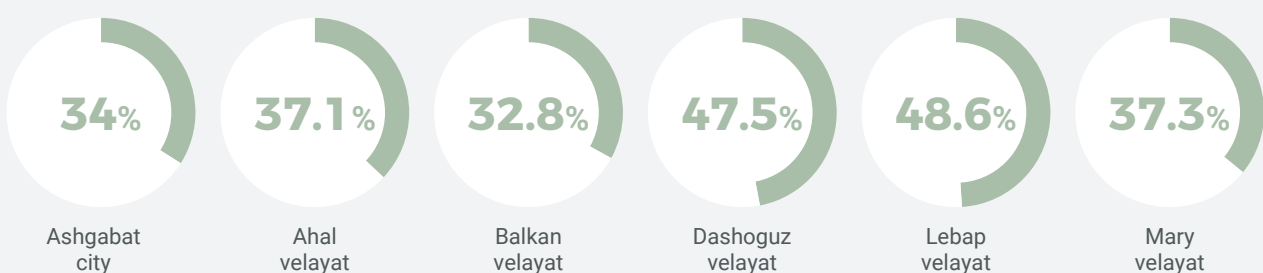


Figure 8.

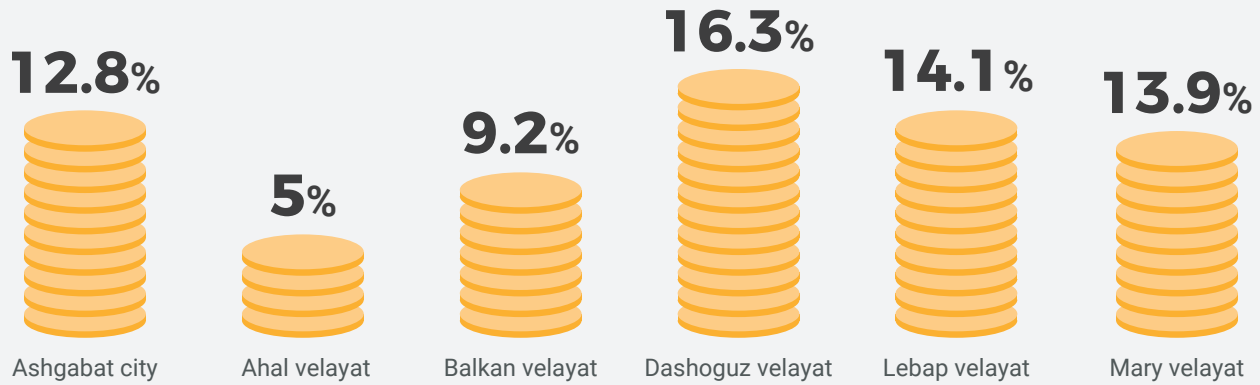
Percentage of women aged 18-59 who have experienced various **controlling actions** from the current or most recent husband / partner, by region



The prevalence of economic violence among women who are currently married or in a relationship and have their own income in three regions (Dashoguz, Lebap and Mary velayats) is higher than the national average (16.3%, 14.1% and 13.9%, respectively). The data show that the

respondents in the mentioned regions often faced a situation where their husband/partner took away their earned or accumulated money. At the same time, residents of the capital were more likely to be forced to leave their jobs or refuse the job offered under pressure from their husband/partner.

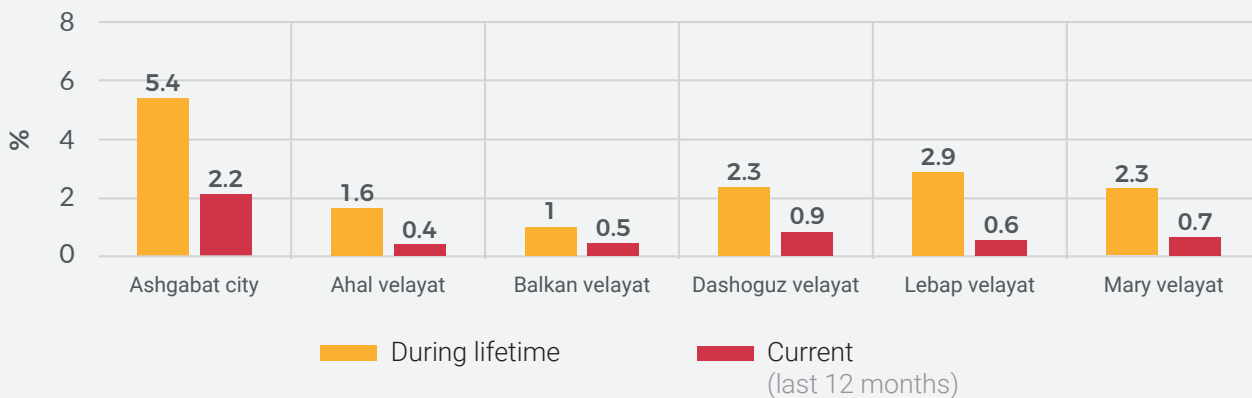
Figure 9. Percentage of women aged 18-59 who experienced economic violence by their current husband/partner during their lifetime, by region



Various activities that represent economic violence in the capital city and velayats may be associated with different income generation and professional growth opportunities. Thus, for women living in urban areas, whose earnings are more often directly related to work outside the home, and leaving employment can limit access to financial resources. At the same time, in rural areas, many women receive income from the sale of products from their own household plots. Programs that support women's economic independence as a measure to protect against domestic violence, as well as programs for the economic reintegration of victims of violence, should take into account the regional specificity of economic violence identified during the survey.

Consistently higher scores on several forms of violence and controlling behavior in a number of regions suggest the importance of more in-depth knowledge of the situation on the ground. At the same time, the situation with sexual violence is qualitatively different: the results in the city of Ashgabat are higher than in the velayats. While interpreting the results, it is necessary to take into account the varying degrees of sensitivity and taboo of the topic of sexual and physical violence in different parts of the country, as well as in urban and rural settings. As international studies show, the topic of sexual violence is usually more tabooed and significantly more sensitive than the topic of physical or psychological violence.

Figure 10. Percentage of women aged 18-59 who have experienced sexual violence by current or ex-husband / partner, by region



Cultural norms and restrictions often shape the attitude of women, men and society as a whole to sexual violence in marriage, not allowing it to be perceived as violence in principle, and even more so, as behavior comparable to sexual violence by strangers. It is possible that the urban environment in Ashgabat gives more access to information about the rights of women in marriage, about the reproductive and psychological health of the family, and thus helps the respondents to overcome the established prohibitions and the normalization of violent actions. This, in turn, may find manifestation in the greater willingness of respondents to talk about problems.

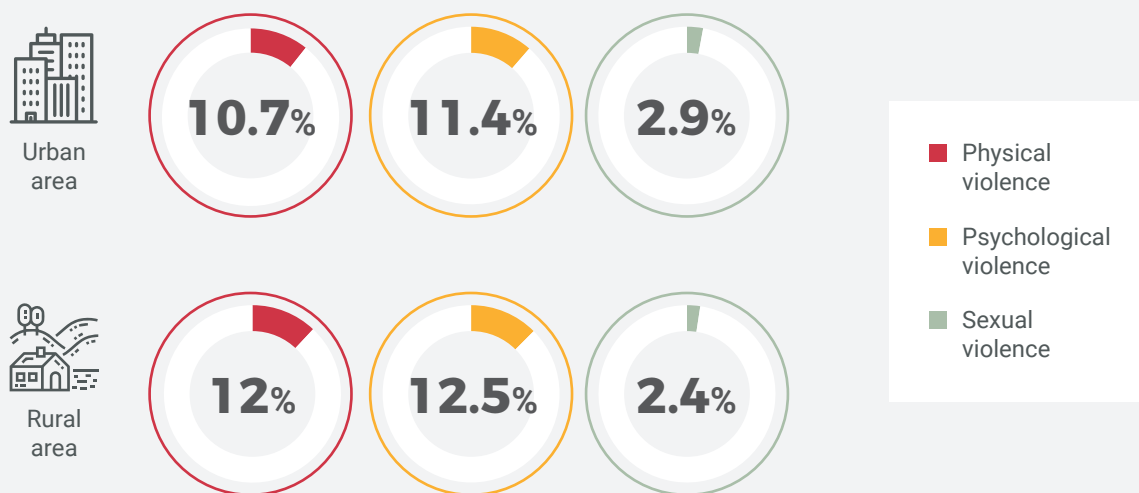
Regional differences in the prevalence of certain forms of violence may be due to local socio-economic, demographic or cultural contexts. In the integrated ecological model, these factors are related to the immediate environment (“community”). An in-depth analysis of local factors is needed to identify the reasons why some regions represent a high-risk area. In such regions, the development and implementation of special programs to combat violence should be focused on overcoming local factors that increase the prevalence rate.²⁰

Differences by type of area

The survey demonstrated that living in urban or rural areas does not affect IPV. The prevalence of physical violence by a husband/partner in urban areas was 10.7%, in rural areas - 12%. Approximately the same insignificant difference is observed in the prevalence of psychological and sexual violence. However, controlling behavior is

more common in rural areas (45.7%) than in urban areas (35.5%), so it is more difficult for women to find help and protection outside the family. This factor should be taken into account when developing preventive measures and programs to help victims of domestic violence.

Figure 11. **Percentage of women aged 18-59 who have experienced violence by their current or former husband / partner during their lifetime, by location**



Other factors

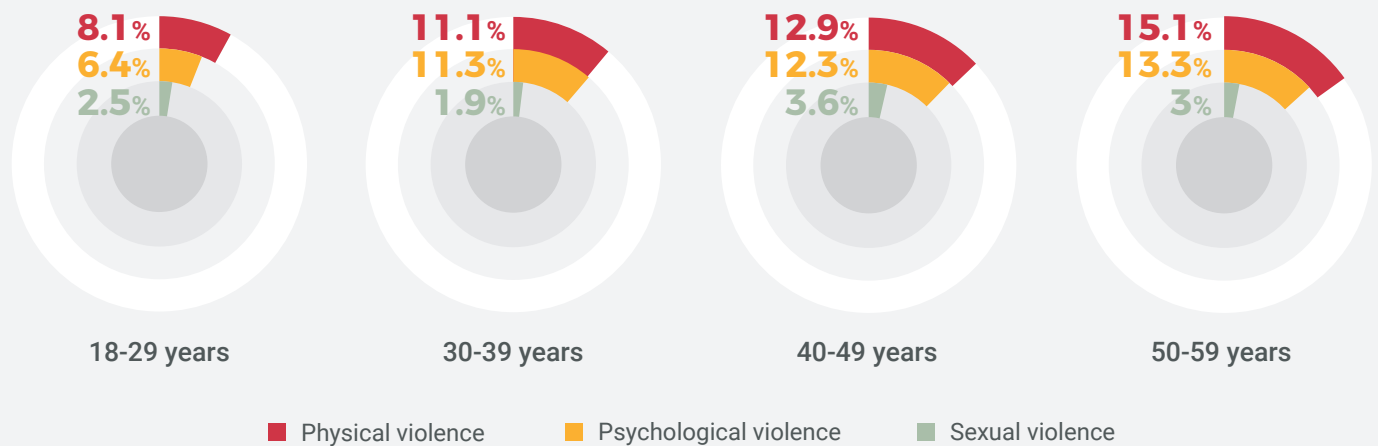
Interlinkages between the level of violence and such characteristics as the woman's age, education, marital status and age at first marriage/relationship were considered. The results revealed that with increasing age, the

proportion of women who reported physical and psychological violence by their husband/partner gradually increases, reaching the maximum values (15.1% and 13.3%, respectively) among the considered age groups by the age of 50-59 years.

²⁰Theoretically, a higher prevalence rate may also be associated with a greater openness of the local population to discuss issues of domestic violence. Qualitative research in relevant regions can help clarify this issue.

Figure 12.

Percentage of women aged 18-59 who have been subjected to violence by their current or former husband / partner during their lifetime, by age groups



The survey made it possible to identify a category of respondents who were significantly more likely to report that they were victims of violence by their husband or partner. The proportion of women who are divorced or who have ended a relationship, at some time during their lives were subjected to physical violence, was 45.1%, subjected to sexual violence - 24.3%. More than half of the respondents (51.6%) spoke about the experience of psychological violence. In this group, respondents were more likely to report controlling behavior from their ex-spouse (63%). At the same time, 18.3% of women were subjected to four or more actions of controlling behavior, while among those who are married/in a relationship, the value of this indicator was 1.8%.

The increased levels of ex-spouse violence and controlling behavior in this group can be explained by the fact that women who have already left the relationship share traumatic experiences more freely, as well as the fact that the breakup often occurs as a result of partner/husband violence, which can continue even after the breakup. Some foreign studies show that women face an increased

risk of ex-partner violence after a divorce or breakup²¹.

Another category of respondents who faced an increased risk of physical violence from their husbands are women with experience of early marriage (the age of first marriage/relationship is under 18). According to international studies, early marriage is a factor that increases the risk of partner violence²². The survey revealed a similar situation. Respondents who first got married or got into their first relationship before the age of 18 were more likely (24.7%) to report physical violence from their husbands than women who entered their first marriage/relationship after the age of 18 (10.1%). The relatively small size of the group (122) does not allow drawing far-reaching conclusions, but the situation undoubtedly requires further study.

It should be noted that Lebap velayat, which has the highest prevalence of physical and psychological violence, is also the region with the highest prevalence of first marriage/relationships under the age of 18 (9.8% among women aged 20-49 years, according to MICS 2019²³).

Demographic and behavioral characteristics of husband / partner

Among the partners of the respondents who reported physical and/or sexual violence by their current (last) husband/partner in the last 12 months, **men aged 30-39 make up more than half (53.9%)**. A similar situation is typical for relationships where

psychological violence takes place: 56%, among this group of husbands/partners, were men aged 30-39. At the same time, it should be noted that among all the husbands/partners of the respondents, this age group is 37.4%.

²¹Marybeth L/ Rezey, Separated Women’s Risk for Intimate Partner Violence: A Multiyear Analysis Using the National Crime Victimization Survey, Journal of Interpersonal Violence, February 2017, Separated Women’s Risk for Intimate Partner Violence: A Multiyear Analysis Using the National Crime Victimization Survey - Maribeth L. Rezey, 2020 (sagepub.com)
²²Rachel Kidman, Child marriage and intimate partner violence: a comparative study of 34 countries, International Journal of Epidemiology, April 2017, Child marriage and intimate partner violence: a comparative study of 34 countries - PubMed (nih.gov)
²³2019 Turkmenistan Survey Findings Report (mics-surveys-prod.s3.amazonaws.com)

Given that we are talking about “current violence”, the situation may be related both to certain generational characteristics of this group, and to a number of other factors. The problem requires in-depth study. The results also suggest that the loss of a husband/partner's job (being unemployed) may increase their risk of domestic violence.

Heavy use of alcohol and/or drugs by partner is often associated with an increased risk of IPV. Thus, WHO includes the use of alcohol and drugs in the list of factors contributing to the fact that a partner resorts to violent actions. However, it should be taken into account that heavy alcohol consumption

in societies with Muslim traditions can be stigmatized and not a common practice. This survey showed that the vast majority of the current (last) husbands/partners of the respondents (81.5%) either never consumed alcohol or did so less than once a month. Accordingly, it was not possible to test for a statistically significant association with IPV.

The data revealed that the manifestation of physical aggression outside the family, in principle, is rare. Only 3.8% of respondents reported that the husband/partner got into fights with another man during the period of their acquaintance.

CHARACTERISTICS OF DIFFERENT FORMS OF HUSBAND / PARTNER VIOLENCE

Within the framework of family relationships, violence takes various forms, manifests itself with varying degrees of severity and is expressed in different types of actions. Understanding the most common characteristics of domestic violence, especially IPV, allows one to better assess the damage caused to victims of violence, determine the measures for punishing the perpetrators and properly prepare law enforcement and judicial authorities, medical and social institutions and all other authorities working in the field of combating domestic violence.

Among the important characteristics of IPV, the **WHO methodology allows to determine the severity of violence**, its frequency, as well as the prevalence of certain actions corresponding to specific forms of violence (physical, sexual or psychological)²⁴. The WHO methodology divides physical violence by a husband/partner into “moderate” and “severe”. “Moderate physical abuse”

refers to acts that did not result in bruises, cuts, broken bones, miscarriage, and/or the need for treatment or hospitalization. This category also includes acts that did not result in a woman's feelings of fear towards a partner or fear for her life, and the actions that took place when the woman was not pregnant²⁵. “Severe physical abuse” refers to acts that result in bruises, cuts, broken bones, miscarriage, and/or the need for medical treatment or hospitalization. This category also includes actions that caused a woman to fear her partner and/or fear for her life. This also includes actions committed by someone during the period when the woman was pregnant. Hitting with a fist or object, kicking, dragging or beating on the ground, strangulation, intentional burns, and threatening with a knife, pistol, or other weapon are de facto considered acts of severe physical violence, regardless of the consequences. This is because such activities carry a much higher risk of bodily injury and damage to mental health.²⁶

The survey data demonstrated that in most cases, husband/partner violence is not an isolated incident, but a recurring phenomenon. A woman who has experienced violence from her husband/partner once is likely to experience it again.

only **24%** of women who experienced physical violence and **21%** of women who experienced sexual violence reported that it happened once

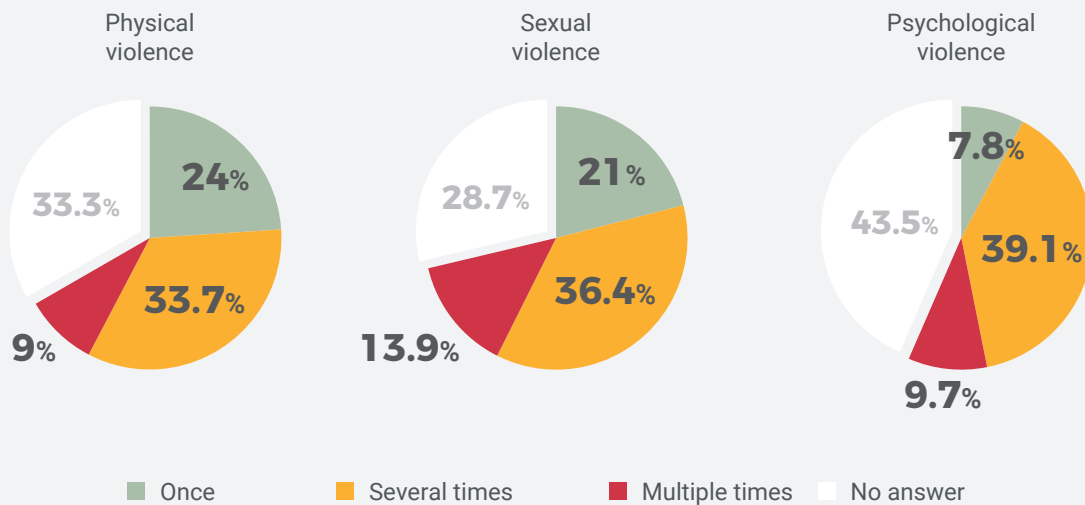
Also noteworthy is the high proportion of respondents who did not answer the question of how often they were subjected to violence (from 29% to 44%).

²⁴Guidelines for Producing Statistics on Violence Against Women, Department of Economic and Social Affairs, Statistical Division, United Nations, 2014 NY Guidelines_Statistics_VAW.pdf (un.org)

²⁵Same

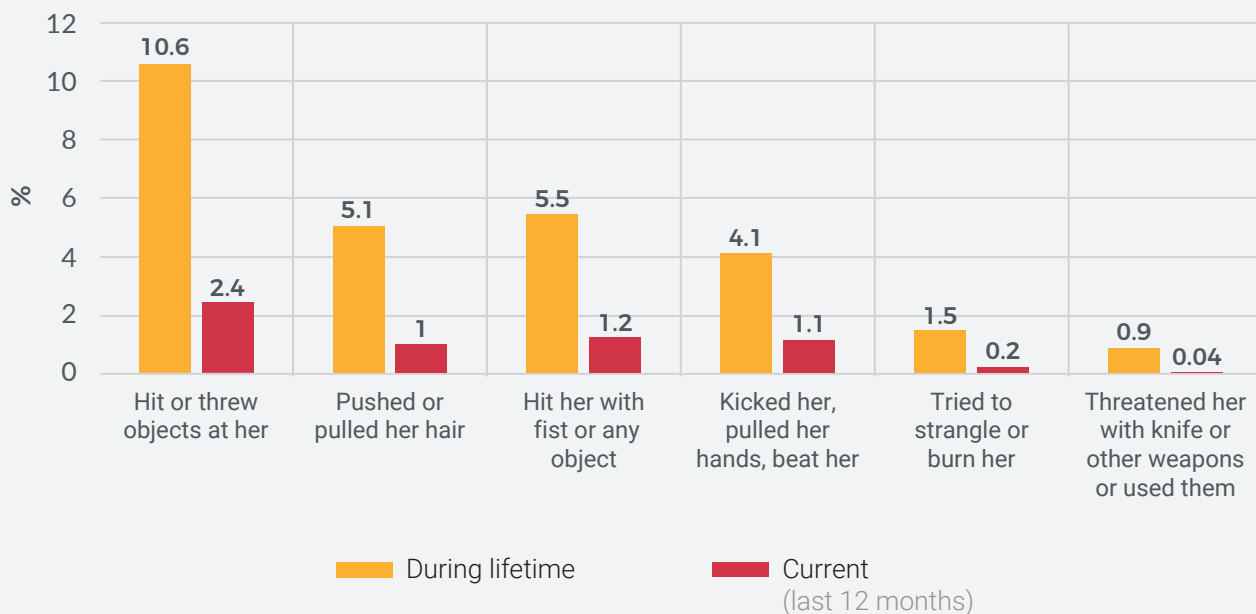
²⁶Same

Figure 13.
Percentage distribution of women aged 18-59 whose current or ex-husband / partner used violence during their lifetime, by incidence



Hitting and throwing objects at the victim are the most common violent physical acts. (10.6%).

Figure 14.
Percentage of women aged 18-59 whose current or ex-husband/partner has engaged in the listed acts of physical abuse

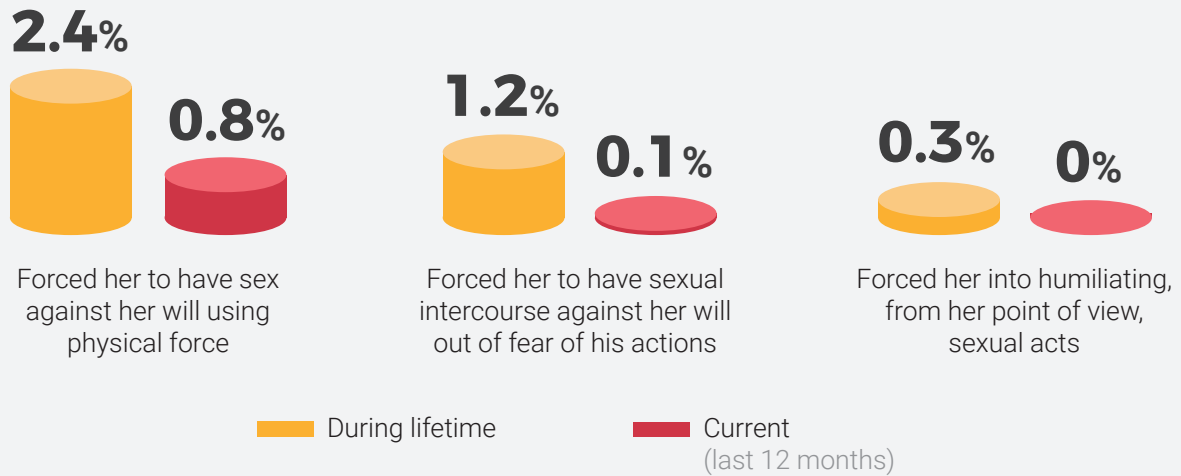


Cases of sexual violence were few. It is noteworthy that mostly women noted situations in which the husband/partner used physical force as a mechanism for coercion to sexual violence. This

result demonstrates how different forms of violence can be closely interlinked and have a cumulative effect.

Figure 15.

Percentage of women aged 18-59 whose current or ex-husband/partner has engaged in activities related to sexual violence

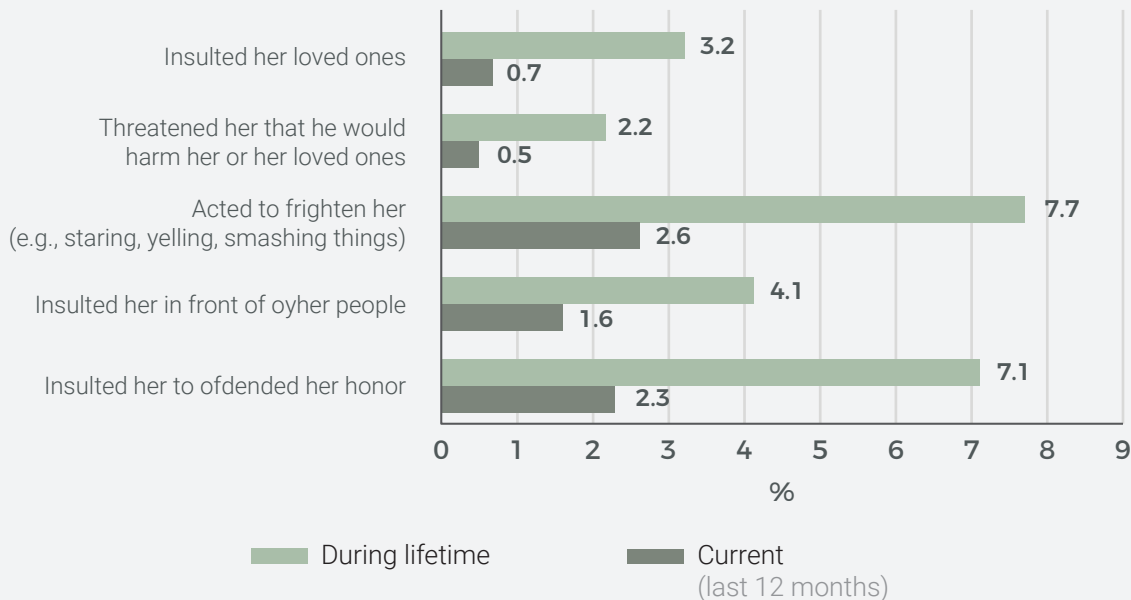


Among the actions included in the category of “psychological violence”, the most common actions are “intimidation” (7.7%) and “insults” (7.1%). The prevalence of acts designed to frighten the victim is particularly important given that such manifestations of psychological abuse link it to

severe physical abuse. The husband/partner can thus not only exert psychological pressure, demonstrating the physical destruction of certain objects, but also remind the woman of acts of severe physical violence that took place in the past.

Figure 16.

Percentage of women aged 18-59 whose current or ex-husband/partner allowed the listed behaviors related to psychological abuse

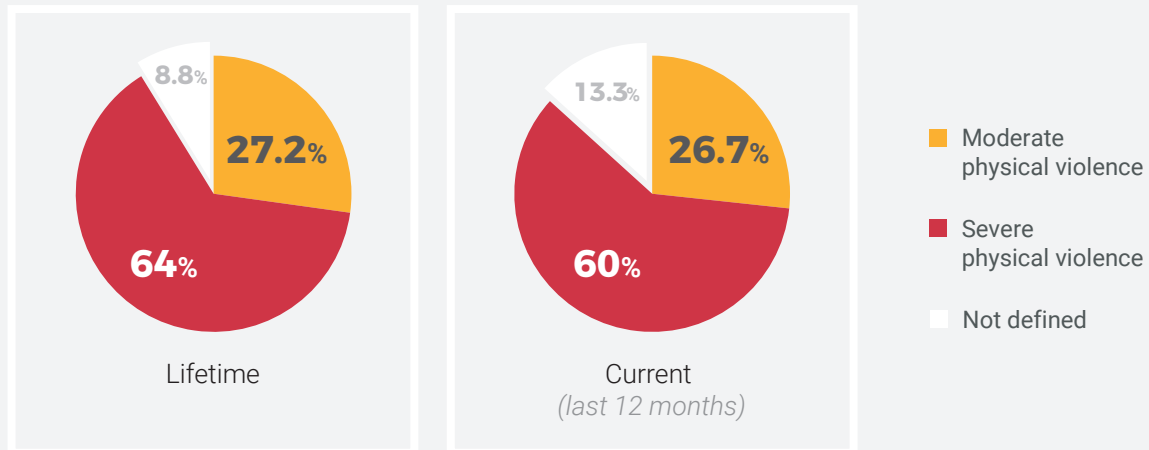


The survey demonstrated a higher prevalence of severe physical violence than moderate. Among the respondents who experienced physical violence from their current or ex-husband/partner, 64% were subjected to severe physical violence, 27.2% -

moderate, 8.8% of women did not answer the relevant questions. Approximately the same ratio is typical for respondents who experienced physical violence in the last 12 months.

Figure 17.

Percentage of women aged 18-59 who have experienced moderate or severe physical violence by their current or former husband / partner



It is important to note that the vast majority of divorced women or women that ended a relationship who reported physical abuse experienced it in a severe form (95%).

The predominance of severe violence is a wake-up call and can mean both a greater prevalence of violent acts per se, and a greater willingness of women to report violence associated with severe physical and psychological harm. Accordingly, it can be assumed that actions that do not leave visible damage are normalized by women and are not perceived as “violence”.

21.6%



Among women who experienced husband/partner violence, **one in five (21.6%) experienced violence during pregnancy**. At the same time, almost every tenth woman (9.6%) reported that her husband/partner kicked or hit her in the abdomen.

This attitude increases the risks women face in situations of domestic violence. Underestimating the dangers of “moderate violence” damages health, makes women more vulnerable, and can lead to unpreparedness and late response by law enforcement. Research shows that the escalation of the severity of violence is a reality for many couples. IPV often develops in a pattern of increased threat and controlling behavior, later evolving into increasingly violent acts. For example, in the United States, three out of every five rape victims have previously reported domestic violence to the police, and a significant proportion of registered rapists have repeatedly committed violent acts in a more severe form.²⁷

²⁷Lyn Shipway, Domestic Violence. A Handbook for Health Professionals, pp 24-25

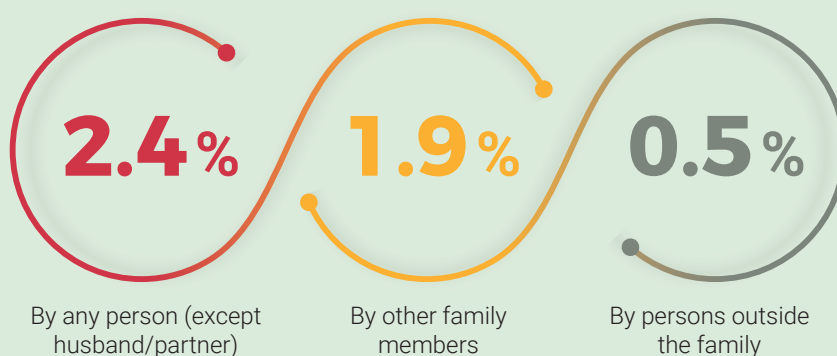
5 VIOLENCE BY OTHER PERSONS

Although the focus of the survey was on the problem of violence by a husband or partner, the survey also determined the prevalence of violence by non-husband/partners. The results show that 2.4% of women aged 18-59 have experienced physical violence from others (any

person other than their husband/partner) during their lifetime. At the same time, the proportion of women who were subjected to physical violence by family members (except for the husband/partner) was 1.9%, and by non-family members - 0.5%.

Figure 18.

Percentage of women aged 18-59 who have ever been physically abused by anyone (other than their husband/partner) after turning 15



Mothers are the second most common source of physical abuse (after husband/partner). However, the proportion of respondents who reported physical violence **from their mother** (1.2%) is approximately nine times lower than the proportion of those who reported physical violence from their husband/partner (10.3%)²⁹.

The survey revealed isolated cases of sexual violence after the age of 15 by family members (except for the husband/partner) and showed a small number of cases of sexual violence by strangers (0.3%). During interviews with interviewers, female respondents very rarely reported experiencing sexual violence before the age

of 15. However, at the end of the interview, the respondents had the opportunity to answer the question themselves by filling out a form, which they could then put in an envelope without name or data. This version of the survey showed that **1.6% of all respondents were victims of sexual violence in childhood** (up to 15 years).

The results obtained confirm the trend repeatedly noted in international studies. **The main source of the threat of violence against women is not people outside the family, but family members.**

²⁸Data refer only to violence that occurred after the respondent was 15 years old.

²⁹Among all women aged 18-59 who reported physical violence by their husband / partner

6 IMPACT OF VIOLENCE ON WOMEN'S HEALTH AND CHILDREN'S WELL-BEING

Physical and sexual violence seriously harms women's health. The consequences of violence often include both bodily injury directly resulting from the violence and physical, mental and reproductive health problems that can last for many years.

The survey showed that one third of all women (32.4%) who have ever experienced IPV (physical and/or sexual) receive bodily injuries of varying severity. For more than 40% of women in this category, the husband/partner has physically harmed her several (3-5 times) or many (more than 5) times, 5.5% of respondents who experienced IPV needed medical attention because of their husband/partner's actions. However, among those who sought medical attention, the majority did not tell the medical staff about the abuse.

Women without a history of husband/partner violence are more likely to rate their overall health as "excellent" or "good" (61.5%) than women who have experienced IPV (43.6%). The survey found that having experienced violence by a woman in her lifetime is correlated with an increased prevalence of specific health problems in the last four weeks immediately prior to the interview. Every second woman who has ever experienced physical and/or sexual violence from her husband/partner reported health problems such as frequent headaches (56.5%), nervous, tense state (55.1%), constant feeling of fatigue (47.3%). They were also more likely to report that they get tired quickly (35%), their hands tremble (22.5%), they cry more than usual (21.5%) and experience a feeling of fear (17.9%). Other problems are less common, but women with IPV experience reported them more frequently.

Figure 19.

Percentage of women aged 18-59 who are or have been married/in a relationship with specific health problems in the past four weeks

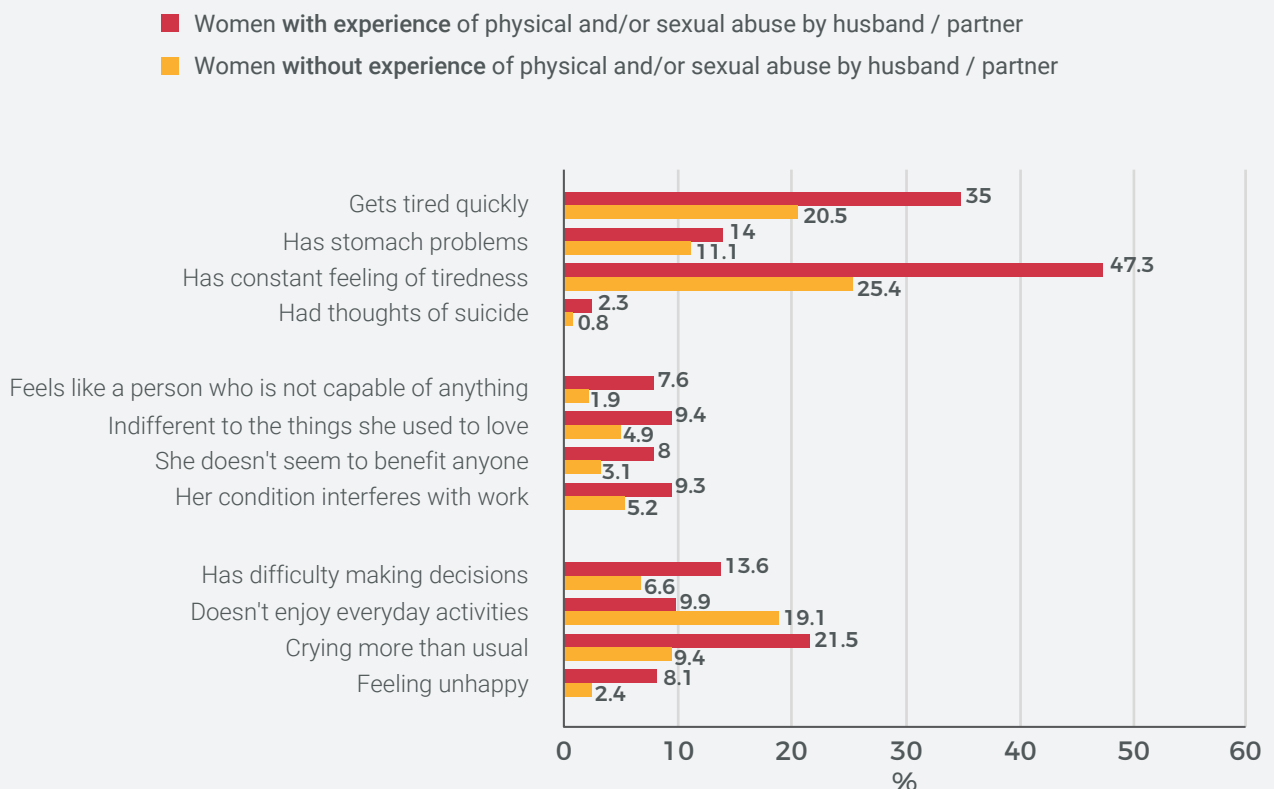
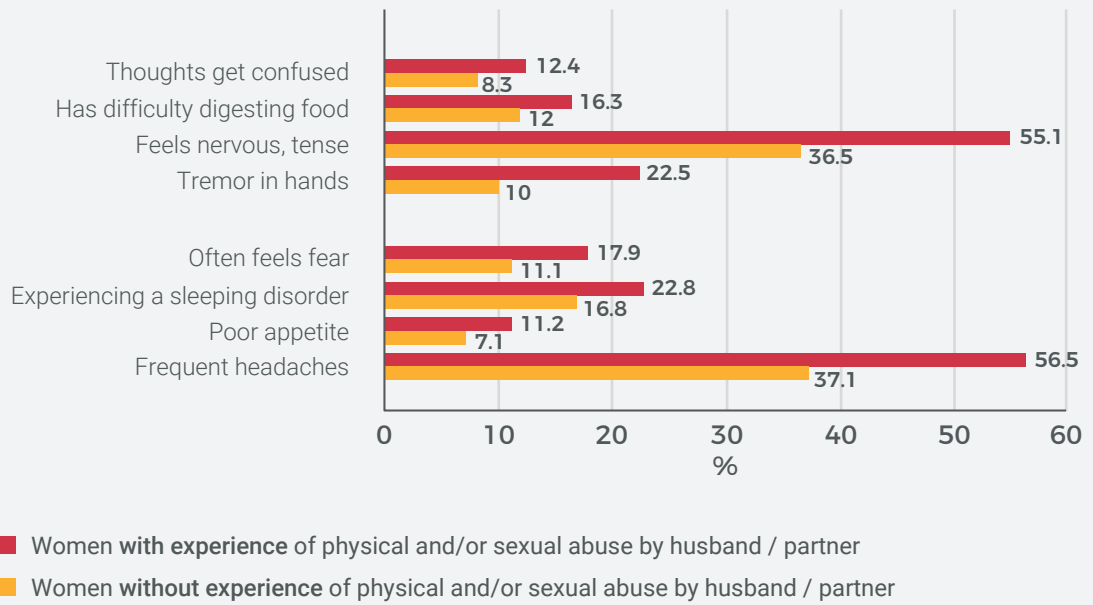


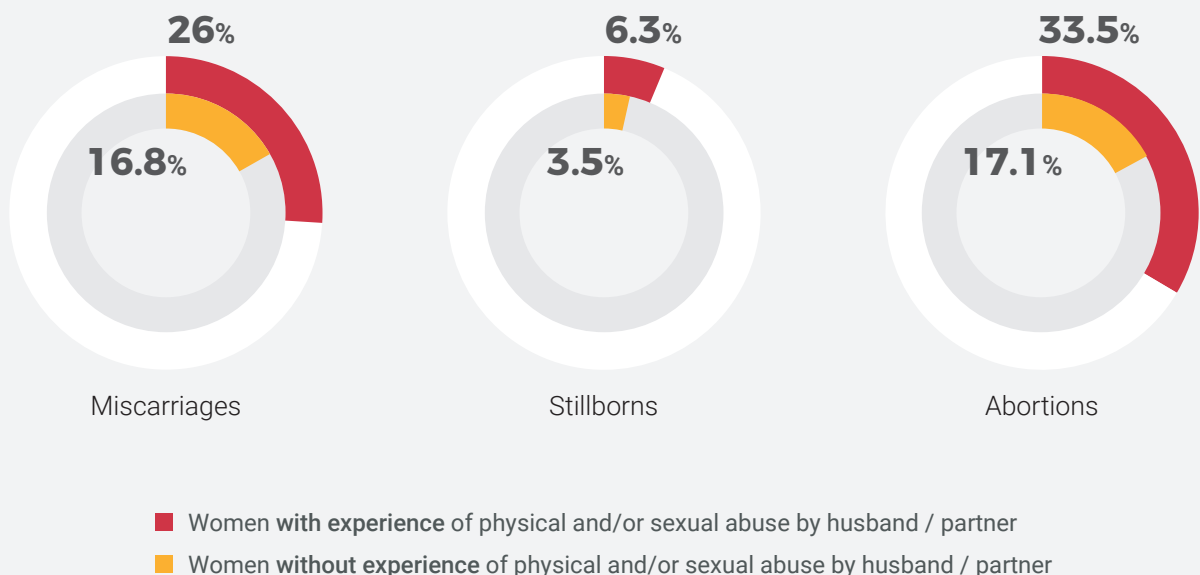
Figure 19.
(continuation)



The survey demonstrated that victims of husband/partner violence are more likely than women without experience of violence to face problems with reproductive health. Among women who experienced physical and/or sexual abuse by their husband/partner, 33.5% **resorted to have had an abortion**, 26% had a miscarriage, and 6.3% gave birth to stillborn children.

The proportion of women whose current husband/partner refused to use contraceptive methods is only 3%. Due to the small number of cases, it is not possible to identify a relationship between the use of contraception and exposure to violence.

Figure 20.
Percentage of women aged 18-59 who are or have been married/in a relationship who have ever been pregnant with an **adverse reproductive health impact**

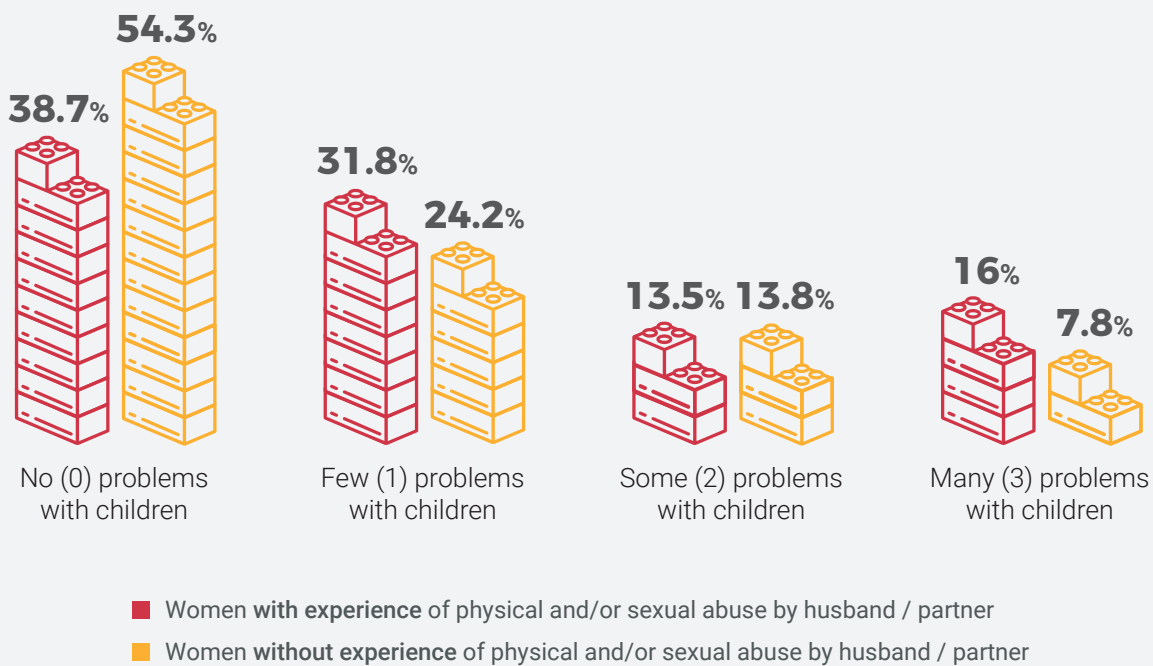


Domestic violence affects not only the victim, but all family members. Survey data reveals that in families where there is physical abuse by husband/partner, **children see scenes of beatings**. In a quarter of such families (25.5%), children witnessed a beating at least once. Women who have experienced violence often do not know who in the family may have been present. Thus, many respondents (28.5%) did not know if children had seen acts of violence. At the same time, 5.9% of women with experience of violence from their husband/partner reported that he also raised a hand against children.

In families where a woman has been physically and/or sexually abused by her husband/partner, children are more likely to suffer from behavioral problems such as nightmares, bedwetting at night, withdrawal/shyness, aggressiveness. The results showed that 61.3% of women with IPV experience and children aged 5-12 had at least one child with this type of problem. Among women without IPV experience with children aged 5-12 years, this figure was 45.7%. Women who experienced IPV were 2 times more likely to report that at least one of their children suffered from three or more problems (16%) compared to women who did not experience spouse/partner violence (7.8%).

Figure 21.

Percentage of ever-married or women aged 18-59 with children aged 5-12 who have at least one child with problems such as nightmares, bedwetting at night, withdrawal/shyness, aggressiveness



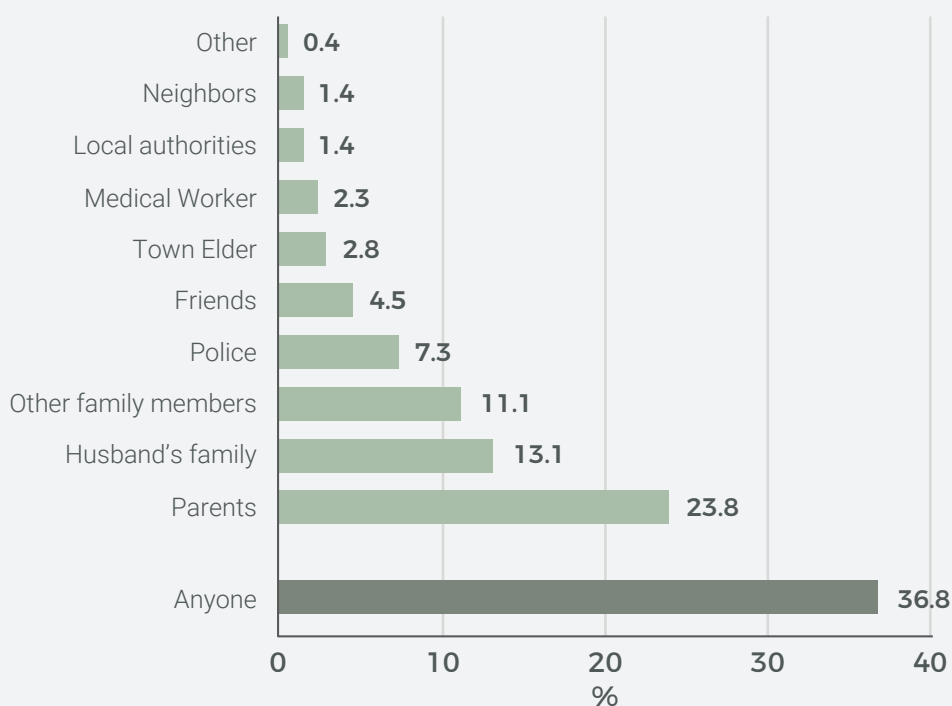
7 COPING STRATEGIES FOR SPOUSE/PARTNER VIOLENCE

Most women who have experienced domestic violence often do not tell anyone about it. Only 36.8% of women said they had told someone about their experience. Most

often, the respondents reported violence from their husband/partner to their parents (23.8%), less often - to the husband's family (13.1%), other members of their family (11.1%).

Figure 22.

Percentage of women aged 18-59 who are or have been married/in a relationship and subjected to physical and/or sexual violence, and told someone that they experienced violence from a current or former husband / partner



It is worth noting the difference between the behavior of women in urban and rural areas. Victims of domestic violence living in urban areas are more likely to choose to speak out about domestic violence than those living in rural areas. Every second (54.4%) urban woman told someone about her husband's/partner's violence (in most cases, her parents), while among women in rural areas only every fourth (23.8%) did so.

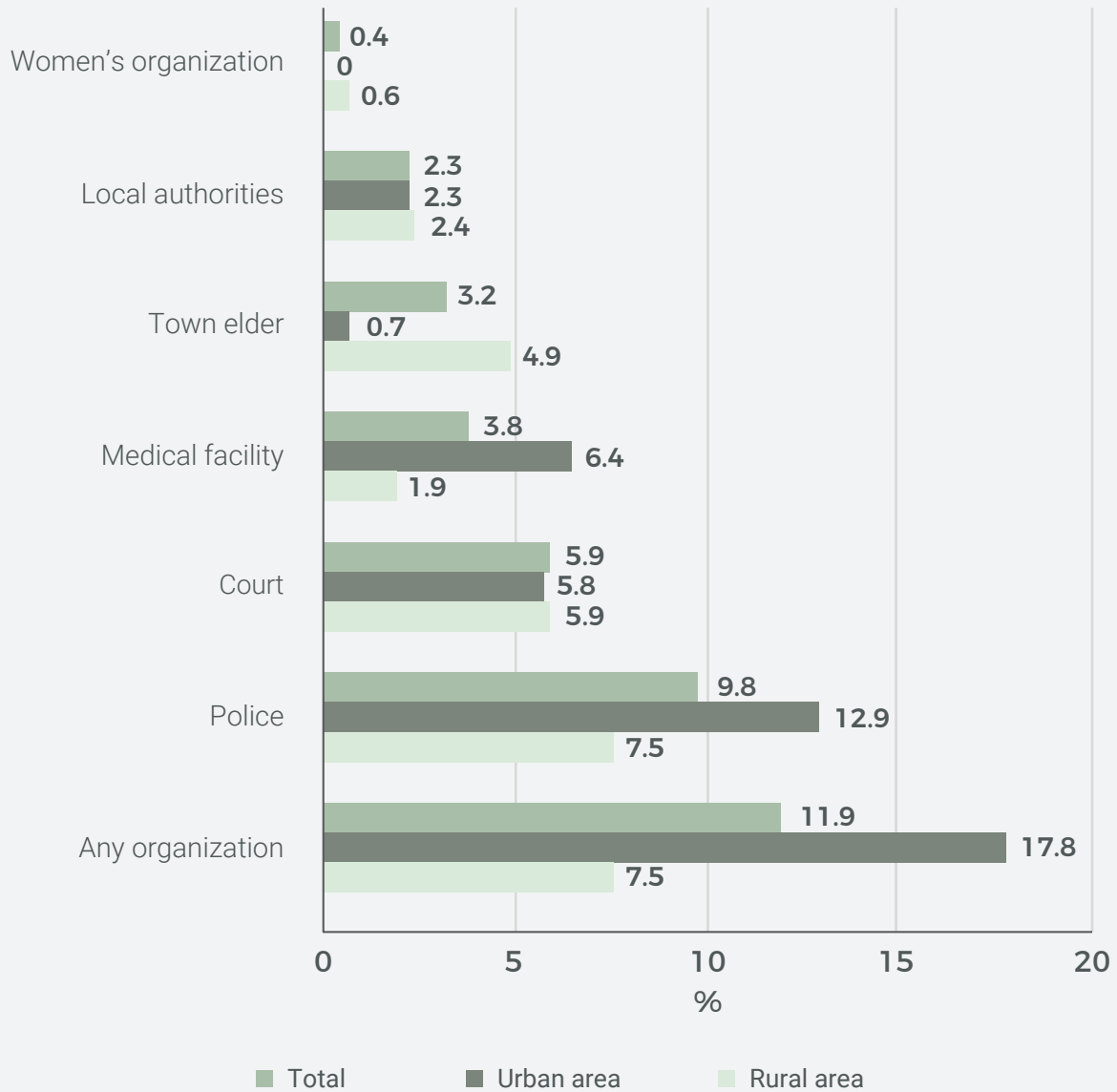
Seeking help in situations of domestic violence is a critical step in identifying dangerous situations and perpetrators of violence, organizing protection and support for victims of violence, and preventing the escalation of violence. Therefore, information about who women who have experienced domestic violence turn to is very important for organizing an effective response system.

Only 11.9% of women aged 18-59 who have ever been married and have been physically and/or sexually abused by their current or ex-husband/partner decided to seek help from the relevant organizations and institutions. They mostly went to the police (9.8%), less often to courts (5.9%), medical institutions (3.8%), and to local elders (3.2%).

Affected women very rarely applied to local authorities and representatives of public organizations. To understand the reasons, a more in-depth study of the situation on the ground is needed. Women's preferences in seeking support should be taken into account when developing special measures to protect victims of domestic violence.

Figure 23.

Percentage of women age 18-59 who are or have been married/in a relationship and who have been physically and/or sexually abused by their current or former husband/partner and who have ever sought help from any organization

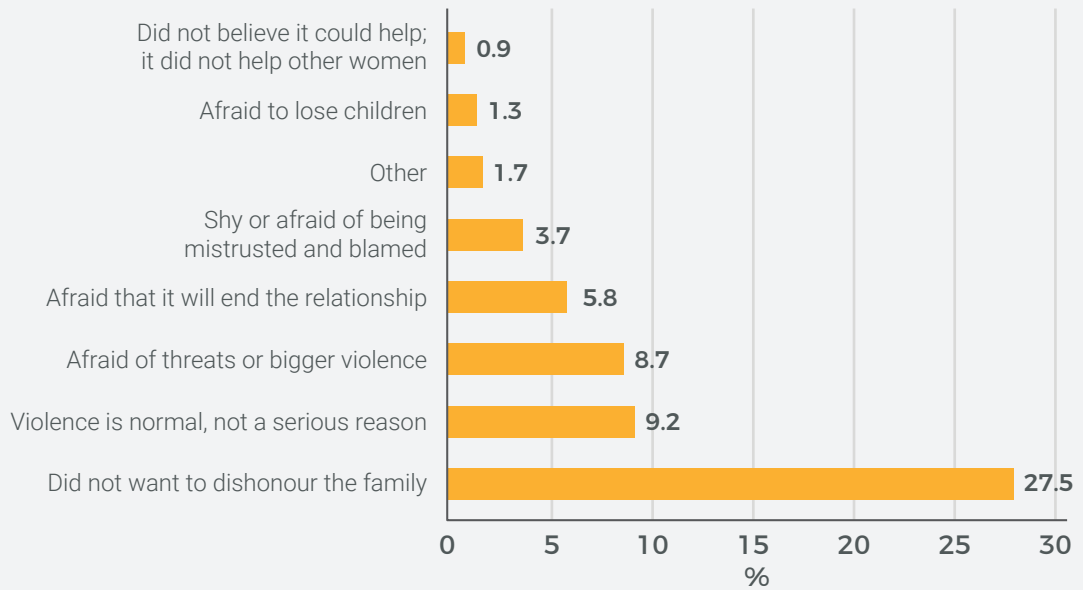


More than half of the women (54.4%) who experienced IPV and did not seek help from the relevant organizations and institutions did not answer the question for what reason they did not do it. Respondents who answered most often named the reason - **“did not want to damage the honor of the family”** (27.5%). Public pressure continues to be

one of the leading factors influencing women to remain silent about violence and not seek help and protection. The next most common responses were female responses such as **“Violence is normal/not a serious reason”** (9.2%) and **“I was afraid of threats/more intense violence** (8.7%).

Figure 24.

Percentage of women aged 18-59 who are or have been married and who have experienced physical and/or sexual violence by their current or ex-husband/partner because they did not seek help from relevant organizations and institutions

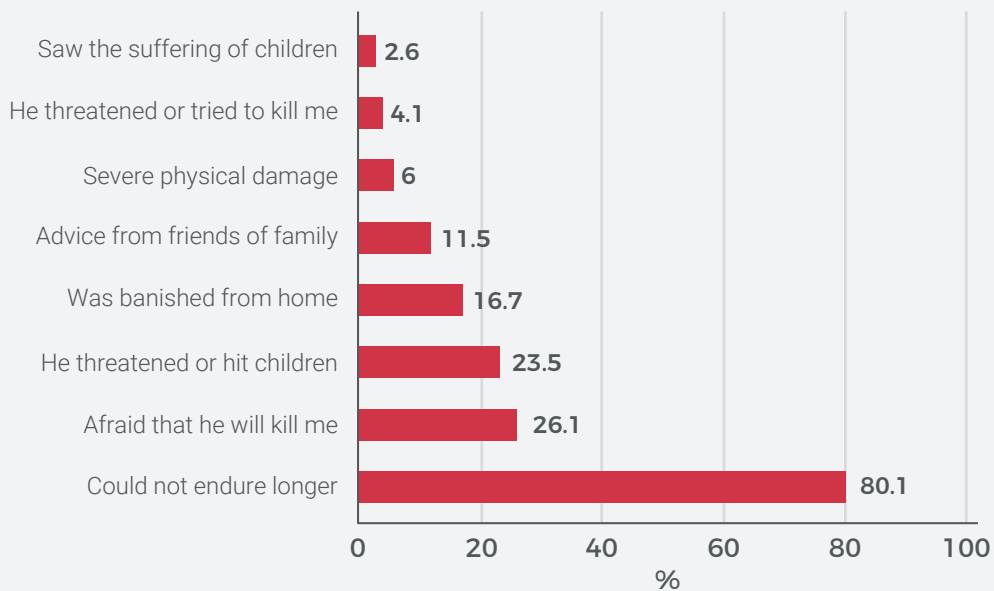


It is alarming that those who seek help do this when the situation is already reaching the limit: the majority (80.1%) of women made such a decision because they “could not endure it any longer”. 26.1% of women asked for help because of fear that the husband/partner would kill her, 23.5% of women after his threats to children and the use of physical

violence against them. Comparing these data with data on the greater prevalence of “severe violence”, we can conclude that appeals to authorities most often take place only after the escalation of violence. This is indirectly confirmed by the fact that the respondents most often went to law enforcement agencies.

Figure 25.

Percentage of women aged 18-59 who are or have been married and who have experienced physical and/or sexual abuse by their current or former husband/partner by reasons of seeking help from relevant organizations and institutions



About a third (31.2%) of women subjected to violence by their husband/partner answered that they **did not want to receive help from anyone**. Out of those who would like to receive help, the majority expect it from their family and husband's family, and not from the relevant bodies, institutions and organizations. This indicates a possible lack of

public awareness of the work of relevant services, which need to further disseminate information about assistance, train appropriate personnel and institutional mechanisms, work intensively on building trust and work closely with families on the ground.



8 CONCLUSION

The sample survey on “Health and status of a woman in the family in Turkmenistan” is the first experience of collecting data on the prevalence of domestic violence against women, its main characteristics and concomitant factors. Analysis of the results demonstrated that, in general, the survey managed to answer all pre-formulated key questions, thereby achieving the set goal and objectives.

The results of the survey made it possible to establish the presence in the country of a level of prevalence of domestic violence against women, comparable to the indicators from a number of neighboring countries and across the region. The data show that reports of severe physical violence outnumber reports of moderate violence over a lifetime, and most survivors experience violence more than once. This situation requires the need to build a system of assistance to victims of violence that can quickly and effectively respond to the escalation of violence and deal with crisis situations.

Characteristics of all forms of violence (physical, sexual, psychological and economic) both for the country as a whole and for individual regions were identified. At the same time, the presence of regions with a higher prevalence of specific forms of violence by the husband/partner was identified (Lebap velayat - for physical violence and Ashgabat city - for sexual violence). The results made it possible to highlight the general socio-demographic characteristics of the groups of respondents (women who are divorced or who have ended

relationships, women with experience of early marriage), who more often reported the experience of violence from their husband/partner. A more in-depth study of the situation is needed in order to further develop targeted programs based on the results, along with an overall strategy for responding to domestic violence.

The results of the survey demonstrated an interlinkage between controlling behavior (gender-based prohibitions) and domestic violence. Comparison with the 2019 MICS data on the prevalence in part of society of attitudes that justify husband/partner violence when a woman violates a number of gender taboos allows us to see the connection between IPV, controlling behavior and a certain context of public perceptions that support gender inequality and gender-based violence. This situation indicates the need to strengthen work on the prevention of gender-based violence, and mobilize public support for gender equality and opposition to all forms of gender discrimination.

The survey revealed the direct damage that violent acts cause to the physical health of women. The survey also showed that the experience of domestic violence is correlated with a set of problems in the field of psychological and reproductive health of women and children. Given that the respondents rarely seek help from medical institutions, law enforcement agencies and social protection, the need to build a system of support and protection of victims of violence that enjoys the trust of the population comes to the fore.

The following is a summary of the survey findings for each of the key research questions.

1 What is the prevalence and characteristics of physical, sexual, psychological violence against women aged 18-59 (by husband/partner, throughout life and over the past 12 months) in the country as a whole and in certain regions? What is the prevalence of economic violence against women aged 18-59 (by husband/partner, throughout life in the country as a whole and in certain regions?)

The survey revealed the extent to which various forms of domestic violence are spread across the country as a whole and across regions. The data is comparable to the results for the European region and a number of neighboring countries in Central Asia and the South Caucasus. At the same time, the data for Turkmenistan is closer to the results obtained in Kazakhstan and the South Caucasus

than to the situation in Kyrgyzstan and Tajikistan, where the figures are higher.

The proportion of women aged 18-59 who report having experienced one or more forms of violence (physical, sexual and/or psychological) at some time in their lives by a former or current partner (husband or partner) is 16.1 %, all three listed forms

of violence - 2%. 12% of women have ever been physically and/or sexually abused by their husband or partner (current or former).

The sample survey made it possible to compare the prevalence of different forms of violence. Thus, 11.4% of women have ever been subjected to physical violence by their current or ex-husband/partner, 2.7% - sexual violence, 10.6% - psychological violence and 13.3%³⁰ - economic violence. The level of current violence has been noticeably lower.

In the past 12 months, **3.4%** of ever-married or in a relationship women experienced physical and/or sexual abuse by a spouse/partner.

The results showed that in most cases, husband/partner violence is not an isolated incident, but a recurring phenomenon. A woman who has experienced violence from her husband/partner once is more likely to experience it again (only 24% of women who experienced physical violence and 21% of those who experienced sexual violence reported that it happened once). Hitting and throwing objects at the victim are the most common actions.

Among the acts included in the category of "psychological abuse", the most common acts are "intimidation" and "insults" of a woman.

The survey showed a higher prevalence of severe physical violence than moderate. This is a wake-up call and should be taken into account when developing policies to respond to domestic violence.

2 What is the prevalence of physical and sexual violence against women and girls by persons who are not a spouse or relationship partner after the age of 15?

The results reveal that **2.4% of women aged 18-59 have experienced physical violence** by any person (other than a husband/partner) **during their lifetime**³¹. At the same time, the proportion of women subjected to physical violence by family members (except for the husband/partner) was 1.9%, and by non-family members - 0.5%.

Mothers are the second most common source of physical abuse (after husband/partner). However,

the proportion of respondents reporting physical abuse by their mother (1.2%) is about nine times lower than that by their husband/partner.

The survey revealed isolated cases of sexual violence after the age of 15 by family members (except for the husband/partner) and showed a small number of cases of sexual violence by strangers (0.3%).

3 What is the prevalence of sexual violence against girls before the age of 15?

The anonymous forms self-filled by the respondents at the end of the interview showed that

1.6% of all respondents were victims of sexual violence in childhood (up to 15 years of age).

4 Какие социально-демографические факторы соотносятся с присутствием насилия в семье?

In Turkmenistan, the prevalence of violence against women by the spouse/partner differs depending on

the region (velayat). The survey showed that **compared to other regions in Lebap velayat**, the

³⁰Among women aged 18-59 who are currently married/in a relationship and have their own income

³¹Data refer only to violence that occurred after the respondent was 15 years old

proportion of women reporting exposure to physical violence by a spouse/partner at any time in their lives is the highest (17.1%). The second place in terms of prevalence of physical violence is occupied by Dashoguz velayat (12.4%). This indicator in other regions varied from 7.3% in Balkan velayat to 9.5% in Ahal velayat. The prevalence of economic violence in Dashoguz, Lebap and Mary velayats (16.3%, 14.1% and 13.9%, respectively) is higher than the national average, while the rate in Ahal velayat is noticeably lower (5%). Consistently higher scores on several forms of violence and controlling behavior in a number of regions suggest the importance of more in-depth knowledge of the situation on the ground. **The lifetime prevalence of sexual violence by husband/partner in Ashgabat is higher than in the velayats.**

The results show that there are no differences in the prevalence of physical, sexual and psychological

violence in “urban” and “rural” areas in general. However, **respondents living in rural areas were more likely than urban women to report controlling behavior** of their husband/partner (45.7% and 35.5%, respectively).

The survey demonstrated a high level of prevalence of all forms of violence among respondents who are divorced or have ended relationships). **Every second woman (47.7%) among divorced** (or ending relationships) experienced physical and/or sexual abuse during her lifetime by an ex-husband/partner. Approximately the same level of prevalence of psychological violence (51.6%).

Respondents who married before the age of 18 were more likely (24.7%) to report physical violence from their husband/partner than women who entered into their first marriage/relationship after the age of 18 (10%).

5 What are the consequences of violence against women, for victims of violence and their children?

The survey found that domestic violence was accompanied by physical trauma and correlated with women's more frequent reporting of physical, psychological and reproductive health problems. **One third of all women (32.4%)** who have experienced physical and/or sexual violence at some point in time have sustained injuries of varying severity. **Respondents said that they were subjected to violence during pregnancy.** 5.5% of respondents who experienced IPV needed medical attention because of the actions of their husband/partner.

Women who were physically and/or sexually

abused by their spouse/partner were more likely to experience headaches, poor appetite, suffer from sleep disturbances and feelings of fear, feel tense, cry more than usual, feel constantly tired and find it difficult to make decisions. This group of respondents more often than women who did not report the experience of domestic violence, **suffered from miscarriages**, gave birth to stillborn children and resorted to abortions.

Survey data show that in families where husband/partner violence occurs, children often see scenes of beatings, and sometimes they themselves become victims of beatings.

6 What strategies do women choose in situations where they are victims of domestic violence?

Most women who have experienced domestic violence do **not tell anyone** about it. Only 36.8% of women said they had told someone about their experience. Most often, the respondents reported violence from their husband/partner to their parents (23.8%), less often - to the husband's family (13.1%) or other members of their family (11.1%).

The vast majority of respondents did not apply for help and protection to any authorities or

institutions. In general, female respondents who have been subjected to violence by their husband/partner want to receive help from their family and the husband's family. Those who applied for outside help most often went to the police. Women in rural areas, finding themselves in a situation of domestic violence, sought help less frequently than women in urban areas.

The results showed that social pressure continues

to be one of the major factors that encourage women to remain silent about violence and not seek help and protection. Women are often silent because “they are afraid to dishonor the family.” It is alarming that women turn to the relevant organizations and institutions for help when the situation is already reaching the limit: the majority (80.1%) of the respondents made this decision because they “could not endure it any longer”.

The low level of expectations of female respondents from organizations designed to help victims of violence, as well as a small proportion of women who applied to the relevant authorities and institutions in situations of domestic violence, indicates the **need to build an effective response system and inform** various groups of the population about available services.

9 RECOMMENDATIONS

The recommendations are based on the results of the survey and developed taking into account international standards for combating gender-based violence (including the “Essential Services Package for Women and Girls Subjected to Violence”), the final recommendations of the CEDAW Committee to the 5th periodic report

of Turkmenistan and the assessment of the implementation of NAP 2015-2020.

The survey not only determined the main parameters of the problem of domestic violence in the country, but also showed its complex nature.

1 The results of the survey demonstrate the need to **develop a roadmap for the prevention of domestic violence and other types of violence against women.** Taking into account the complex nature of the problem, it is necessary that the actions include measures on four main components:

- improving legislation,
- building a coordinated system of services to support and protect survivors of violence,
- measures to prevent violence against women and all forms of gender discrimination and
- collection and analysis of data on the frequency, prevalence and characteristics of gender-based violence in and outside the family.

2 Incorporate survey findings into **SDG implementation plans** (in particular for all SDG 5 targets and for SDG 16.1 and

16.3) and **related monitoring tools and voluntary national review of SDGs implementation.**

3 **Improving national legislation to strengthen the protection of the rights of victims of domestic violence,** bringing perpetrators to justice and legislative regulation of the system of services to support victims of violence seems necessary, in the light of the data identified by the survey. The results of the survey showed the insufficient level of involvement of responsible departments in the protection of the rights of women subjected to domestic violence. One of the reasons is the insufficient representation of domestic violence as a social problem in national legislation. Violence within the family is very different from violence outside of it, because violent acts often occur without witnesses, domestic violence can be legitimized by part of society, and the party suffering from violence is often associated with the aggressor with a complex of social obligations, cultural norms and economic dependencies. Both the victims themselves and the bodies and departments responsible for protecting the rights and supporting victims of violence need a legislative framework that reflects the specifics of domestic violence.

3.1. It is recommended to look into the development and adoption of the Law on Domestic Violence on the basis of the already completed gender analysis of the national legislation and taking into account the results of this survey. The law should include key terms reflecting the nature and specifics of domestic violence, discuss the rights and status of victims of violence and their families, determine the degree of responsibility for committing acts of moderate and severe violence, and regulate services/activities to provide assistance and protection to victims of violence.

3.2. Conduct a series of consultations with representatives of key departments, public and international organizations in order to determine the key provisions of the Law and bring it into line with existing legal acts.

3.3. Identify international practices (such as the issuance of a “protective order”) that can be effectively applied in the country and need a legislative basis and consider the most effective ways to incorporate them into existing legislation.

3.4. Conduct an analysis of the necessary legislative framework for the protection of the rights of women subjected to violence outside the family, in particular as a result of sexual harassment in the workplace, cyberbullying and other types of violence, and make the necessary changes to existing legal acts.

3.5. Conduct an analysis of the existence of the necessary legislative framework to protect the rights and security of women after divorce, as

well as the protection of the rights of women who have become victims of traditional practices such as early marriage or forced marriage, and make the necessary changes to existing legal acts.

3.6. Conduct an analysis of the existence of the necessary legislative framework for the protection of the rights of women victims of economic violence and make the necessary changes to existing legal acts.



Build a coordinated system of multi-sectoral response to domestic violence, including services to support and rehabilitate victims of violence and their families. All plans and programs, including the intersectoral programs, aimed at creating a system of multi-sectoral response to domestic violence should take into account the characteristics, risk groups and regional characteristics identified by the survey.

including the intersectoral programs, aimed at creating a system of multi-sectoral response to domestic violence should take into account the characteristics, risk groups and regional characteristics identified by the survey.

4.1. Take into account the findings and indicators on the prevalence and characteristics of domestic violence in programs regulating inter-agency coordination (including a referral system and sharing of information by various agencies).

4.2. It is also recommended to take into account the findings and indicators on the prevalence and characteristics of all forms of domestic violence in the development of intra-sectoral standard procedures governing the provision of assistance to victims of violence and work with perpetrators of domestic violence.

4.3. It is recommended that all standard protocols and training materials for officials of the relevant agencies take into account the strategies for seeking help and protection that, according to the survey, the victims choose. The following factors should be taken into account in the first place:

- the prevalence of severe physical violence over moderate and the prevalence of repeated violence, respectively, the need for accurate risk assessment, crisis identification and rapid response;
- increased vulnerability of specific groups and increased prevalence in specific regions;
- against the background of a generally low level of appeals to authorities, appeals to the police

were mentioned relatively more often, therefore it is necessary to strengthen the role of the police in referral of victims of violence to access services provided by other sectors

- the tendency to seek help at the moment when violence reaches the most dangerous level accordingly, it is necessary to train employees of healthcare institutions, law enforcement agencies and social protection agencies in the skills of early diagnosis of situations of domestic violence;

4.4. Strengthen the role of the health sector in combating domestic violence by introducing measures for the early identification of cases of violence, assistance to victims, referral and exchange of information with other key sectors (primarily law enforcement, judicial authorities and social protection authorities). Develop appropriate training programs and manuals for first-line workers (polyclinics, antenatal clinics, hospitals).

4.5. Strengthen the role of law enforcement and judiciary in combating domestic and other types of violence against women, through training of employees in dealing with situations of domestic violence, early identification of cases of violence, assistance to victims, referral and exchange of information with other key sectors and coordination with civil society organizations and agencies providing free legal and psychological assistance.

4.6. All key sectors (law enforcement, health, social protection) should take into account the results of the survey, which showed that victims of violence who seek help mainly look for it in the family. Working with families of survivors should be included as a component of domestic violence response programs and training materials for first responders in all sectors.

4.7. Incorporate the results of the survey on the most common types of physical injury, sexual acts, psychological pressure, economic abuse and controlling behavior to develop a comprehensive package of primary information and free legal and psychological consultations for victims of violence and their families. Such consultations can be organized by both local executive authorities and public organizations.

4.8. Gaps in the provision of services to victims of domestic violence, such as low public awareness, low expectations from responsible authorities, lack of security and anonymity guarantees, should be taken into account when developing standard operating procedures and training programs in all key sectors.

4.9. The connection between controlling behavior and family violence, as well as cultural norms that discourage victims from seeking support, must be taken into account to ensure that all services are as accessible, safe, confidential and focused on the interests and decisions of victims as possible, and to avoid secondary traumatization of victims of violence.

4.10. The education sector, along with law enforcement, health care and social welfare agencies, can play a significant role in identifying situations of domestic violence and violence against women and girls. The results of the survey should be taken into account when arranging resources for identifying cases of domestic violence and violence against women and girls outside the family and referral of victims

of violence to departments in the interagency response system.

4.11. Taking into account international experience showing an increase in the risk of domestic violence during a pandemic and increased isolation of victims of violence, develop training materials and instructions for key agencies on responding to domestic violence during a pandemic and post-pandemic.

4.12. Taking into account the results of the survey and international experience, develop guidelines on the specifics of basic services for especially vulnerable groups of women in situations of domestic violence (women with early marriage experience, women with disabilities, residents of remote settlements, migrant women and women working in the field of domestic services /informal employment).

4.13. Based on the results of a survey on the characteristics of economic violence in urban and rural areas, develop programs that stimulate women's entrepreneurship, help women find employment, professional growth, economic and social reintegration of victims of domestic violence and women who have suffered from violence outside the family.

4.14. Take into account the results of the survey when developing and implementing a special program for working with men (husbands and partners) who have used violence against women within the family.

5 Expand measures to prevent gender discrimination, domestic and other types of violence against women, gender stereotypes, as well as traditional and new practices that reproduce gender inequality.

5.1. Develop information and educational campaigns based on survey data on the prevalence and characteristics of all forms of violence and their correlation with damage to the physical, psychological and reproductive health of women, as well as the health of children.

5.2. Develop materials for target audiences (men, youth, elderly, parents) to address stereotypes and norms that justify domestic

violence, controlling behavior and discrimination against women. Use the formats and possibilities of live communication, mobile networks, electronic media and social networks in order to most effectively establish a dialogue with target audiences.

5.3. Disseminate information and popularize video and audio resources that present non-violent conflict resolution within and outside the family.

5.4. Use survey data to develop a special program to promote a positive image and a standard of male behavior that is not associated with images of aggression and violence.

6

Continue and improve the collection and analysis of data on the frequency, prevalence and characteristics of gender-based violence in and outside the family.

6.1. Use survey data to conduct in-depth qualitative research on domestic violence and other types of violence against women belonging to vulnerable groups (women with early marriages, women with disabilities, women from remote areas, or migrant women), with particular attention to additional barriers to support and protection that such groups may face.

6.2. Conduct qualitative and quantitative surveys to track trends in domestic violence, monitor SDG achievement, and provide data to relevant national development programs and action plans. Continue work to expand the capacity of the State Statistics Committee of Turkmenistan to collect and analyze data on domestic violence and violence against women, including the acquisition of the necessary software, training and necessary information resources.





BIBLIOGRAPHY

1. Abramsky T, Watts CH, Garcia-Moreno C, Devries K, Kiss L, Ellsberg M, Jansen HAFM, Heise L. 2011.
2. What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health*; 11:109.
[Full Text \(biomedcentral.com\)](https://doi.org/10.1186/1471-2325-11-109)
3. CEDAW. 2018. Concluding observations on the fifth periodic report of Turkmenistan.
[Treaty bodies countries \(ohchr.org\)](https://www.ohchr.org/en/treaties/cedaw/countries/turkmenistan)
4. Coll C, Ewerling F, García-Moreno C, et al Intimate partner violence in 46 low-income and middle-income countries: an appraisal of the most vulnerable groups of women using national health surveys *BMJ Global Health* 2020;5:e002208, ([bmj.com](https://doi.org/10.1136/bmjgh-2020-002208))
5. DAIP. Domestic Abuse Intervention Programs, Understanding the Power and Control Wheel,
<https://www.theduluthmodel.org/wheels/understanding-power-control-wheel/>
6. Dutton, D. 2006. Rethinking Domestic Violence.
7. Department of Economic and Social Affairs, Statistical Division, United Nations. 2014. Guidelines for Producing Statistics on Violence Against Women. https://unstats.un.org/unsd/gender/docs/guidelines_statistics_vaw.pdf
8. European Union Agency for Fundamental Rights. 2014. Violence against women: an EU-wide survey Main results.
9. Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L and Watts C. 2005. WHO multi-country study on women's health and domestic violence against women. Initial results on prevalence, health outcomes and women's responses. WHO, Geneva.
10. Global Database on Violence Against Women, [Global Database on Violence Against Women \(unwomen.org\)](https://www.unwomen.org/en/digital-library/publications/2017/04/global-database-on-violence-against-women)
11. Gurbansoltan Eje Clinical Research Center for Maternal and Child Health (GECRCMCH), Ministry of Health and Medical Industry [Turkmenistan], and ORC Macro. 2001. Turkmenistan Demographic and Health Survey 2000. Calverton, Maryland, USA: GECRCMCH and ORC Macro, pp 41-46
12. Johnson, E. J. 2009. Gender Violence in Russia. The Politics of Feminist Intervention.
13. Heise L and Kotsadam A. 2015. Cross- National and Multilevel Correlates of Partner Violence: An Analysis of Data from Population- Based Surveys. *The Lancet Global Health* 3, no. 6.
14. Kidman, Rachel. 2017. Child marriage and intimate partner violence: a comparative study of 34 countries, *International Journal of Epidemiology*, April 2017, [Child marriage and intimate partner violence: a comparative study of 34 countries - PubMed \(nih.gov\)](https://doi.org/10.1093/ije/dyx011)
15. Krug EG et al., eds. 2002. World report on violence and health. Geneva, World Health Organization
16. MOLISA, GSO and UNFPA. 2020. Results of the National Study on Violence against Women in Viet Nam 2019 - Journey for Change
17. OECD. 2019. Violence against women", in *Society at a Glance 2019: OECD Social Indicators*, OECD Publishing, Paris
18. OSCE. 2019. OSCE-led Survey on Violence Against Women - Main Report. [OSCE-led Survey on Violence Against Women - Main Report | OSCE](https://www.osce.org/data-research/osce-led-survey-on-violence-against-women-main-report)
19. Peterman A, Pereira A, Bleck J, Palermo TM, Yount KM. 2017. Women's individual asset ownership and experience of intimate partner violence: evidence from 28 international surveys. *Am J Public Health*.; 107(5):747–55. <https://doi.org/10.2105/AJPH.2017.303694>.

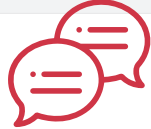
20. Renzetti, Claire M. Jeffrey, Edleson L. Bergen Raquel Kenndey eds.2011. Sourcebook on Violence Against Women.
21. Reyes, C, Rudman W J, Calvin R H, 2002. Domestic Violence and Healthcare: policies and prevention.
22. Rezey, Marybeth L. 2017. Separated Women's Risk for Intimate Partner Violence: A Multiyear Analysis Using the National Crime Victimization Survey, *Journal of Interpersonal Violence*
23. Roberts, A R ed. 2007. Battered Women and Their Families. Intervention Strategies and Treatment Programs.
24. Shepard, F Melany and Pence, L Ellen, eds. 1999. Coordinating Community Responses to Domestic Violence. Lessons from Duluth and Beyond, pp 199-209
25. Stark, Evan. 2007. Coercive Control. How Men Entrap Women in Personal Life, pp 171-227
26. The State Committee of Turkmenistan for Statistics and UNICEF. 2020. 2019 Turkmenistan Multiple Indicator Cluster Survey. Survey Findings Report. Ashgabat, Turkmenistan: State Committee for Statistics of Turkmenistan and UNICEF.
https://mics-surveys-prod.s3.amazonaws.com/MICS6/Europe%20and%20Central%20Asia/Turkmenistan/2019/Survey%20findings/Turkmenistan%202019%20MICS%20SFR_English.pdf
27. United Nations. 1979. Convention on the Elimination of All Forms of Discrimination against Women.
<https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx>
28. United Nations. 1993. Declaration on the Elimination of Violence against Women. United Nations General Assembly Resolution, document A/RES/48/104. New York, NY. 167
29. Vyas, Seema and Watts, Charlotte. 2009. How does economic empowerment affect women's risk of intimate partner violence in low and middle income country settings? A systematic review of published evidence. *J Int Dev.*; 21:577–602.
30. World Health Organization. 2001. Putting women first: Ethical and safety recommendations for research on domestic violence against women. http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.1.pdf
31. World Health Organization, London School of Hygiene and Tropical Medicine. 2010. Preventing intimate partner and sexual violence against women: taking action and generating evidence.
32. World Health Organization. 2013. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization.
33. World Health Organization. 2006-7. Multi-Country Study on Women's Health and Domestic Violence, Study Protocol, version 27 Sept 2006, updated 9 Sept 2007
34. World Health Organization.2007. WHO Multi-Country Study on Women's Health and Life Experiences, Question-by-question description of WHO study questionnaire (Version 10)
35. World Health Organization. 2006-7. WHO Multi-Country Study on Women's Health and Domestic Violence, Interviewer's Manual
36. World Health Organization.2006. WHO Facts on intimate partner violence and alcohol.
https://www.who.int/violence_injury_prevention/violence/world_report/factsheets/fs_intimate.pdf
37. World Health Organization. 2021. Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva:. Licence: CC BY-NC-SA 3.0 IGO
38. Sample survey on violence against women Kazakhstan, p 60, Astana, 2017
39. UN Population Fund. 2018. SDG 5 and gender statistics.
https://unece.org/fileadmin/DAM/stats/documents/ece/ces/ge.30/2018/may/Session_2_Berdikeyeva_RUS.pdf



ANNEX 1: MAIN RESULTS

12%  

In Turkmenistan, 12% of ever-married/in a relationship women aged 18-59 have experienced physical and/or sexual abuse by a husband/partner at least once in their lives. At the same time, the prevalence of physical violence was 11.4%, sexual violence - 2.7%.

64% 


The majority of women (64%) who experienced physical abuse by their husband/partner reported severe forms of physical abuse.

In general, acts of physical and sexual violence by the husband/partner are recurring, not a one-time incident. Only 24% of women who experienced physical violence and 21% of women who experienced sexual violence reported that it happened once.

10.6% 

Approximately one in ten (10.6%) women aged 18-59 who have ever been married/in relationships have experienced psychological abuse by their husband/partner during their lifetime.

Psychological abuse is most often manifested through actions such as “intimidation” (7.7%) and “insults” (7.1%).

13.3% 

of women who are currently married/in a relationship and have their own income have ever been subjected to economic violence by a husband/partner.

Respondents who got married/in relationships before the age of 18 were more likely (24.7%) to report physical violence from their husband/partner than women who entered their first marriage/relationship after the age of 18 (10%).

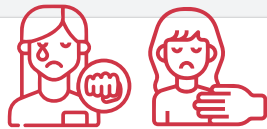
A category of respondents was identified who reported that they were victims of violence by their husband/partner much more often. The proportion of women who are divorced or who have ended relationships, who have ever been subjected to **physical violence during their lifetime, was 45.1%**, those who were subjected to **sexual violence - 24.3%**. Half of the respondents in this group (**51.6%**) have experienced **psychological abuse**.

16.1%



One in six women (16.1%) aged 18-59 who have ever been in a marriage/relationship experienced some form of physical, sexual or psychological abuse, 2% of women experienced all three forms of violence by a husband/partner during lifetime.

3.4%



In the last 12 months, 3.4% of ever-married/in relationship women aged 18-59 have experienced physical and/or sexual abuse by a husband/partner.

The proportion of ever-married/in relationship women aged 18-59 who experienced physical, sexual and/or psychological abuse by their husband/partner in the last 12 months was 5.4%. At the same time, the prevalence of physical violence was 3%, sexual violence - 0.9%, psychological violence - 3.4%.

2.4% of women aged 18-59 experienced physical violence by any person (except husband/partner) during their lifetime (after the age of 15). At the same time, the proportion of women subjected to physical violence by family members (except for the husband/partner) was 1.9%, and by non-family members - 0.5%.

The survey revealed isolated cases of sexual violence during a lifetime (after the age of 15) by family members (except for the husband/partner) and showed a small number of cases of sexual violence by strangers (0.3%).

1.6%




According to the results of anonymous forms filled in by the respondents, 1.6% of women experienced sexual abuse in childhood (up to 15 years of age).

In the end, it was determined that 2% of women have experienced sexual violence throughout their lives by any person (other than a husband/partner) according to the respondents' answers to questions and the results of anonymous forms.

The survey found that the experience of violence in a woman's life is correlated with an increased prevalence of specific health problems and negative reproductive health outcomes. Among women who experienced physical and/or sexual abuse by their husband/partner, 33.5% resorted to abortion, 26% had a miscarriage, and 6.3% gave birth to stillborn children.

In families where a woman has been physically and/or sexually abused by her husband/partner, her children are more likely to suffer from behavioral problems such as nightmares, bedwetting at night, withdrawal/shyness, aggressiveness.

Most women who have experienced domestic violence do not tell anyone about it. Only 36.8% of women said they had told someone about their experience. Most often, the respondents reported violence from their husband/partner to their parents (23.8%), less often - to the husband's family (13.1%), other members of their family (11.1%).

11.9% 

Among women aged 18-59 who were ever married/in relationships and experienced intimate partner violence (IPV), only 11.9% chose to seek help from relevant organizations and institutions. They mainly turned to the police (9.8%), less often to the courts (5.9%), medical institutions (3.8%), and local elders (3.2%).

The survey showed that women turn to the relevant organizations and institutions for help when the situation reaches the limit: the majority (80.1%) of the respondents made this decision because they "couldn't endure it anymore".

