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**A COMPARATIVE STUDY OF INTIMATE PARTNER VIOLENCE
IN POST-SOVIET COUNTRIES:
EVIDENCE FROM NATIONAL SURVEYS**

by

Elena Chernyak

A Dissertation
Submitted to the Faculty of Graduate Studies
through the Department of Sociology, Anthropology, and Criminology
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy
at the University of Windsor

Windsor, Ontario, Canada

2016

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A Comparative Study of Intimate Partner Violence in Post-Soviet Countries:
Evidence from National Surveys

by

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Author's Declaration of Originality

I hereby certify that I am the sole author of this thesis and that no part of this thesis has been published or submitted for publication.

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Abstract

Violence against women (VAW) is a pressing global problem that violates women's rights and negatively affects their health and well-being. While VAW in the global context encompasses a variety of acts, the most common form is violence against females perpetrated by their male intimate partners or IPV. Investigating IPV in different societies and analyzing micro and macro-level factors (i.e., social, economic, psychological, etc.) that contribute to IPV is important for social scientists in order to understand the nature of IPV. This dissertation examines physical IPV against women in five countries of the former Soviet Union (FSU): Azerbaijan, the Kyrgyz Republic, Moldova, Tajikistan, and Ukraine, using survey data generated through the Demographic and Health surveys. Although a number of studies on IPV have been conducted in developing countries around the world, research in other geographic regions cannot simply be extrapolated to the FSU countries due to their unique geopolitical, cultural, social, and economic characteristics. Drawing on socialist feminist and resource theories, I explored IPV in the FSU societies through a comprehensive set of hypotheses predicated on the assumption that the roots of violence against women are based in the unequal power relations between men and women and the normative use of violence in society.

The present study found that experiential and empowerment characteristics are significant predictors of IPV. Specifically, alcohol consumption by partners, witnessing IPV in childhood by women, and partner's controlling behaviour increases the likelihood of IPV. At the same time, the research found some inconsistencies among the FSU countries. For instance, earning discrepancies between partners increases the likelihood of IPV in Moldova but decreases it in the Kyrgyz Republic. The findings from this study indicate that patriarchal ideology and traditional gender norms in the FSU societies have strong effects on violence against women. This study makes an important contribution to understanding the extent and correlates of IPV in the FSU. In brief, this study uses improved measures of IPV, is more comprehensive in coverage than previous studies, and illustrates the complexity of the relationships between IPV and economic and social status of women, their experiences, and empowerment.

Dedication

To my beloved husband, Aleksandr (Sasha), for his inspiration, non-stopping encouragement, patience, support, and love. Without him, I would have never begun this academic endeavor, never reached this point in my life, and this paper would have never been done.

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CHAPTER I

Introduction

Violence against women is a pressing global problem that violates women's rights and negatively affects their health and well-being. As outlined in the UN Declaration on Violence against Women (1993), violence against women is "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life" (Article 1, #1, UN, 1993; WHO, 2012). Cross-sectional surveys from developed and developing countries around the world indicate that up to 50 percent of women have experienced violence at some point in their lives (Rani & Bonu, 2009; Stickley, Kislitsyna, Timofeeva, & Vågerö, 2008a; WHO, 2012). While violence against women in the global context encompasses a variety of acts, including battering, sexual assault and harassment, female genital mutilation, and forced prostitution, the most common form of violence against women is violence against females perpetrated by their male intimate partners (Brownridge, 2008; DeKeseredy, 2011; Campbell, 2001; Heise, 1994; UN, 1993; WHO, 2015). Investigating IPV against women in different societies and analyzing micro and macro-level factors (i.e., social, economic, psychological, etc.) that contribute to IPV is important for social scientists in order to understand the nature of IPV and to combat it.

This dissertation examines physical intimate partner violence (IPV) against women¹ in five countries of the former Soviet Union (henceforth FSU): Azerbaijan, the Kyrgyz Republic (or Kyrgyzstan), Moldova, Tajikistan, and Ukraine, using survey data generated

¹ The rationale for the exclusive focus on physical abuse is provided in Chapter V, "*Methodology*".

through the Demographic and Health surveys (DHS). The surveys were conducted between 2005 and 2012² as part of the Monitoring and Evaluation to Assess and Use Results Demographic and Health Surveys, a 90 country initiative funded by the United States Agency for International Development (USAID). The aim of the over 300 surveys conducted across these 90 countries was to advance global understandings of health and population trends in developing countries world-wide (DHS Program ICF International, 2015; MEASURE DHS, 2013). The five surveys conducted in the FSU countries under investigation included a domestic violence module that generated information on the prevalence, empirical correlates, and health consequences of IPV on women. The DHS datasets are publicly available and do not have any information that can be identified with individual participants.

Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine were selected for this research for the following reasons. First, although out of the 15 former republics of the USSR, DHS surveys were conducted only in nine countries, the domestic violence module that contains questions regarding partner's violence was used only for these five countries. Thus, comparable data is only currently available for these countries of the FSU. Second, these countries have many similarities in terms of their 'historical memories' as parts of the Soviet Union and the socialist economic system, as well as comparable difficulties, such as economic and political transformation, reorganization of the systems, civil wars, redistribution of property and privatization these countries encountered after the collapse of the USSR in 1991. However, there are some differences among these countries in their cultural and religious backgrounds, geographical locations

² The surveys were conducted in 2005 in Moldova, in 2006 in Azerbaijan, in 2007 in Ukraine, and in 2012 in Kyrgyzstan and Tajikistan.

(closer to Europe or Asia), availability of natural resources (e.g., gas, oil, coals, ore, etc.), and how these countries are dealing with the new economic and political trends. Finally, these countries have similar abysmal responses to domestic violence against women (Johnson, 2007). In the legal systems in the FSU countries, domestic violence is not regarded as a serious crime, thus it has been mitigated and absolved by police and judicial system (Barrett, Habibov, & Chernyak, 2012; Chernyak & Barrett, 2011; Hrycak, 2012; Sharipova & Fabian, 2010; Stickley, Kislitsyna, Timofeeva, & Vågerö, 2008a).

At the time of the surveys, the five FSU countries were undergoing transition from socialist states, based on a centrally planned economy, to independent liberal democratic states, based on a capitalist market economy. This process has been marked by profound social and economic changes resulting in a deterioration of services, high unemployment, financial instability, and sharp increases in poverty and social inequality (Ganguli & Terrell, 2006; Habibov, 2010a; Taraban, 2002; Yegidis, Robinson, Toyt-Korshinska, Havryluk, & Westbrook, 2005). To date, little research has been undertaken to analyze how these and other factors and processes impacted prevalence rates and the consequences of IPV on women and their relationships during this transition period (Barrett et al., 2012; Ismayilova, 2009). Indeed, prior to 2005, data on violence against women was not collected in any of the 15 countries of the FSU. Thus, despite an extensive academic literature on IPV, little is known about the constellations of interacting and intersecting factors and processes that contribute to what emerging data suggest are high levels of IPV in FSU countries (Barrett et al., 2012; Cubbins & Vannoy, 2005; Ismayilova, 2009; O'Leary, Tintle, Bromet, & Gluzman, 2008; Stickley, Timofeeva, & Vågerö, 2008b).

This research is guided by socialist feminism and is underpinned by some theoretically salient assumptions. The first is that patterns of IPV and factors and processes related to it will vary from one FSU country to another, since each of these has a unique constellation of, among other things, norms, traditions, orientations to formal education, regulations, policies, and legal systems. Second, the analysis is based on the assumption that empirically accessible social, economic and cultural configurations shape community standards of behaviour for men and women and, therefore, men's and women's attitudes towards IPV. As socialist feminists posit, IPV is a result of the patriarchal structure of society and economic deprivation of women, which leads to exploitation and devaluation of women in domestic and public spheres. Further, it is assumed that these standards of behaviour and attitudes operate as discursive resources which are used to legitimize, justify, deny, or accept IPV. Finally, the research is predicated upon the assumption that understanding of the overall societal contexts of each of the five FSU countries and of the larger former USSR in which they are located is essential to the task of constructing insights into the problem of IPV and its consequences for individuals and societies in the former USSR, and more broadly in developing countries across the globe.

The objective of this dissertation is to analyze and compare the extent or prevalence of IPV and, as importantly, the factors and processes that function as empirical correlates or predictors of IPV against women in five post-Soviet countries. Specifically, my research has the following aims:

- 1) to describe and compare cross-country lifetime occurrence of IPV, experience of both less severe IPV (which includes acts of violence less likely to result in injury, such

as pushing, slapping, throwing an object, punching, and pulling hair) and severe IPV (which includes acts of violence likely to result in injury, death or fear of death, such as kicking, strangling, burning, or threatening with a weapon³), and frequency of physical IPV in each country under investigation;

2) to examine associations between individual-level and community-level characteristics and lifetime occurrence of IPV, experience of both forms of IPV (less severe and severe IPV) by women, and frequency of physical IPV in each country under investigation individually;

3) to compare and analyze associations between individual-level and community-level characteristics and lifetime occurrence of IPV, experience of both less severe and severe IPV, and frequency of physical IPV across the five countries under investigation.

Guided by socialist feminists' views of IPV, the research question that grounds this exploration is *What are the individual-level and community predictors of IPV in the countries of the FSU, and how and to what extent do these predictors vary among these countries?* Literature on IPV suggests that the roots of intimate partner violence are situated in the unequal power relations between partners and the social norms, regulations, and tradition regarding the use of violence in a society (Atkinson, Greenstein, & Lang, 2005; Cubbins & Vanoy, 2005; Dekeseredy & Dragiewicz, 2007; Dobash & Dobash, 1979; Jewkes, 2002; Martin et al., 2002; Walby, 2009; Yodanis, 2004). In transitional countries which experience lack of material and social resources to prevent and combat IPV, the risk of IPV may significantly increase. Additional problems such as civil conflicts, wars, and natural disasters that happened in the countries of the

³ More detailed explanation of these forms of IPV is provided in Chapter V, "*Methodology*".

FSU after the collapse of the Soviet Union in 1991 may further aggravate the situation in regards to domestic violence against female partners. While most of the existing research is to a great extent descriptive, there is a need for more studies that test existing feminist and non-feminist theories and develop more theoretical explanations of IPV in general and in the post-Soviet countries in particular. This study draws specifically on socialist feminist and resource theories. Socialist feminism sees capitalism and patriarchy as two primary factors affecting women's victimization and explains IPV as a product of power differentials between men and women that is reinforced through male domination in public (market) and private (home) spheres (e.g. Hartmann, 1996; Vogel, 1995; Walby, 2009; Young, 1990). Resource theory emphasizes the effect of socio-economic factors and provides a model of how external resources affect the individual's behaviour and structure women's victimization (e.g. Atkinson et al., 2005; Fox, Benson, DeMaris, & Van Wyk, 2002; Goode, 1971).

These theoretical perspectives were chosen for this research for two main reasons. First, while feminism in general is avowed theory in explaining violence against women, socialist feminism in particular is most applicable in the context of post-Socialist countries because it takes into consideration not only patriarchy and gender-based domination of men over women, but also women's oppression and victimization due to the economic structure of society, which is particularly salient in the context of the transition from socialism to capitalism. Second, because socialist feminist theory is limited in its explanation of IPV (e.g., explanation of relationships between IPV and witnessing IPV in the family of origin, household and community wealth, or respondent's area of residence), utilization of another theory is required. Resource theory, which was

found to be a reputable sociological perspective in the discussion of IPV, expounds some variables (e.g., area of residence, educational differences and earnings discrepancies between partners) that socialist feminist theory overlooks. Resource theory focuses on power relations and power distribution in family and posits that power and status derives from the value of resources that each person contributes to these relations.

The findings from this research demonstrate a gendered pattern of IPV, consistent with previous research on IPV. This study indicates that patriarchal ideology and traditional gender norms in the FSU societies have strong effects on violence against women. Experiential and empowerment characteristics are also found to be significant predictors of IPV in this context. Specifically, alcohol consumption by partners and witnessing IPV in childhood by women increases the likelihood of IPV. Among the empowerment characteristics, partner's controlling behaviour was identified without exception as a strong predictor of IPV in the FSU. At the same time, the research found some inconsistencies among the countries under investigation. For instance, the findings indicate that earning discrepancies between partners increases the likelihood of IPV in Moldova but decreases it in the Kyrgyz Republic. These and other findings are detailed in later chapters.

It is also demonstrated herein that this study makes an important contribution to understanding the extent and correlates of IPV against women in the FSU. In brief, this study uses improved measures of IPV, is more comprehensive in coverage than previous studies, and illustrates the complexity of the relationships between economic and social status of women, their experiences, empowerment and IPV. Studies on IPV in the FSU societies are scant, and as mentioned earlier much of the extant research on IPV in the

post-Soviet societies are descriptive and atheoretical (e.g., Ismayilova & El-Bassel, 2013; Ismayilova, 2009; O’Leary et al., 2008; Stickley et al., 2008a; Stickley, Timofeeva, & Vågerö, 2008b). This study adds to this literature by expanding and strengthening existing theoretical models that explain IPV. It is hoped that the findings of this study will be used by FSU policy-makers to select useful targets for effective interventions at the individual, household and/or community/societal levels.

Dissertation Overview

This dissertation consists of eight chapter, including this introduction. Chapter II provides an overview of the FSU countries, including a description of the historical, economic, and political backgrounds of the countries under investigation. Chapter III presents the literature review. It begins with a discussion of the theorized causes of IPV, followed by an examination of IPV in global context and in the FSU societies in particular, and concludes with consideration of the empirical correlates and contextual features of IPV. Chapter IV explicates the theoretical framework this research is guided by, and introduces the research hypotheses developed based on the theoretical framework. In Chapter V, the methods and analytic processes used to test the hypotheses are described. Chapter VI presents the descriptive and multivariate analysis results obtained from the data. The subsequent chapter – Chapter VII – discusses the results as well as the contribution and limitations of this study. Finally, in Chapter VIII, *Conclusion*, a summary of the key findings and arguments are provided.

CHAPTER II

Background: Transitional Countries of the FSU

Azerbaijan, Moldova, Kyrgyz Republic, Tajikistan, and Ukraine were among fifteen republics of the former USSR (or Soviet Union) that gained their independence after the collapse of the USSR in 1991 (see a map of the FSU countries in Appendix A). Until 1991, these republics were part of the USSR and were heavily impacted by the Russian Federation, the main republic of the USSR (Russia today). Currently, these countries are considered among the lowest-income countries of the FSU (Habibov, 2010a; Hensel & Gudim, 2004; Tohidi, 1996). For example, according to the International Monetary Fund, the GDP per capita in Tajikistan in 2008 was \$795; approximately half of that was contributed by Tajik migrant workers (mainly in Russia) (Amnesty International, 2009). Tajikistan remains the poorest among countries in Central Asia, and one of the poorest countries in the world, with a poverty rate hovering around 93 percent. Moldova is considered the poorest country in Europe with a GDP of \$2500 in 2008 and an average wage of \$150 per month (Amnesty International, 2009; Dudwick, Gomart, & Marc, 2003; Hensel & Gudim, 2004; NSACPM & ORC Macro, 2006).

FSU countries during the Soviet period. During the Soviet period, these countries were subject to socialist politics, economic policies, and ideology (Najafizadeh & Mennerick, 2003). Particularly salient to this research, the Constitution of the USSR proclaimed the equality of men and women. Although patriarchal attitudes in many families and in these societies in general persisted, women in Soviet Republics had equal rights to education, employment, primary health care, and equality in law. For example, during the Soviet period in Tajikistan, a universal school education system was

established for the first time and further reinforced by the Tajik government (Harris, 2004; Haarr, 2007). During that time, all children in the Soviet Republics, regardless their gender, were required to attend school and to receive a minimum of eight years of education (the equivalent of grade nine in North America). Women were actively participating in political and social life. In particular, all republics of the Soviet Union were based on the quota system; thus, the representation of women at all levels of government was guaranteed. In particular, women's political representation in the Tajik parliament was 30 percent, in the Kyrgyz Republic women made up 30.5 percent of the justice system, and women deputies constituted 39 percent of the Supreme Soviet of Azerbaijan and over 40 percent of seats in Azeri Parliament during Soviet time (Bauer, Green, & Kuehnast, 1997; Sabi, 1999; Najafizadeh, 2003; Sharipova & Fabian, 2010; Tohidi, 2004; Yunus et al., 2004). Thus, the egalitarian approach was supported by Soviet governments, and the minimum representation of women at various levels of government at the rate of 30 percent was guaranteed.

Importantly, however, that gender equality across the FSU countries existed mainly de-jure and on paper. Men still held the majority of high posts/positions (over 60 percent) in governmental and administrative sectors (Tohidi, 1996; Yunus et al., 2004). On a daily basis, in the context of uninterrupted patriarchal structure, women's traditional gender roles as mothers and housewives were retained and emphasized. Social changes during Soviet time merely expanded women's roles to include the role of paid workers in the labour force (Najafizadeh & Mennerick, 2003; Yunus et al., 2004). Women therefore faced multiple contradictions between egalitarian laws and patriarchal ideology with its specific gender expectations according to which women, in addition to their employment

responsibility, were still deemed responsible for housework and children. This resulted in a double burden for women (Marsh, 1996; Tohidi, 1996).

The FSU countries after the collapse of the USSR. The collapse of the Soviet Union resulted in the transformation from the socialist economic and political systems to independent democratic states with capitalist markets. This transition resulted in deterioration of services, increase in unemployment rates, financial instability, and sharp increases in poverty and social inequality (Bauer et al., 1997; Ganguli & Terrell, 2006; Habibov, 2010a; Habibov, 2010b; Heller & Keller, 2001; Stickley et al., 2008b; Taraban, 2002; World Bank, 2005; Yegidis et al., 2005). Changes in the economic, legal, and political systems had important negative implications for the position and social status of women because they precipitated an unprecedented loss of jobs and a critical increase in unemployment rates among women, who due to privatization of the state property and lack of government regulation that accompanied transition from socialism to capitalist system, became more vulnerable in the labour market than men (Conway-Turner & Cherrin, 1998; Heyat, 2006; Sabi, 1999; Webb et al., 2005; Yakushko, 2005; Yegidis et al., 2005). For example, while before the collapse of the USSR, 90 percent of women in Ukraine were employed, after the collapse in 1991, two-thirds of women became unemployed (Barrett et al., 2012; Taraban, 2002; Yegidis, et al. 2005). Similarly, in Azerbaijan in the 1990's, women constituted almost 50 percent of the workforce, but by 2004 one in six women of working age in urban areas were unemployed (Asian Development Bank [ADB], 2005; Sabi, 1999). While over 70 percent of Azeri women who were working in privatized units lost their job during privatization, only seven percent of them were able to acquire capital to start their own business (Habibov, 2010a).

In contrast, men adapted to this economic transformation more easily. For example, many men became business owners in the new free market economy (Habibov, 2010a).

Post-Soviet women and employment. After the collapse of the USSR, due to limited employment opportunities and the transformation of the labour market system to correspond to a market capitalist economy which emphasized traditional masculinity (e.g., independence, competitiveness, aggression, risk-taking), women were forced to accept low-paying jobs (Attwood, 1996; Marsh, 1995). In contrast to male-dominated state-supported industries, such as manufacturing that involves heavy physical labour (e.g., mining industry), many female-dominated industries, such as textile and clothing factories, which were mostly government-supported, were closed. That forced many women, who were the primary employees of this manufacturing industry during the communist era, to enter into new non-prestigious jobs and professions. Most women have become concentrated in the low-paid state-run sector (i.e. education, health, social services, or agricultural sectors) where wages are approximately 5-10 times lower than in other spheres (e.g. transportation, communication, industry, or construction) and where they do not have many opportunities for professional development and career promotions (Amnesty International, 2009; Barrett et al., 2012; Habibov, 2010a; Heyat, 2006). These dramatic changes in the labour market resulted in the deskilling and deprofessionalization of women, and greater dependency on men's income, which substantially decreased their social and economic status (Barrett et al., 2012; O'Leary et al., 2008; Taraban, 2002). The lack of opportunity for women in the capitalist market results in lack of power for women and overall power differentials between men and women.

Even employment in the labour market does not protect women from discrimination and oppression because the disparity in earnings compared to a man is considerable. First of all, women are traditionally concentrated in the state sector where wages and benefits have decreased during the transitional period. For instance, women constitute nearly 60 percent of the total workforce in social services and education, and nearly 80 percent in the health services (State Statistical Committee & Macro International Inc., 2004). This proportion is fairly stable and may only increase since women are more prone to receive an education in the fields of education and health care, whereas men are more concentrated in the fields of administration and management. Even in the fields with a predominantly female workforce (such as textile industries), men are occupying more senior and high-ranking positions with higher salaries (Habibov, 2010a). Second of all, the number of women in leadership and better paid positions has gradually decreased during the transition. For example, while in the 1980's, the share of women in parliament and federal governments was around 30-40percent, in the beginning of the 21st century it dropped to approximately 10 percent (Asian Development Bank [ADB], 2006; Najafizadeh, 2003; Sharipova & Fabian, 2010; Tohidi, 2004).

Overall, women's wages have dropped significantly and comprise approximately 50-55 percent of men's salaries (Habibov, 2010a). Moreover, when women want to engage in private entrepreneurship, they usually encounter more obstacles than men, such as limited or a lack of access to credit resources and support. Since women often have less valuable assets compared to men, they find it more difficult to meet the requirements of lending institutions (ADB, 2006; ADB, 2005; International Rescue Committee [IRC], 2004). In addition, women may also confront gender-based discrimination from lending

officers. As a result, women have to use unofficial lending sources, for example borrowing money from extended family or friends. Women who are able to start their own business experience further disadvantage as compared to men, such as working longer hours, working in less secure conditions (e.g., as street vendors), having no opportunities for prospective promotions, less access to information and legal resources, as well as still having their household responsibilities (ADB, 2005; Dudwick, Fock, & Sedik, 2005). Women engaged in private entrepreneurship are more likely to work without formal social protection such as sick leave, maternity leave, and pension contributions. Furthermore, as government support for families and dependent populations plummeted and expenses increased, women have had to spend more time at home (Ashwin, 2000; Chernyak & Barrett, 2011). Decay in infrastructure and services, such as daycare, transportation, clean water delivery, etc. have forced many women, especially in rural areas, to spend more time on their home duties and taking care for children and older family members (Barrett et al., 2012, Habibov, 2010a; O'Leary et al., 2008; Taraban, 2002). As a result, many consider it preferable if women stay at home to take care of vulnerable members of their households, including the sick, disabled, and elderly.

Wars and armed conflict in the FSU countries. Another significant consequence of the collapse of the USSR that may also increase the risk for women's vulnerability at home is armed conflicts and wars. Research suggests that IPV is more common in societies which undergo or have recently undergone wars or other conflicts (WHO, 2002). A war or any other civil conflict, which is accompanied with easier access to weapons, leads to economic and social disruptions, including in gender and family

relations. During wars or civil conflicts, men may experience more stress, frustration, unemployment or underemployment. Therefore, they are less able to fulfill their traditional cultural roles as breadwinners and are more likely to use violence against their female partners to reinforce their authority (WHO, 2002). Thus, wars and civil conflicts may further aggravate the situation in regards to IPV. After the collapse of the USSR, many of its former republics (nowadays, independent states), including all countries under investigation, underwent serious ethnic and civic conflicts and wars – factors that are associated with violence against women, including IPV (UNICEF, 1999; WHO, 2002).

In particular, at the end of 1991 and into early 1992, armed conflict grew in Azerbaijan, where the ethnic Armenian majority of Nagorno-Karabakh, which was an autonomous region of Azerbaijan (or Azerbaijan Soviet Republic, as it was called before the collapse of the USSR) and was supported by Armenia, demanded independence of this territory from Azerbaijan (Yunus, Tahirova, & Alakbarova, 2004). This civil war ended in 1994 with a ceasefire agreement and resulted in the *de facto* independence of Nagorno-Karabakh and the establishment of the Nagorno-Karabakh Republic, which is not recognized by any state or international government organization, and thus is *de jure* part of Azerbaijan.

The Kyrgyz Republic endured riots between ethnic Kyrgyz and Uzbeks (the largest minority in Kyrgyzstan) in southern Kyrgyzstan in 2010. Like other ethnic conflicts that are taking place in the FSU, ethnic clashes between Kyrgyz and Uzbek diasporas are mainly based on the national policies and the national territorial division during the establishment of the Soviet Union and after its collapse, when a large Uzbek population

remained residing in Kyrgyzstan (Rezvani, 2013). This resulted in protracted tensions regarding territories, political power and governance, and status of Uzbek language. This situation was exacerbated in June 2010 due to political collapse of Kyrgyz government in May 2010 and resignation of the President Kurmabek Bakiyev. At that time of the chaos and power vacuum, a speech of influential southern Uzbek politician Kadyrjan Batyrov, in which he convinced Uzbeks to actively participate in political life, was regarded as a call for autonomy and further intensified the existent Kyrgyz-Uzbek interethnic tensions (International Crisis Group, 2015; Rezvani, 2013). This nervous situation escalated into ethnic-based violence in the city of Osh in southern Kyrgyzstan in June, 2010. Over the next few days this conflict intensified and spread to other part of Kyrgyzstan. The clashes resulted in over 400 people, mostly Uzbeks, killed, approximately 1000 injured, and near 100,000 people displaced, most of whom were ethnic Uzbeks who escaped from the conflict areas to Uzbekistan (Nichol, 2010).

In 1992, Moldova became involved in the Transnistria War - a limited conflict between pro-Transnistria forces, including the Transnistrian Republican Guard, militia and Don Cossacks, and supported by elements of the Russian armed forces and pro-Moldovan forces, including Moldovan troops and police. As a result of this conflict, Moldova lost control over Transnistria, which became one of the unrecognized republics similar to Abkhazia, South Ossetia, and Nagorno-Karabakh (Mitrofanova, 2015). Although the armed conflict was resolved in 1992, the Transnistrian crisis (or civil conflict) remains unresolved. This 'frozen' conflict is currently under control of the Organization for Security and Cooperation in Europe (OSCE).

During the same period, in 1992, a Civil War began in Tajikistan, where ethnic groups (underrepresented in the elite) from the Garm and Gorno-Badakhshan regions fought against the national government of President Rahmon Nabyev (Shemyakina, 2013). This civil war ended in 1997 and had devastating consequences: between 40,000 and 60,000 people were killed and over 600,000 were displaced or fled the country. The estimated cost of the war is approximately seven billion US dollars (International Crisis Group, 2001; UN, 2004).

A series of political protests, known as the Orange Revolution, took place in Ukraine from November 2004 until January 2005. The Orange Revolution was caused by the results of the run-off vote for the 2004 Ukrainian presidential election, which disappointed a large number of Ukrainians. Voter intimidation and direct electoral fraud were suspected. This resulted in Viktor Yushchenko and Yulia Tymoshenko gaining power, and casting Viktor Yanukovich, the official winner of the 2004 President election, in opposition (Gretskiy, 2013; Pardo, 2011; Motyl, 2008).

Since 2014, Ukraine has undergone significant geopolitical transformation; although it occurred after the data were collected, it deserves brief review here to provide a better understanding of the social and political economic context of Ukraine. After being re-elected in 2010, during the following four years of his presidency, Yanukovich steered Ukraine towards the European Union (EU) and aimed to establish a strong political and economic relationship between Ukraine and the UN and set up closer ties with European countries. After several years of consultations, negotiations, and debates, the treaty between the EU and Ukraine - *the Ukraine–European Union Association Agreement* - which was supposed to launch the integration of Ukraine into the UN, was

ready to be signed in November 2013. However, a few days before the due date, Yanukovych suspended the signing of the association agreement and instead turned toward Russia to pursue a Russian loan bailout and develop closer ties. This decision resulted in mass protests in Kiev, also known as Euromaidan, which soon escalated and spread to other cities across Ukraine. Although the protest actions were initiated as an expression of disapproval of Yanukovych's refusal to sign the agreement and as a demand for the integration of Ukraine into the European Union, the scope of the resentment against Yanukovych expanded and included protests against corruption, social stratification, deteriorating living conditions, and poverty. Furthermore, Euromaidan claimed the resignation of Viktor Yanukovych and his government (who was indeed eventually overthrown). The protests ultimately led to the 2014 Ukrainian revolution, which was followed by a series of changes in quick succession in Ukraine's sociopolitical system, the formation of a new government, and the restoration of the previous constitution (Baysha, 2015; Wang, 2015).

The revolution was followed by a secession crisis that began on Ukraine's Crimean Peninsula in March, 2014 and resulted in the annexation of Crimea and Sevastopol by the Russian Federation, as well as the ongoing War in Donbass, also referred to as the War in Ukraine or War in Eastern Ukraine (Baysha, 2015; Bebler, 2015). This war was a consequence of demonstrations by pro-Russian and anti-government groups in the Donetsk and Luhansk areas (*oblast'*) of Ukraine, commonly called the "Donbass" in March, 2014. These demonstrations escalated into the armed conflict between the separatist forces of the self-declared Donetsk and Luhansk People's Republics, and

the Ukrainian government. Despite multiple efforts to end this war, the armed conflict in Donbass is still ongoing (Bebler, 2015; Riabchuk, 2015; Wang, 2015).

Migration. The collapse of the FSU and subsequent economic degradation and armed conflicts led to massive migration from the FSU countries to countries with better economic conditions and more job opportunities such as Russia and some Western European countries, including Italy, Spain, Germany, and Poland. Research demonstrates that between 10-20 percent of the adult population of the FSU temporarily migrated to work outside of their home country (Jones, Black, & Skeldon, 2007). In particular, 632,000 (or 18 percent) of Tajik people worked abroad between 2000 and 2003, and 412,000 people left Tajikistan for jobs in 2005 (Jones et al., 2007). In Ukraine, approximately 15 percent of the total population migrated to Russia for jobs in 2007-2008. While according to official information, approximately 250,000 migrants from Ukraine work in Russia, the number of migrants who work in Russia illegally is estimated to be four times higher (Ivakhnyuk, 2009). Most often migrant workers occupy unskilled labour positions in construction, agricultural sectors, or as menial workers in markets (Chindea, Majkowska-Tomkin, Mattila, & Pastor, 2008; Jones et al., 2007). Moldova and Ukraine are also among the main source countries of trafficked young women (Chindea et al., 2008).

Remittances from temporary labour migration have some positive impacts on individuals or households, as well as at the macroeconomic level. On a micro level, it satisfies the immediate need for earnings and provides individuals and families with income they cannot receive in their homelands or places of residence (Jones et al., 2007). This is especially important in the post-war context characterised by economic instability,

deterioration of social support, and the collapse of the welfare system. As a result, labour migration and remittances may be the only available economic safety net for the families and the only available resources to sustain the livelihood of migrant workers' families, escape extreme poverty, and improve their financial position (Jones et al., 2007). On a macro level, migration benefits the economy of those countries which are dependent on remittances, such as Tajikistan and the Kyrgyz Republic, which are the first and the third, respectively, remittance-dependent countries, not only among the FSU but in the world. In particular, over 30 percent of the GDP of Tajikistan and Kyrgyzstan is comprised of money received from remittances sent from Russia by Tajik and Kyrgyz migrants (International Crisis Group, 2015).

At the same time, migration has a profound negative impact on individuals and couples, and may result in increases in IPV upon reunification as well as during the processes of separation and divorce (Hyman, Guruge, & Mason, 2008; Ryazantsev, Pismennaya, Karabulatova, & Akramov, 2014). While men are absent for a long period of time due to their migrant labour, women may become more independent and accustomed to completing all household responsibilities alone. For some women, their partners' labour migration leads to increased personal mobility, expanded social networks, increased empowerment, and changes in their social status. It may be speculated that after their partner's return, male partners may utilize violence in order to re-establish his authority in a family and restore the patriarchal family dynamics.

Religion and patriarchal ideology. Another significant phenomenon accompanying the transitional period of the FSU countries is the revival of some old cultural traditions and religious customs and norms, and the rise of a cult of motherhood and domesticity

(Heyat, 2008; Heyat, 2006; Marsh, 1996; Tohidi, 2004). A cult of motherhood and domesticity was encouraged by significant cuts in cash and in-kind family support programs (Amnesty International, 2009; Cubbins & Vannoy, 2005; Tohidi, 2004). The governments of these countries changed some family support programs to re-affirm the family as a “private” institution and to shift the fiscal responsibility from the government sector to families, which as a consequence further reinforced traditional family norms and reinforced male authority over women in the domestic sphere by increasing women’s dependence on men. Despite former generous maternity policies to encourage women to procreate, the government has largely relinquished its responsibility for the material care of women and children, thus reinforcing their economic dependency on men (Cubbins & Vannoy, 2005). Child benefits are not generally sufficient for the support of even one child, much less multiple children. Many publicly funded daycare centers and kindergartens have been closed (Ashwin, 2000; Chernyak & Barrett, 2011). As “public” support for the long-term economic well-being of families diminished in the post-communist era, the family was reconstructed as a private institution, a process which “undermined the independence of women within the reproductive sphere” (Ashwin, 2000, pp. 19-20).

The superior position of men and the patriarchal structure of family and society are further reinforced by religion, particularly Christianity and Islam, which re-emerged after the collapse of the Soviet Union. Religion has a significant impact on perceptions of women and is strongly associated with IPV (Chernyak & Barrett, 2011; Jarvik, 2006). In particular, it has been theorized that Islamic tradition customs and values in Azerbaijan, Kyrgyzstan, and Tajikistan, and Orthodox Christian customs and values in Moldova and

Ukraine support a patriarchal approach within the family and community, and strictly dichotomize gender roles (Chernyak & Barrett, 2011; Haarr, 2007; Yunus et al., 2004). Patriarchal cultural norms and rigid gender roles lead to women's oppression and support men in using violence against their female partners (Chernyak & Barrett, 2011; WHO, 2002). However, it can be argued that religions may be associated with IPV differently. For example, the religious prohibition of alcohol in Muslim countries may decrease the prevalence of IPV caused by alcohol in these countries, while in non-Muslim countries consumption of alcohol may increase the rate of IPV (Barrett et al., 2012; Brownridge, 2008; Yuksel-Kaptanoglu et al., 2012).

Differences among FSU countries. Despite some similarities, countries of the FSU differ from each other culturally, religiously, economically, and ideologically. These differences are particularly grounded in historical factors and geographical location. In particular, the FSU countries are typically divided into five subgroups or regions: Baltic states, East-Central Europe, Southern Caucasus, Central Asia, and Russia. The countries under investigation are included in the following three groups: East-Central Europe (Moldova and Ukraine); Southern Caucasus (Azerbaijan); and Central Asia (Kyrgyzstan and Tajikistan).

The neighbouring countries which surround Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine have impacted the cultural and religious traditions and norms, ideology, and politics of these FSU countries differently, which is also reflected in gender relations. In particular, Russia and Poland, where the dominant religion is Christianity, played a vital role in the formation of Ukraine, while Romania, where the overwhelming majority of the population also identifies as Christian, had a critical impact on Moldova.

Turkey and Afghanistan, which have firm Muslim traditions, significantly influenced Azerbaijan and Tajikistan. Thus, Ukraine and Moldova, where the majority of the population identify as Christian, have less rigid norms of gender-based behaviour compared to Azerbaijan, Kyrgyzstan, and Tajikistan, where the overwhelming majority of the populations belongs to Islam (Heyat, 2007; NSACPM & ORC Macro, 2006; SA, Tajikistan Ministry of Health, MEASURE DHS, 2013; SSC & Macro International, 2008). Each of these countries has also differently benefited from their locations. For example, Azerbaijan and Ukraine possess natural resources (e.g., gas, oil, wood) that support the economy of these countries. Azerbaijan, Moldova, and Ukraine are vine-producing regions, while the economy of Tajikistan, Moldova, and Kyrgyzstan is mainly based on agriculture. These factors shape the structure of these societies and contribute to gender relations on the micro and macro levels.

Summary

All of the fifteen former republics of the USSR, which were significantly influenced by Russia and Russian culture, and received essential financial and non-material contributions from Russia, gained their independence after the dissolution of the Soviet Union in 1991. As a consequence of the USSR's collapse, the countries under investigation - Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine - as well as most of the other FSU societies, while transitioning to capitalist economy, have undergone serious economic, political, and social transformations that resulted in political and financial instability, economic stagnation, deterioration of social structure, armed civil and ethnic conflicts, the revival of religious traditions and norms that were officially

forbidden under the communist government, and reinforcement of patriarchal tenets in family and society.

Although the development of capitalism in the countries of the FSU did not directly cause the relegation of women to the domestic sphere as housewives, and did not transform women into dependents of male breadwinners directly and automatically, the transition to a market-based economy facilitated this transformation. In particular, capitalism contributed to increased unemployment and high competition in the labour market, which affected women, who became less desirable workers as compared to men due to their maternity and household responsibilities. The domesticity of women, manifested in women's engagement in full-time housework, arguably serves the interests of men since it creates and maintains a more comfortable life for them and removes women as rivals from the labour market (Budig & England, 2001; Vogel, 1995). This is especially true in a context in which labour force participation opportunities are low. For women, becoming housewives means their active exclusion from paid work and the widespread adoption of ideals of a patriarchal family structure (Budig & England, 2001; Pollert, 1996; Wingfield, 2009).

The collapse of the Soviet Union negatively affected women's participation in the market, resulting in many returning to a more domestic mode of life. This has impacted gender relations, fostering women's dependence on their partners' wage and negatively affecting the image of women (Atwood, 1996; Lissytukina, 1993). Specifically, in a context of women's return to domesticity, men have regenerated power and control over women that was shaken or even lost during Soviet period with its egalitarian approach. In many cases, men's dominant position and authority is re-established through utilization of

violence (Attwood, 1996; Horne, 1999; Stickley et al., 2008). Importantly, during this time of transition, acceptance of violence against women has been supported by mass media and cinema through the image of women as submissive and ‘domesticated’ wives and mothers (Attwood, 1999; Horne, 1999; Temkina & Rotkirh, 2003). Thus, after the collapse of the Soviet Union, the countries of the FSU have tended to re-legitimize patriarchal structures and patriarchal authority within the family and broader societal relations. The transition of the countries of the FSU from socialism to capitalism, and the accompanying process of returning women to the private sphere, instead of encouraging all adults to compete in the public sphere on an equal basis, changed women’s economic and social status and significantly increased macro and micro gender power differentials.

CHAPTER III

Literature Review

This chapter commences by providing a definition of IPV and a description of the types and forms of IPV, and is followed by an overview of the prevalence rates of IPV in countries across the globe. The chapter continues with a discussion of previous research on IPV world-wide and in the counties of the former Soviet Union in particular. The chapter closes with an examination of the correlates and contextual features of IPV.

What is IPV? Definition and Consequences

Intimate partner violence (IPV) against women occurs in all cultures and societies, and affects a large number of women regardless their race, ethnicity, economic, marital, or immigrant status (Aklimunessa, Khan, Kabir, & Mori, 2007; Ellsberg, Heise, Pena, Agurto, & Winkvist, 2001; Kaukinen & Powers, 2014; Marshall & Furr, 2010; Rahman, Hoque, & Makinoda, 2011; Tenkorang, Owusu, Yeboah, & Bannerman, 2013; VanderEnde, Sibley, Cheong, Naved, & Yount, 2015). The World Health Organization (2015; 2002) defines IPV as “behaviour within an intimate relationship that causes physical, sexual, or psychological harm” (p. 2; p. 89). IPV can occur among heterosexual and same-sex couples (Centers for Disease Control and Prevention, 2015; WHO, 2015). IPV includes four main types of abuse: physical abuse that includes slapping, kicking, beating, and etc.; emotional or psychological abuse that entails humiliation and intimidation; sexual abuse that encompasses forced intercourse and other forms of sexual coercion; and various controlling behaviours such as isolation, monitoring a person’s movements, and restricting access to information, assistance, and resources). In addition to these main types of violence, financial abuse and stalking are sometimes also regarded

as IPV (Centers for Disease Control and Prevention, 2015; Sanders, 2015). The severity of IPV can range from less severe (verbal or financial abuse, threats of being abused or hit) to the most severe forms that include physical and sexual abuse, use of weapons, and serious harm and injury of victims (Brownridge, 2008; Cano & Vivian, 2001; Jewkes, Levin, & Penn-Kekana, 2002; Jonhson & Das, 2009; McMullin, 2010; WHO, 2002). It is important to emphasize that it is not only severe forms of IPV that can have serious consequences for victims; even less severe violence may also have detrimental emotional, physical, and social consequences for victims and result in lasting health-related issues (Uthman, Moradi, & Lawoko, 2009).

IPV may result in injuries, psychological harm, maldevelopment, deprivation, as well as death (Anderson & Kras, 2005; Heise, Ellsberg, & Gottmoeller, 2002; Heise, 1994; Ismayilova & El-Bassel, 2013; VanderEnde et al., 2015; WHO, 2015). Cross-country research demonstrates that approximately 50 percent of women who report IPV had serious injuries (e.g., bruises, brain concussions, broken bones, noses, knife wounds, burns, back or pelvic pain, and headaches) and required medical attention (Centers for Disease Control and Prevention, 2015; Ismayilova & El-Bassel, 2013; WHO, 2015).

Although the definition of IPV includes not only violence against women but men as well, the literature focuses on IPV against female partners because research suggests that the rate of IPV against men is much lower than against women, and the violence inflicted on women is more severe than that inflicted on men (Anderson & Kras, 2005; Brownridge, 2008; Campbell, J. C., 2001; McMullin, 2010; Websdale & Johnson, 2005; WHO, 2002). For example, women in Canada who experience IPV are three times more likely to be hurt, five times more likely to receive medical help, and five times more

likely to fear for their lives than are men (WHO, 2002). In the United States, 14 percent of men compared to 22 percent of women aged 18 and over were victims of IPV, and only three percent of men compared to 13 percent of women were injured as a result of IPV (Breiding, Smith, Basile, Walters, Chen, & Merrick, 2014). Approximately four times more female partners than male partners are killed each year in North America, which is most often the result of long-term female-battering (McMullin, 2010; Tjaden & Thoennes, 2000; Websdale & Johnson, 2005). Male partner-killings and IPV against male partners are most often committed by abused women as a form of self-defence (McMullin, 2010; WHO, 2002). Besides, the term ‘domestic violence’, and IPV in particular has historically been linked to gender inequality and the dominance of men over women in the family and other social contexts and, thus, most often is used while discussing violence against women (Dobash & Dobash, 1979; Michalski, 2005; 2004; WHO, 2002).

IPV in Global Context

Cross-cultural research has documented a wide range (10 to 69 percent) in the proportion of women who report physical partner abuse (Fawcett, 2007; Koenig, Stephenson, Ahmed, Jejeebhoy, & Campbell, 2006; WHO, 2002). The prevalence rates of IPV may vary based on social and economic contexts. In particular, the higher rates of physical IPV in developing countries are often linked to high levels of gender inequality, poverty, unemployment, economic destruction, political and social problems, and general instability – factors that feminist researchers recognize as primary sources of women’s oppression and domestic victimization (Franklin & Menaker, 2014; Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005; Jewkes, 2002; Kimuna & Djamba, 2008; Koenig

et al., 2006; Marshall & Furr, 2010; UNICEFF, 1999). Studies in Africa indicate that lifetime prevalence of domestic violence in samples from this region vary between 17 and 48 percent (Jewkes et al., 2002; Kishor & Johnson 2004). In particular, findings from a South-African study demonstrate that the lifetime prevalence of IPV is nearly 25 percent (Jewkes et al., 2002). In Kenya, over 36 percent reported being physically abused and 13 percent reported sexual abuse (Kimuna & Djamba, 2008). In Egypt, approximately 30 percent of women were subjected to some forms of physical violence at least once by their former or current husbands, while in Syria, 26 percent of women reported experiencing physical abuse at least three times within the last 12 months (Dhaher, Mikolajczyk, Maxwell, & Kramer, 2010). A study from Turkey indicates that 41 percent of the sample has experienced at least one episode of physical IPV (Marshall & Furr, 2010). Research conducted in South India indicates that 56 percent of the respondents have experienced physical IPV, and 27 percent of them experienced physical abuse within six months prior the study (Rocca, Rathod, Falle, Pande, & Krishman, 2009). Another study in India showed that between 37 and 45 percent of women living in rural areas had been beaten by their partners (Jejeebhoy & Cook, 1997 as cited in Simister & Makowiec, 2008). Studies in Thailand indicated that 62 percent of married women in Bahgkok report psychological violence, 34 percent physical abuse, and 15 percent physical injuries caused by IPV (Xu, Kerley, & Sirisunyaluck, 2011).

The rate of physical IPV in samples from other developing countries, such as Chile, Peru, Ecuador, Sri Lanka, Papua New Guinea, Tanzania, Korea, Kenya, Uganda, Zambia, Mexico, Costa Rica, and Guatemala ranges from 42 to 67 percent, which is generally higher than in developed countries (WHO, 2005). For instance, the results from the WHO

Study on Women's Health and Domestic Violence indicate that the highest rates of IPV were reported in Ethiopia and Peru (nearly 70 percent), while the lowest percentage of ever-partnered women reporting physical abuse by their intimate partner was found in Japan (approximately 17 percent) (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; Garcia-Moreno et al., 2005). Studies in Canada, the United States, and Great Britain demonstrated that at least one in four women experience some form of physical IPV perpetrated by their former or current partners (Michalski, 2005). These results have been consistent since the early 1990s when it was found that approximately 27 percent of Canadian women and 31 percent of US women sampled reported experiencing physical violence at the hands of their intimate partners at some point in their lives, and 36 percent of them reported fearing that they would be killed by the men who assaulted them (Heise, 1994). The prevalence of IPV in samples in developed European countries overall varies between 10 and 26 percent (Michalski, 2005; Papadakaki, Tzamalouka, Chatzifotiou, & Chliaoutakis, 2009).

It is worth mentioning that studies conducted in Arab societies document a relatively higher proportion of women who report violence compared to the proportion of women from non-Arab countries in the same region (i.e., Israel), where 13 percent of women report experiencing physical IPV (Dhaher et al., 2010). In particular, in Palestine, over 50 percent of women reported experiencing at least one act of physical violence 12 months prior to the study and 34 percent during their marriage (Dhaher et al., 2010; Haj-Yahia, 2000). However, it is acknowledged that physical IPV may be caused by a number of confounding factors and not only religious affiliation and/or ethnic background.

IPV in the Countries of the FSU

The break-up of the Soviet Union and the subsequent political, economic, ideological, and social transformation of the FSU societies, and consequently the landscape for women, lead to the transformation from more egalitarian gender roles to traditional or patriarchal ones, with emphasis on the role of women as mothers and wives, and the importance of family as a foundation of society (Amnesty International, 2009; Chernyak & Barrett, 2011; Pascall & Manning, 2000). For instance, the Deputy Governor of local council ('Huhumat') in Tajikistan stated that the "primary duty of women is to give birth to healthy children, and bring them up as normal people, then there will be no violence in the family, and our life will be good" (Amnesty International, 2009, p. 11). Along with their independence from the Russian Federation and moving away from their Soviet past, the former republics of the Soviet Union moved towards more patriarchal societies with religious undertones. Within this context, "women are required to be obedient and subservient to their husband and his family and deviations from this norm justify disciplinary measures and adverse consequences" (Ertürk, Y., 2009 as cited in Amnesty International, 2009, p. 11).

It may be suggested that the transitional period may impact women's vulnerability to IPV and increase the rates of IPV among women in the FSU compared to women from developed countries in the West. However, this argument is difficult to substantiate due to a lack of research and accurate statistics in the USSR during the Soviet era, which is evidence of the official denial of the existence of this problem (Barrett et al., 2012; Chernyak & Barrett, 2011; Johnson, 2007; Ismayilova, 2009). Consequently, it is almost impossible to compare the prevalence of IPV during the Soviet period with the post-Soviet period, though as noted above, some scholars contend that IPV has increased in

the countries of the FSU since the collapse of the Soviet Union in 1991 (Barrett et al., 2012; Haarr, 2007; Horne, 1999).

Despite the extensive academic literature on IPV, the problem of IPV and factors associated with its distribution and prevalence in transitional countries of the FSU are only now emerging and are not well understood (Barrett et al., 2012; Ismayilova, 2009; O’Leary et al., 2008; Stickley et al., 2008a, 2008b). Within the last two decades, several studies were conducted in different countries of the FSU using population-based data, particularly the DHS, Reproductive Health Survey, World Mental Health survey, and the MONEE⁴ statistical database (Barrett et al., 2012; Centers for Disease Control and Prevention, 2003; Dude, 2007; Ismayilova & El-Bassel, 2013; Ismayilova, 2009; Joshi, 2011; O’Leary et al., 2008; Pascall & Manning, 2000; Rani & Bonu, 2009; Sticklet et al., 2008a, 2008b). While still sparse, existent studies document high prevalence rates of IPV in the FSU and indicate that IPV is a serious social issue in this post-Soviet region requiring serious special consideration. According to Gorshkova and Shurygina (2003), approximately 41 percent of women in post-Soviet Russia reported being physically abused by their partner at least once, and 27 percent reported being beaten repeatedly, while over 25 percent of married women in the capital of Russia, Moscow, report having been physically abused by their partner at least once in their lifetime (Cubbins & Vannoy, 2005). Some researchers contend that women in transitional Russia are four to five times more likely to experience IPV than women in the West, and are twice more likely to be

⁴MONEE, or MONEE Project is officially called UNICEF’s “Public Policies and Social Conditions: Monitoring the Transition in Central and Eastern Europe and the Commonwealth of Independent States,” and is aimed at gathering and sharing data on the situation in this area since 1992 (Fajth, 2000).

murdered at the hands of their intimate partners than women in the United States (Gondolf & Shestakov, 1997; Horne, 1999). Furthermore, during the transitional period in Russia fatal violence against women increased significantly (Stickley et al., 2008a).

Studies in six post-Soviet countries in Eastern Europe and the Caucasus indicate that during 1997-2001, up to 29 percent of women aged 15-44 reported being a victim of physical IPV at some point in their life, while 2-10 percent of them were physically abused in the last 12 months (Centers for Disease Control and Prevention, 2003; Stickley et al., 2008a). In Kazakhstan, 28 percent of married women reported experiencing physical violence at the hands of their husbands (UNFPA, 2008). In Tajikistan, the prevalence of physical IPV is higher: up to 50 percent of Tajik women reported one or more acts of some form of physical IPV at some point of their life (Amnesty International, 2009; Haarr, 2007). In Ukraine, 70 percent of all women reported experiencing physical violence accompanied with emotional and verbal abuse, according to the UNDP report (2003). Other studies in the FSU countries, however, document lower prevalence rates. In particular, it was found that nearly 13 percent of women in Azerbaijan and Ukraine, and 24 percent of women in Moldova reported ever experiencing any acts of physical IPV perpetrated by their former or current intimate partners (Ismayilova & El-Bassel, 2013; Ismayilova, 2009; O'Leary et al., 2008; Rights, 2000).

Empirical Correlates and Contextual Features of IPV

According to research, some risk factors for IPV against women are fairly similar in all countries, both developed and developing. For example, disobeying or arguing with men, questioning men about adultery, spending money, not preparing food, refusing sex,

or suspicion of women's infidelity are strongly associated with IPV and are regarded as situations when violence can be justified as a punishment for women misbehaviour (Dhaher et al., 2010; Faramarzi et al., 2005; Joshi, 2011; Kishor & Johnson, 2004; Klomegah, 2008; Rani & Bonu, 2009; WHO, 2002). At the same time, the findings from previous research suggests that some other factors associated with IPV are contextual. In particular, some predictors of IPV found in the West are not applicable to the post-Soviet context (Barrett et al., 2012; Ismayilova & El-Bassel, 2013; Ismayilova, 2009). For instance, in contrast to developed countries in the West, women's decision making ability is not identified as a significant marker of IPV in Ukraine (Barrett et al., 2012). This result may be explained by the fact that historically women in Ukraine were responsible for making decisions regarding household and domestic chores, such as household purchases, which is perceived as a women's role and not as a threat to the male authority (Barrett et al., 2012). Similarly, household wealth, which is associated with self-reported IPV in the West, is not associated with IPV in the FSU countries (Barrett et al., 2012; Ismayilova & El-Bassel, 2013). It may be suggested that in developing countries of the FSU, living in impoverished circumstances is a persistent condition for many households and is perceived as a normal part of daily life (Barrett et al., 2012; Flake, 2005). In these circumstances, impoverished individuals may experience less stress and have less need to use violence as a response to poor living conditions compared to economically advantaged individuals (Flake, 2005). Furthermore, economically deprived households are more likely to be living with their in-laws or other relatives (sometimes up to three generations) or in communal living apartments. This is fairly typical in the countries of the FSU, especially in urban areas and megacities, due to severe housing shortages and

lack of funds for housing for families to own or rent (Horne, 1999; Stickley et al., 2008b). Some scholars suggest that living in a communal household or with extended family members may reduce the likelihood of abuse because the sharing of a kitchen and bathroom serves as a protective factor against violence, especially severe physical violence (Stickley et al., 2008b). Thus, factors associated with IPV may vary due to the specific traits of societies; while some factors may make it less likely for women to be victimized by IPV in certain countries, in other countries they may be triggers for IPV.

As emphasized in Chapter II, the collapse of the USSR caused serious damage to the manufacturing sector. Due to massive industry closures and transformation of factories from the public sector, supported by government, to the private sector, owned by individuals (oligarchs), a vast number of people lost their jobs, had to change their careers or qualifications, and experienced such practices as non-payment, late payment, payment in-kind, or decreased wages. While for many women, employment became problematic because of cuts made to daycare programs to reduce expenses for government supported sectors, for men barriers to their employment and changing their career included a lack of resources for additional courses or training (e.g., fees for these courses, transportation, etc.), limited number of training programs offered in certain regions, and urgent need to take any job to earn money for the immediate needs of their family. As a result, a large number of men in the countries of the FSU have experienced financial hardships caused by economic transition in their countries, although women were affected more significantly. Thus, the main role of men as breadwinner has been challenged. For these men, support of patriarchal norms, which in some contexts includes violence against their wives and children, may be a vehicle to reaffirm their masculinity.

Research indicates that in fact some men utilize violence to maintain or reinforce their power, authority, and superior position (Cano & Vivian, 2001; Eswaran & Malhotra, 2011; Franklin & Menaker, 2014; Lawoko, Dalal, Jiayou, & Jansson, 2007).

Men's authority and control are further contested if women become employed and economically independent from their unemployed male partners, which increases women's status vis-à-vis their male partner and gives women greater ability to defy societal patriarchal norms. Women's employment may create a tension between partners/spouses, particularly in countries where it is relatively uncommon. It can result in marital dissatisfaction and threaten men's status in the family and patriarchal gender relations dominant in these societies. In contrast, women who are unemployed are dependent on men's income, have lower status, and conform to the societal norm and patriarchal family model in which the husband is a 'breadwinner' and the wife is a submissive member of the family. Therefore, unemployed women do not threaten men's authority and dominance. In situations when women's employment contradicts traditional role expectations and norms, the risk of marital conflicts and violence increases for employed women (Eswaran & Malhotra, 2011; Franklin & Menaker, 2014).

Research in developing countries demonstrates that when women's earnings and contribution to the family income exceed that of their partners, the risk of being abused increases (Lawoko et al., 2007). This is particularly the case when traditional gender ideology exists in a family or in a community (Choi & Ting, 2008; Haarr, 2007). In this case, in order to maintain superior position and control over their female partners, men use violence as a coercive tactic (Barrett et al., 2012; Choi & Ting, 2008; Dobash & Dobash, 1979; Eswaran & Malhotra, 2011; Fawcett, 2007; Franklin & Menaker, 2014;

Jewkes, 2002; Michalski, 2005; Yodanis, 2004). What is also important to mention in the context of the FSU countries is that due to the transformation of the economic and social foundation in the post-Soviet period, there is a tendency for men to attempt to secure a more dominant position in the family by asserting a more traditional patriarchal position of male privilege, which includes the belief to the traditional right to physically abuse their wives or female intimate partners (Stickley et al., 2008a).

By contrast, other scholars argue that women's independence and autonomy protect them against IPV because women with high status and ability to control resources have sufficient power to change traditional gender roles (Koenig et al., 2006; Mann & Takyi, 2009; WHO, 2002). For instance, research conducted by Mann and Takyi (2009) in Ghana shows that egalitarian relationships within the family reduce the likelihood of IPV. In particular, when women are employed, the risk of being abused decreases due to their economic independence. Economic dependence/independence of women thus can be regarded as a contributing source of IPV, which operates differently in diverse cultural contexts. Both arguments discussed above can be applied to the context of the transitional societies of the FSU vis-à-vis the transformation of gender norms, revival of patriarchy, reinforcement of male authority, and degradation/devaluation of women's status. Since there is as of yet little analysis of IPV in the countries of the FSU, it is not clear which argument discussed above is more applicable to the context of the FSU, and furthermore, whether it varies across the five countries under investigation here.

Another factor that plays an important role in shaping the social environment is individual and community attitudes toward IPV. Women's acceptance of IPV are among several factors that are strongly associated with women's subsequent victimization

(Faramarzi, Esmailzadeh, & Mosavi, 2005; Jonhson & Das, 2009; Joshi, 2011; Rani & Bonu, 2009; Stickley et al., 2008a). In many societies, including the countries of the FSU, survey samples widely condone the use of violence against female partners under certain circumstances. In their study conducted in Russia, Stickley et al. (2008a) found that men's violent behaviour is justified by respondents under certain circumstances. Consistent with the findings of research conducted in some of the FSU countries and some developing countries, these situations include the following: a woman does not complete family work to her partner's satisfaction; a woman does not obey her partner; a woman refuses to have sex with her partner; and a woman argues with her partner (Garcia-Moreno et al., 2005; Ismayilova, 2009; Joshi, 2011; Mann & Takyi, 2009; Rani & Bonu, 2009; Stickley et al., 2008a). Also similar to patterns in developed and developing countries, sexual infidelity is considered the principal justifying factor for IPV by both male and female partners (Stickley et al., 2008a). These actions are regarded as manifestations of women's independence, infringements on male power, and threats to the existent balance of power relations between men and women⁵. Especially in contexts where male dominance is part of male status, IPV is often taken for granted as a normal response to women's 'inappropriate' behaviour (Haj-Yahia, 2003; Stickley et al., 2008b). Attitudes toward IPV and justifications for IPV are, therefore, strongly associated with the occurrence of IPV, and are related to socio-demographic factors, such as age, education, and employment (Gage, 2005; Haarr, 2007; Jeyaseelan et al., 2007; Joshi, 2011; Lawoko, 2008), discussed below.

⁵ Although women sometime use violence against their unfaithful partners, as was emphasized earlier, the outcomes of violence perpetrated by male partners are generally more severe. Besides, the violence against male intimate has different grounds and theoretical explanation.

Findings from previous research in the FSU and other developing countries reviewed above (e.g., Ghana, India, Kenya, Nigeria, Peru, and Turkey) show that educational attainment and age are important variables associated with IPV (Barrett et al., 2012; Flake, 2005; Ismayilova, 2009; Jeyaseelan et al., 2007; Kimuna & Djamba, 2008; Lawoko et al., 2007; Mann & Takyi, 2009; Okenwa et al., 2009; Yuksel-Kaptanoglu et al., 2012). In particular, a low level of education is strongly associated with justification and acceptance of IPV by both sexes, which in turn may result in the occurrence of IPV (Haarr, 2007; Lawoko et al., 2007; Stickley et al., 2008a), and more educated women are at lower risk of experiencing IPV (Eswaran & Malhotra, 2011; Flake, 2005; Kaukinen & Powers, 2014; Koenig et al., 2006; Rahman et al., 2011; Rani & Bonu, 2009; Simister & Makowiec, 2008; Tenkorang et al., 2013).

Studies from these countries demonstrate that women who completed at least high school are at lower risk of physical violence than women with no high school diploma (Flake, 2005; Kimuna & Djamba, 2008; Mann & Takyi, 2009; Okenwa et al., 2009; Yuksel-Kaptanoglu et al., 2012). However, previous research in Ukraine, Nicaragua, and Haiti finds no significant association between IPV and education (Barrett et al., 2012; Gage, 2012).

Similar results were found in regards to the age of female partners. While research in the USA, Canada, and Bangladesh show that younger women are at higher risk of IPV compared to older women (Brownridge, 2008; Michalski, 2005; Naved & Persson, 2005; Romans et al. 2007), studies conducted in some of the FSU countries such as Ukraine, Moldova, Russia, as well as in Palestine, have the opposite results: increasing age of women increases the risk of IPV (Barrett et al., 2012; Haj-Yahia, 2000; Ismayilova & El-

Bassel, 2013; Ismayilova, 2009; Stickley et al., 2008b). No significant relationship between IPV and age of women was found in Kenya, Haiti, and India (Gage, 2005; Kimuna & Djamba, 2008; Rocca et al., 2008). Therefore, the results of the previous studies are inconsistent in regards to the significance and directions of the effects of various socio-demographic factors on IPV. Due to the contextual specificity of these patterns, these results cannot be generalized to the countries of the FSU as a whole, and it is necessary to investigate these patterns in each country individually.

Empirical findings from previous studies in developing and developed countries alike show that two individual-level factors are strongly associated with IPV across national and cultural contexts: history of violence in the family of origin and alcohol abuse by the male partner (Barrett et al., 2012; Brisibe, Ordinioha, & Dienye, 2012; Dal Grande, Hickling, Taylor, & Woollacott, 2003; Flake, 2005; Horne, 1999; Ismayilova, 2009; Jeyaseelan et al., 2007; Jewkes, 2002; Tenkorang et al., 2013; White & Chen, 2002; WHO, 2002; Xu et al., 2011). Moreover, research conducted in the countries of the FSU demonstrates that alcohol use is most strongly associated with severity of physical IPV (Barrett et al., 2012; Ismayilova, 2009). Although the association of alcohol use and IPV has been observed in both the Soviet and post-Soviet period, it has been noted that alcohol abuse has increased since the collapse of the USSR (Bromet et al., 2005; Cocherham et al., 2006; Stickley et al., 2008b), which may be explained by economic stress caused by unemployment, and can also lead to increases in IPV (Cano & Vivian, 2001; Horne, 1999; UNDP, 2005). This argument is supported by previous studies which demonstrated that the utilization of alcohol increases in stressful circumstances, such as when people experience economic or social hardship, low or lack of income, divorce, and

social isolation (Anderson et al., 2012; Keyes, Hatzenbuehler, & Hasin, 2011; Tamers, Okechukwu, Bohi, Gueguen, Goldberg, & Zins et al., 2014).

Witnessing IPV in childhood is also a significant correlate of IPV documented in many studies in developed and developing countries, including the countries of the FSU (Barrett et al., 2012; Ismayilova, 2009; Jewkes, 2002; Koenig et al., 2006; Stickley et al., 2008a; Tenkorang et al., 2013). The findings from Kenya, Turkey, Bangladesh, Thailand, and some countries of the FSU such as Russia, Moldova, Ukraine, and Azerbaijan demonstrate that witnessing IPV in childhood increases the risk of later use of violence among men (Barrett et al., 2013; Cubbins & Vanoy, 2005; Jewkes, 2002; Johnson & Das, 2009; Ismayilova, 2009; Kerley et al., 2010; Lawoko et al., 2007; Naved & Persson, 2005; O’Leary et al., 2008; Yuksel-Kaptanoglu et al., 2012). Research in Ukraine demonstrates that women who witnessed IPV in their family of origin are over three times more likely to experience physical IPV in adulthood than women who did not observe IPV as a child (Barrett et al., 2012; Cubbins & Vannoy, 2005). Research suggests that witnessing parental violence may lead to acceptance of IPV as normal and as a possible or even good way to resolve conflicts (Jewkes, 2002; Stickley et al., 2008b). Thus, violent behaviour becomes the model of behaviour: men who witnessed the parental violence are more likely to utilize violence against their female partners while women who observed their fathers beating their mothers learn to tolerate aggressive behaviour and violence. However, some other studies in developing countries have found no significant association between witnessing IPV as a child and subsequent experience of IPV (O’Leary et al., 2008; Dude, 2007). Therefore, the association between witnessing IPV in childhood and adulthood IPV, specifically in the FSU, requires further attention.

Summary

IPV, which is defined as the use of physical, sexual, and psychological violence perpetrated by intimate partners, is a global problem experienced by a large number of women in a variety of countries regardless of the political, economic and social conditions of these countries (WHO, 2015). Composite findings from every country in which large scale prevalence studies have been undertaken suggest that between 10 and 50 percent of women have been physically or sexually assaulted by an intimate partner at some point in their lives (Aklimunessa et al., 2007; Brownridge, 2008; Ellsberg et al., 2001; Kaukinen & Powers, 2014; Kimuna & Djamba, 2008; Marshall & Furr, 2010; Rahman et al., 2011; Tenkorang et al., 2013; Tjaden & Thoennes, 2000; VanderEnde et al., 2015; World Health Organization, 2002). In spite of recent advances in understanding the prevalence and detrimental consequences of IPV world-wide, little is known about IPV in transitional countries, where very few studies have been carried out (Barrett et al., 2012; Cubbins & Vannoy, 2005; Ismayilova & El-Bassel, 2013; Ismayilova, 2009; O'Leary et al., 2008; Stickley, Timofeeva, & Vågerö, 2008b).

In the FSU countries, valid prevalence estimates of violence against women have been historically difficult to obtain due to data suppression and underreporting of IPV cases by law enforcement and by IPV victims who consider IPV a private/family matter (Cubbins & Vannoy, 2005; Fabian, 2010; Gondolf & Shestakov, 1997; Horne, 1999). However, emerging data from countries of the FSU suggest that violence against women is a significant social problem in this region of the world, and women in post-Soviet societies are at a heightened risk of intimate partner violence and intimate partner homicide (Barrett et al., 2012; Gondolf & Shestakov, 1997; Horne, 1999; Ismayilova &

El-Bassel, 2013; Ismayilova, 2009; O’Leary et al., 2008). Importantly, the transition from an administrative-command system to a market economy affected all areas of economic, political, and social life of the countries of the FSU. The transitional period, beginning in 1985, had a substantial effect on the position of women and resulted in women’s unemployment, wage inequality, financial dependency, and social isolation which may aggravate IPV in these societies (Ganguli & Terrell, 2006; Heyat, 2006; Sabi, 1999; Taraban, 2002; Yegidis et al., 2005). Previous research on IPV indicates that factors such as women’s age, number of children, women’s education, women’s and their partner’s employment status, women’s attitude toward IPV, if a partner has a control over his partner, alcohol consumption by partner, and witnessing IPV by women in the childhood may be significant factors associated with IPV. However, a complete picture of the risk factors for domestic violence against women has yet to emerge. One of the reasons for that is that understanding the phenomenon of IPV requires an analysis that includes not only an examination of the characteristics of victims and perpetrators and their life experiences but also the household and community context within which violence occurs. A consideration of the unique historical, political, and social context of the countries is critical for understanding women’s vulnerability for IPV. In the following chapter, the theories which are best applicable for the FSU context, will be discussed.

CHAPTER IV

Theoretical framework

The goal of this chapter is to introduce the theoretical framework this study draws on. This chapter is divided into two parts. In the first part, *Theories and concepts*, I outline the theories that anchor this research and explain the factors each theory identifies as a contributor to IPV. In the second part, *Hypotheses*, I outline and discuss hypotheses that are developed based on these theoretical approaches and used in this study.

Theories and Concepts

The increased attention to domestic violence against women has resulted in a large body of theoretical and empirical research on IPV that focuses on understanding and explaining the factors that impact IPV across the globe. Researchers from the social science disciplines (e.g., sociology, social work, social psychology, gender studies, family studies, etc.) have studied IPV theorizing the etiology of IPV from different perspectives (Jewkes, 2002; Klomegah, 2008; Michalski, 2005; 2004; Tenkorang et al., 2013). Although no single theory dominates in the discussion of IPV (Cano & Vivian, 2001; Michalski, 2005), the majority of the research on IPV utilizes feminist explanations of violence against women as the result of patriarchy (Chernyak & Barrett, 2011; DeKeseredy, 2011; Dobash & Dobash, 1979; Eng, Li, Mulsow, & Fischer, 2010; Haar, 2007; Marshall & Furr, 2010; McPhail, Busch, Kulkarni, & Rice, 2007; Nagae & Dancy, 2010).

Within the last decades, however, more and more researchers theorize IPV by using other theoretical frameworks integrated into feminist theory and/or linked to different levels of analysis and contexts, such as: social, cultural, and economic (e.g., Cano &

Vivian, 2001; Franklin & Menaker, 2014; Klomegah, 2008; Xu et al., 2011). In particular, resource and status inconsistency theorists explain IPV as a result of economic or status imbalances between men and women on a micro- (individual and family) and macro- (society) levels (e.g., Choi, Cheung, Cheung, & David, 2014; Choi & Ting, 2008; Kaukinen & Powers, 2014; Mann & Takyi, 2009; Yount & Carrera, 2006; Yount, 2005). Other scholars support family stress theory and consider the impact of household indicators on violence within intimate relationships (e.g., Fox et al., 2002). Furthermore, some studies focus on social learning theory and intergenerational transmission of violence theory (IGTV) originated from social learning theory that explains the link between interparental aggression and IPV in subsequent relationships in adulthood as a result of a learned model of behaviour observed in childhood, when a child who witnessed parents' violence toward one another learns that violence is an appropriate and effective way to achieve goals or desired behaviour (Anderson & Kras, 2005; Bandura, 1977; Black et al., 2010; Mihalic & Elliott, 1997). In recent years, the use of the ecological framework has become popular among family and feminist scholars who conceptualize IPV as a multilayered phenomenon grounded in individual and contextual factors (Barrett et al., 2012; Flake, 2005; Uthman et al., 2009; Yuksel-Kaptanoglu et al., 2012).

Rather than relying on a monolithic theoretical approach to explain IPV in the FSU, for this study I utilize a combination of socialist feminism and resource theory, which seem more pertinent to the post-Soviet context and developing FSU countries. By itself, each theory provides a limited explanation of IPV (e.g. they do not explain why people act differently within a similar social environment). However, a combination of these

theories allows me to holistically investigate a range of interacting and intersecting factors and processes that previous research identifies as relevant to IPV, such as: gender, economic factors, social context, and environmental factors (see the list of independent variables for each theoretical framework in Appendix B⁶). This part of the chapter is divided into two subsections. Each subsection is devoted to one theory. In each subsection I commence with discussing how IPV is conceptualized and explained by that theory, followed by a description of how these theoretical concepts are operationalized through specific variables at the individual and community levels.

Socialist feminist theory. For feminists, violence against women, and specifically IPV, is an expression of male dominance⁷ and a direct result of women's social⁸ and economic⁹ inequality (DeKeseredy & Dragiewicz, 2007; Dobash & Dobash, 1979; Michalski, 2005; 2004; McPhail et al., 2007; Walby, 2009; Yodanis, 2004). Feminism in general focuses on male-dominated social structures that promote and support gender-specific dynamics and roles. The central component of feminist explanations of violence against women is the patriarchal system in society and the social institutions that support this system (i.e., economic, political, religious institutions). The main task of feminist theories is to analyze how social, political, economic, and ideological structures legitimize male power by maintaining and reinforcing the social concept of gender as a

⁶ Based on the previous research and the objectives of this study to examine specific factors associated with IPV, independent variables are grouped into five categories that characterize women's experience on individual and community levels.

⁷ Radical feminists see violence specifically as a means of maintaining male dominance in society.

⁸ Liberal feminists argue that violence against women is a result of social and legal inequality between men and women.

⁹ Marxist/socialist/materialist feminists see economic inequality as a main cause of gender-based violence.

hierarchical phenomenon. Although various feminist theories have implications for understanding violence against women, for this study I employ the socialist feminist approach. This theory is most applicable for analyses of post-socialist societies that are currently undergoing the transition from socialism to capitalism.

Socialist feminism is the only theory that incorporates significant feminist ideas (i.e. patriarchy as a main source of women's oppression and victimization and a manifestation of power) into materialist analyses of human interaction and social relations. Unlike other feminist perspectives, socialist feminism views patriarchy as one of two major processes affecting women's oppression and victimization: patriarchy which oppresses women as women, while capitalism oppresses women as workers (Hartmann, 1996; Vogel, 1995; Walby, 2009). Socialist feminism analyzes how capitalism interacts with patriarchy to oppress women, arguing that the subordination of women in the household is reproduced in the relationship of power and authority in capitalism (Armstrong, Armstrong, Connelly, & Miles, 1985; Barrett, 1980; Jaggar, 1983; Mitchell, 1971; Vogel, 1995). Under capitalism, women experience patriarchy through unequal wages for equal work, sexual harassment on the job, uncompensated domestic work, and the public (market)/private (home) separation. The private/public dichotomy shapes sex-segregated roles where the economic provision for families is considered male, while the female's sphere is affective nurturing (Armstrong et al., 1985; Budig & England, 2001; Jaggar, 1983; Mitchell, 1971). Men fill the role of provider in the paid labour force while women are responsible for the home, although many of them also hold jobs outside the home (Acker, 2004; Clement & Myles, 1994; McMullin, 2010; Ridgeway & Correll, 2004; Rothman, 1999). Women's work in the home and their maternal role are devalued

because they are not included in the public sphere, which is the sphere of monetary exchange (Budig & England, 2001; Hartmann, 1996). However, the organization of ruling relations is structured not only by the market or capital demands but by patriarchal households. For socialist feminism, patriarchy enables the economic subordination of women through the division of labour (Barrett, 1980; Hartmann & Markusen, 1980; Mitchell, 1971).

Patriarchal ideology emphasizes the male-dominated structure of the family and society and supports a patriarchal system that constructs gender-specific roles, obligations, and expectations in public and private spheres. From a feminist perspective, men's superior position over women, which is culturally, religiously, and socially reinforced, is the main cause of IPV. According to the UN Secretary General (2003, as cited in Amnesty International, 2009), historically unequal power relations between men and women, and discrimination against women in both private and public areas, lead to violence against women, including IPV. This is the central argument of socialist feminists who emphasize that IPV is a product of power differentials between men and women that is reinforced through male domination in public and private spheres (Hartmann, 1996; Vogel, 1995; Walby, 2009; Young, 1990). In other words, IPV is a result of unequal status, authority, and power based on gender at the micro and macro levels. As noted above, under the conditions of growing macro and micro power differentials, which the FSU countries have experienced since the collapse of the Soviet Union, IPV arguably becomes more likely (Flake, 2005; McMullin, 2010; Okenwa et al., 2009).

Operationalization of socialist feminist theory. Postulates and hypotheses derived from socialist feminist theory are evaluated through the use of specific variables in this

study. Micro-level power differentials are reflected in *woman's age*, *number of children*, and *women's educational attainment*. These variables serve as indicators of the level of women's social and economic independence, as detailed below.

Woman's age is an important factor affecting women's position in the private and public spheres. On the one hand, an older woman may have more power in her relationship with her partner (Kishor & Johnson, 2004; Rahman et al., 2011; Temkina, 2006). At the same time, as a woman gets older, she may become more dependent upon her partner. Furthermore, an older woman may have more children and need more financial and social stability than can be guaranteed only by her partner. In the public sphere, under capitalism, older women may experience more problems with their employment and are prone to have lower-paid jobs compared to their male counterparts and younger female coworkers (Budig & England, 2001; Marsh, 1995). Older women were specifically vulnerable in these circumstances because in addition to the aforementioned factors, their older age impeded their ability to find a stable and well-paid job due to unwillingness of business-owners to hire people, especially women with their extra caring responsibilities, who do not have much experience and would retire in a few years (Attwood, 1996; Jackson, 1992; Marsh, 1995; Vogel, 1995).

Number of children is a demographic factor that impacts women's position in a family. Feminist literature and some studies indicate that since women are more often responsible for the care of their children, having more children hampers their employment and educational opportunities, and leads to their dependence on men (Attwood, 1996; Budig & England, 2001; Chernyak & Barrett, 2011; Choi et al., 2014; Cubbins & Vannoy, 2005; Kaukinen, 2004; Rahman, Hoque, & Makinoda, 2011).

Further, women who are economically dependent on their partners are less able to escape abusive relationships than women in egalitarian families and, therefore, are often compelled to stay in violent relationships (Anderson, 2005; Kaukinen, 2004).

Education helps women get more information and knowledge, increases their self-esteem, provides them with more resources, and opens up more economic opportunities (i.e. opportunity for better jobs, more options for jobs outside home, higher earnings). Since more educated people tend to have better-paid jobs, households where spouses have higher education experience less stress caused by poverty. In addition to that, better educated women tend to be less tolerant of violence and do not accept IPV (Simister & Makowiec, 2008). Studies in India (Jeyaseelan et al., 2007; Simister & Makowiec, 2008), Bangladesh (Bates, Schuler, Islam, & Islam, 2004), Kenya (Kimuna & Djamba, 2008; Lawoko et al., 2007), and Peru (Flake, 2005) show that more educated women are less likely to experience IPV than poorly educated women and, thus, having higher education reduces the likelihood of the occurrence of IPV.

Socialist feminism emphasizes the crucial role of patriarchy in the oppression of women. Thus, for socialist feminists, the only way to eliminate IPV is the liberation of women from oppression. In order to do this, it is necessary to change the economic system and economic conditions that oppress women by reconsidering women's unpaid labor in the household and restructure the reproduction sphere by reorganizing the distribution goods and services and providing social and legal structures that protect women in the private and public spheres (Jaggar, 1983; Mitchell, 1971; Vogel, 1995). Further, because patriarchy is also understood to cause women's oppression and victimization, it is necessary to eliminate patriarchal ideology in a society by empowering

women. This study includes three individual-level independent variables measuring women's empowerment characteristics, namely: *justification of IPV by women*, *women's decision-making power*, and *partner's controlling behaviour*. Consistent with the socialist feminist perspective outlined above, *justification of IPV by women* is shaped by patriarchal gender norms which emphasize women's circumscribed role as a "home-maker" rather than a worker. Women historically were taught about certain 'traditional' gender roles and norms including men's right to punish women for misbehaviour (Faramarzi et al., 2005; Flake, 2005; Haarr, 2007; Jackson, 1992; Jonhson & Das, 2009; Lawoko, 2006; Martin et al., 2002; Speizer, 2010). They accept traditional/patriarchal gender norms and regulations and, as a result, approve violence against them. Thus, women who endorse these norms are more tolerant of abuse.

The *decision-making power* and *partner's controlling behaviour* variables are strong indicators of the distribution of power in a family. The feminist literature demonstrates that lower levels of decision-making power and higher level of partner's control are associated with increased IPV (Barrett, 1980; Barrett et al., 2012; Eswaran & Malhotra, 2011; Flake, 2005; Hindin & Adair, 2002; Okenwa et al., 2009; Rahman et al., 2011; Temkina, 2006; Young, 1990). Based on socialist feminism, high levels of marital control and low levels of women's autonomy in decision-making are indicators of patriarchy (Jackson, 1992; Jaggar, 1983; Walby, 1990; Young, 1990), which in turn leads to women's oppression and victimization, including IPV (Hindin & Adair, 2002; Lawoko, 2008; Mann & Takyi, 2009). Women's participation in the decision-making process regarding household, purchases, and her own health demonstrates whether they have power in their intimate relations. Partner's controlling behaviour reflected through a set

of questions regarding controlling women's freedom to meet with her friends and relatives, talking to other men, and partner's jealousy demonstrates men's authority in a family and limited or lack of women's independence.

In addition to the above mentioned variables, and influenced by the socialist feminist focus on patriarchal norms and traditions, an individual-level variable referred to as *alcohol consumption* is included in the discussion of IPV. Alcohol consumption is an experiential factor that measures if a woman's partner uses alcohol. Previous studies on IPV indicate that alcohol use by women's male partners indeed increases the likelihood of IPV incidents (Barrett et al., 2012; Brisibe et al., 2012; Brownridge, 2008; Caetano, Schafer, & Cunradi, 2001; Ismayilova, 2009; Peralta, Tuttle, & Steele, 2010; Tenkorang et al., 2013; White & Chen, 2002; Xu et al., 2011; 2005). Research demonstrated that over 30 percent of individuals report drinking alcohol prior to an IPV incident and over 90 percent accused of domestic assaults report using alcohol on the day of the assault (Woodin & O'Leary, 2009). Research has also found that the severity of IPV is significantly higher when one or both partners were intoxicated in comparison with cases of IPV in which neither partner was intoxicated. Thus, alcohol use by both perpetrator and victim is strongly associated not only with occurrence but severity of IPV as well (Graham, Bernards, Wilsnack, & Gmel, 2011; Klostermann & Fals-Stewart, 2006; Thompson & Kingree, 2004).

Feminists interpret the positive association between alcohol and IPV (referred to by some feminist scholars as alcohol-related violence) as the result of a masculine struggle for control and power, which are threatened due to economic issues and social dissatisfaction (Dudwick et al., 2003; Peralta, Tuttle, & Steele, 2010). Specifically,

socialist feminists suggest that a dominant ideology in a society establishes and reinforces certain norms and regulations that individuals should follow in order to correspond to the societal expectations. These norms and regulations create specific notions of what it means to be a 'man' or a 'woman' and dictates gender roles in private and public spheres. Being a breadwinner and providing financial support for the family is essential in the establishment of dominant status and respect from others. This becomes even more important in a patriarchal society where the model of 'a man is a breadwinner' is dominant, and social expectations of men to be 'a head (or a master) of a house' force men to comply with them by any means. Masculinity deficiency, such as men's inability to fulfill their responsibilities to provide financially for their family and/or own property, harms this image and challenges men's superior position in the family and in society, and requires compensation in order to regain power and dominance (Dudwick, 2003; Peralta, Tuttle, & Steele, 2010). Research indicates that when men are threatened by emasculation due to their inability to fulfill their traditional roles expected of them, and do not correspond to the traditional masculine image (i.e., strong, powerful, financially and socially successful, aggressive, and independent), they are inclined to compensate their masculine deficiency through alcohol consumption (Attwood, 1996; Dudwick et al., 2003; Peralta, Tuttle, & Steele, 2010). Alcohol increases confidence, aggression, and risky behaviour but, at the same time, reduces cognitive abilities and impairs problem solving that results in violence in general and IPV in particular (Field, Caetano, & Nelson, 2004; Flanzer, 2005; Graham et al., 2011; Klostermann & Fals-Stewart, 2006). Being 'courageous' and 'risky' is a sign of power and superiority and perceived as a masculine image (Peralta, Tuttle, & Steele, 2010). Alcohol and violence, thus, appear as

solutions to express their masculinity and to compensate for their failure to comply with social expectations. Following this argument, from the socialist feminist point of view, alcohol-related violence may be explained as a result of the failure of men to measure up to the traditional gender expectations grounded in patriarchal ideology. Patriarchy reproduces and reinforces the masculine image, creates a notion of what it means to be a 'man', and establishes gender-based expectations and norms. The failure of men to participate in public sphere (or labour market) and the inability to provide financially their family due to underemployment or unemployment discredits men and harms their masculine image.

Two community level variables are also included: *justification of IPV in community* and *community support of partner's controlling behaviour*. These variables are included to analyze the extent of patriarchal culture and gender norms in a community that gives partners authority in decision-making and supports their power in the family. Community support of controlling behaviour and tolerant attitudes toward IPV that are expressed through the justification of violence perpetrated by male partners nourish existing patriarchal norms and traditional gender roles that in turn, produce a favourable atmosphere for IPV. Blumberg (1984, as cited in Fuwa, 2004) suggested that women's power is nested in the macro-level gender-based power but may vary within the macro-level. Individual characteristics allow restructuring traditional gender relations but not eliminating them as a system due to the impact of the macro-level characteristics. Moreover, the strength of patriarchy varies between communities and societies, manifesting different degrees of male authority in these communities or societies that

influence family relations (Fuwa, 2004). Thus, the macro-level environment should be captured in the analyses.

Summary. Taking into account social feminist assertions, consideration of the aforementioned characteristics as independent variables is essential in the analysis of the factors associated with IPV in the FSU. In the new capitalist market system developed in the FSU after the collapse of the Soviet Union that is based on competition and profit, women - especially older women, women with children, and women with low levels of education - are at a severe disadvantage. They look less reliable and profitable for employers due to their additional domestic and caring responsibilities. Return to and strengthening of the traditional patriarchal structure and gender roles makes women more vulnerable in the new environment. In the post-Soviet context, many women, on the one hand, are more dependent on their partners socially and financially due to their unemployment or low-waged job caused by the discrimination on the labour market, while on the other hand, some highly-educated and employed women are more financially independent, which, in turn, challenges the patriarchal family system and dichotomous gender roles (Haarr, 2007). This is especially relevant in societies with a strong patriarchal ideology and strong traditional family relations, such as the FSU societies that have experienced some significant changes within the gendered order caused by the transformation of economic and political system (Temkina, 2008). In order to maintain this system and reassert men's domination, IPV is often used as a means for maintaining power and control. However, socialist feminist theory has some weaknesses in conceptualizing some of the factors associated with the life-time occurrence of less severe and severe IPV, the coexistence of less severe and severe IPV, and frequency of

IPV in the FSU societies. In particular, while socialist feminism focuses more on oppression that affects women as a class and leads to violence against them, it does not give a profound theoretical explanation of how certain partner's characteristics (e.g., partner's employment status) or access to resources (e.g., due to living in rural areas) affect women's vulnerability to IPV. The theoretical explanation of IPV may benefit from the utilization of other theories, such as resource theory, that may better address some individual- and macro-level characteristics; for example, area of residence and discrepancies between partners' education and earnings.

Resource theory. This theory specifically addresses how socio-economic resources may influence the abuse of women. According to resource theory, like any social system, the family is a 'power system' or a system of power relations where the powerful dominate the less powerful and weak (Atkinson et al., 2005; Cubbins & Vanoy, 2005; Goode, 1971; Joshi, 2011). Resource theorists argue that individuals use the resources available to them to achieve their goals (Atkinson et al., 2005; Goode, 1971; Sanders, 2015). Resources can include wealth, income, education, skills, knowledge, social status, etc. (Choi et al., 2014; Cubbins & Vannoy, 2005; Joshi, 2011). Force or threat of force are also resources that can be used by people to force others to serve their needs (Goode, 1971). Access to resources leads to the possession of more power. Since men typically have greater resources, such as greater income and higher social status, they generally have more power than women in relationships. The more resources individuals have, the less likely it is that these individuals will utilize violence as a way to achieve their goals or maintain their dominant status (Atkinson et al., 2005; Choi & Ting, 2008; Cubbins & Vannoy, 2005; Joshi, 2011). Resource theory posits that when the socio-economic

structure guarantees the unequal power relations between men and women, men do not need to resort to physical violence, coercion, or threat of violence in order to dominate women (Atkinson et al., 2005; Cubbins & Vannoy, 2005; Fox et al., 2002). While for socialist feminists, violence perpetrated by male partners is a means to sustain authority, for resource theorists, violence or the threat of violence is an alternative to material resources, and can be used to gain obedience and compliance (Atkinson et al., 2005; Choi et al., 2014; Cubbins & Vannoy, 2005; Mann & Takyi, 2009).

Similar to socialist feminist theory, for resource-based theorists, power distributions interact with gender norms that are based on gendered divisions (Choi & Ting, 2008). Like socialist feminists, scholars who utilize resource-based explanations of IPV argue that lack of resources increases the dependence of women on their partners' resources, which is associated with IPV (Cubbins & Vannoy, 2005; Fox et al., 2002; Mann & Takyi, 2009). Nevertheless, in contrast to socialist feminists, resource theorists argue that economic independence of women and increased availability of resources for women may not result in decreased IPV but, to the contrary, may result in increased IPV. As men lose the support provided by social institutions, they may utilize violence in order to keep women in their subservient positions (Atkinson et al., 2005; Brownridge, 2008; DeKeseredy, 2011; Walby, 2009).

Resource theorists argue that men who have fewer alternative resources that help them dominate and support their status are more likely to utilize violence than people with greater resources because the violence is the only resource available to them (Choi & Ting, 2008; Cubbins & Vannoy, 2005; Goode, 1971). These people experience greater frustration and feel the limited power in decision-making and less respect from their

family or community members (Goode, 1971). Violence thus becomes a disciplinary act and is used to ensure woman's subordination. Fear of violence is a mechanism to keep women in their subordinate position within the family and society (Mann & Takyi, 2009). Furthermore, some scholars argue that constructed displays of economic and social power are intertwined with physical strength and aggressive behaviour based on gender stereotypical images (Zdravomyslova & Temkina, 2012; Kaufman, 2003; Kaukinen & Powers, 2014). For example, in accordance with the patriarchal perception of masculinity, the hegemonic image of the male is strong, loud, aggressive, and authoritative (Acker, 2004; Zdravomyslova & Temkina, 2012; Messerschmidt, 1997; Sinder, 2001). The most straightforward expression of masculinity which is combined with men's power is men's violence (Connell & Messerschmidt, 2005; Eisler & Blalock, 1991 as cited in Cano & Vivian, 2001; Kaufman, 2003; Messerschmidt, 1997). These theorists posit that economically marginalized men may be particularly disposed to utilize violence against women as a means to accomplish masculinity in a social environment where status opportunities are limited.

Resource theorists argue that men who have many resources do not need to utilize physical violence against their partners because they already possess economic power that can be used to establish their power and dominance over their female partners (Cubbins & Vannoy, 2005; Franklin & Menaker, 2014). In contrast, when men experience a loss of their status, prestige, and power (real or perceived) and/or they have little influence and authority in the family, they attempt to regain or establish their status and dominant position through force, which demonstrates their physical domination. For example, unemployment or low prestige jobs, low-income and social skills produce a

serious threat to men's status and may result in IPV as a means to demonstrate masculinity.

Operationalization of resource theory. For resource theorists, resources are typically operationalized through three social demographic indicators: education, employment, and earnings (Atkinson et al., 2005; Fox et al., 2002; Franklin & Menaker, 2014; Mann & Takyi, 2009). In the application of resource theory to this study, the following variables are used: *women's employment, partner's employment, education differences between partners, earnings discrepancy between partners, urban versus rural area of residence, household wealth, witnessing of violence in a family-of-origin, level of education in community and community level of poverty.*

Women's employment is a factor that may be significantly associated with IPV in the FSU. Some feminist scholars argue that economic independence is a protective factor against violence, while economically dependent women are at higher risk of violence perpetrated by their male partners (Choi et al., 2014; Dobash & Dobash, 1979; Sanders, 2015). First, employment outside the home removes women from home during working hours and thus reduces the amount of time women spend in abusive environments. Second, it helps women to avoid isolation and provides women with outside contact on a regular basis, which may also help victims of IPV to find a way to escape abusive relationships. Finally, women's employment results in having their own earnings, which, in turn, may help women become less economically dependent on their partner's income. Research in the FSU countries indicates that unemployed women do not only lack income but also experience other negative social consequences, such as loss of status,

demoralisation, and loss of access to many socio-economic networks (Dudwick et al., 2003; Heyat, 2006; Kuehnast, 2003; Sabi, 1999; Tohidi, 2004).

However, other scholars, particularly resource theorists, argue that merely providing women with jobs (especially jobs with earnings much lower compared to men's wages) does not give women equality and protection against oppression and discrimination (Koenig, Ahmed, Hossain, & Mozumder, 2003; Rani & Bonu, 2009; Rocca et al, 2008; Rahman et al., 2011). Moreover, women's employment may aggravate relationships between partners and contribute to IPV, especially in societies with strong patriarchal ideology, such as in the FSU, because it may result in a shift towards an egalitarian family structure, in which both partners contribute to the family more-or-less equally and power is shared by both of them (Clement & Myles, 1994; Rothman, 1999). It has been argued that women's participation in independent wage labour hampers women from their domestic duties, which men expect from women, transforms traditional gender roles, and undermines the authority of men that may lead to male-perpetrated domestic violence (Clement & Myles, 1994; Jackson, 1992; Rothman, 1999). Some research has found that employed women are more likely to be abused by their male partners than unemployed women because through the utilization of violence, male intimate partners can reassert their power and control over the women (Koenig, Ahmed, Hossain, & Mozumder, 2003; Rani & Bonu, 2009; Rocca et al, 2008; Rahman et al., 2011). As resource theory suggests, status is a significant contributing factor to IPV: when men's status is lower than women's, men utilize violence to maintain control and regain power.

Resource theorists argue that *partner's employment* is a critical factor for IPV (Choi et al., 2014; Fox et al., 2002). Partner's employment status constructs masculinity and is

integral to the construction of the image of men as 'bread-winners'. The role of the provider increases a man's social status and supports his dominant position in the family. When the traditional gender role and men's superior position in the family are challenged, and men lack access to economic independence due to unemployment, they may use violence against their female partners to re-establish their dominant positions in the family (Choi & Ting, 2008; Fox et al., 2002; Goode, 1971).

Education differences (the difference between the educational attainments of partners) may play a significant role in intimate relations and contribute to IPV (Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Flake, 2005; Franklin & Menaker, 2014; Sanders, 2015). When a woman has an educational degree which is higher than her partner's, it may be seen as a detraction from a man's intellectual ability and lead to further familial conflicts, dissatisfaction, and stress. For example, a man may suppose that his wife is 'smarter', more successful, and may gain more respect and power than him. In order to compensate for the lack of education and reaffirm his position as 'head of the house', men may use violence. If a man has higher education compared to his female partner, his social status and prestige is higher and he does not need to utilize physical violence to uphold his power within his family.

Similarly, *earnings discrepancy between partners* can also be a significant factor associated with IPV (Franklin & Menaker, 2014; Sanders, 2015). According to resource theory, when a woman's earnings are higher than a man's earnings, and as a result, the woman's status is higher than the man's, the man may utilize violence in order to demonstrate and assert his authority and power. This may especially be the case if a woman's earnings have grown gradually and become higher compared to her partner's

after being lower than her partner's earnings. Violence may be the only available resource to compensate for men's low income (Atkinson et al., 2005; Mann & Takyi, 2009). Nevertheless, it should be mentioned that although a man's relative earnings may be a significant risk factor of IPV, this is primarily the case when men uphold traditional patriarchal views in regards to their female partners' employment activities (Atkinson et al., 2005).

Another factor that may be a significant predictor of IPV in the FSU is *household wealth*. According to resource theory, IPV is more likely to occur in low-income households (Goode, 1971). This argument is supported by the evidence from previous research that found that occurrence of IPV is more frequent among low socio-economic groups (Dal Grande et al., 2003; Haj-Yahia, 2000; Koenig, Ahmed, Hossein, & Alam, 2003). Research demonstrates that in households with fewer economic resources, individuals, specifically men, have less power and prestige, and thus have fewer resources available to achieve their goals and preserve their power and superior position (Gage, 2005; Goode, 1971; Habibov, 2010a; Koenig et al., 2003; Vyas & Watts, 2009). Low socio-economic groups have less access to resources vital for an individual's well-being such as education, prestigious employment, and educational and sport programs, as well as social/recreational activities. As a result, men from lower social classes are more likely to rely on the physical violence as an instrument of power and control. In addition, economic hardship causes and increases stress and frustration that may further lead to violence as a resource to vent one's anger and dissatisfaction with life (Fox et al., 2002; Jewkes, 2002). Members of poor households may also be less likely to possess any information and knowledge about stress-reduction strategies and coping mechanisms

(Choi et al., 2014). By contrast, middle and upper-class men possess many other resources, such as education, job prestige, higher income, greater respect in a community, economic stability, and control over property that may effectively assert their status and power and help them to achieve their will in their intimate relations without utilization of violence.

Further, *area of residence* may be a significant factor associated with IPV in the FSU. In particular, although people living in rural areas may have less access to services, education, employment, prestigious occupations, and higher incomes, and therefore may have fewer resources compared to individuals in urban areas, living in urban areas may aggravate the social and economic differences among households caused by stratification, which is more typical for urban areas than rural areas, and leads to more frustration, bitterness, and overall life dissatisfaction (De Soto & Dudwick, 2003; Flake, 2005; Goode, 1971; Kuehnast, 2003; VanderEnde et al., 2015). Research shows that women living in urban areas are more likely to experience IPV than women living in rural area (Ismayilova, 2009; Klomegah, 2008; VanderEnde et al., 2015). It is argued that living in an urban area increases the risk of stress and alienation, and that urban social and environmental conditions are risk factors for IPV.

As it was emphasized, according to resource theory, men utilize violence when they do not have any other resources to maintain their power (Goode, 1971). Nevertheless, while men who live in rural areas do not have much access to material resources, women in rural areas do not have access to these resources as well. Therefore, they may not exceed their partners in education or prestigious jobs and do not threaten male's authority.

For example, in Tajikistan, the Kyrgyz Republic, and Moldova, where the majority¹⁰ of the population lives in rural areas, women from rural areas often do not complete school, do not have paid jobs, and are actively involved in agricultural activities (Bauer et al., 1997; De Soto & Dudwick, 2003; Kuehnast, 2003; Temkina, 2008). Moreover, women in rural areas are more dependent on men because of men's physical ability to perform certain domestic duties. Besides that, in some rural areas, for example in Tajikistan, women live in very crowded conditions, with their relatives, older parents or parents-in-law, and siblings (Sharipova & Fabian, 2010). This may be a protective factor against IPV because, first of all, men may try to avoid physical violence due to uncertain consequences of his violent acts (such as social reproach or disgrace and conflict with his in-laws), and what is even more important, men have some other resources to display their power and achieve goals, such as: strong patriarchal kinship system and social support provided by other members of the household (Temkina, 2008). Women in these circumstances are more socially vulnerable and less likely to demonstrate disobedience and threaten men's power and control. Therefore, we might expect that men in rural areas are less likely to utilize violence to maintain their dominant position in the household.

Another variable that can be explained by resource theory is *witnessing of IPV in the family-of-origin*. According to Goode's resource theory, violence as a resource which people use against each other to gain what they want, is a learning outcome of experience and knowledge that individuals acquire during their childhood (Goode, 1971). While a child is taught about values and norms of the family and society, social interaction

¹⁰ According to DHS reports, 75 percent of respondents in Tajikistan, nearly 63 percent in Kyrgyz Republic, and 57 percent in Moldova live in rural areas (NSACPM, Ministry of Health and Social Protection, & ORC Macro, 2006; NSC, Ministry of Health, & MEASURE DHS ICF International, 2013; SA, Ministry of Health, & ICF International, 2013).

through day-by-day activities shapes his/her understanding of ‘how things work’, what behaviour is right and socially accepted, and what are the possible and effective ways to achieve goals and get desirable results. Goode (1971) argues that in order to socialize children, we use force or threat (e.g., by punishment) and thus not only teach children that force is useful, but train them to use force and violence. Furthermore, we are all trained for violence, and we realize that it is a very effective way to deter others or convince and make others to do something. A child learns that force and violence works better when it is used by a dominant person against weaker and more dependent persons and that violence is a punishment for wrong actions and is thus accepted and justified (Goode, 1971). According to resource theory, based on observations and experience we learn about possible consequences for the actions and different responses for violence (Goode, 1971; Martin et al., 2002). In particular, if a boy observed his father beat his mother and his mother yields and concedes, he learns that violence is a normal part of the family relations and a good way for a man to demonstrate his power, establish his authority, and obtain what he wants (Martin et al., 2002). In a situation, when a girl witnesses IPV in her family-of-origin with the tolerant and justifying reaction of her mother, she realizes that violence is a part of family life and acceptable behaviour for men. Thus, as argued by resource theorists, women who observed IPV in their childhood become more vulnerable to IPV in their own intimate relations (Goode, 1971).

Finally, resource theory predicts that physical IPV is more likely to be associated with *level of education in community* and *community level of poverty* (Fuwa, 2004; Gage, 2005; Kiss, Schraiber, Heise, Zimmerman, Gouveia, & Watts, 2012). It has been argued that the level of educational attainment which the majority of women in a community

possess reflects the ability of women in the community to depart from the traditional gender norms in favour of more egalitarian ones (Fuwa, 2004). This may be a consequence of the fact that women who have a post-secondary degree may have a better paying job. Also, women who with a post-secondary degree may have a higher overall education attainment than their husbands. Higher levels of education in a community increases women's social status and gives women opportunities for more active political participation and social activism. These factors may threaten men's authority not only on a micro-level but on a macro-level as well and, therefore, result in the increasing vulnerability of women as their male partners may utilize violence to protect traditional gender norms and re-establish their superiority on both micro and macro levels.

Further, poverty is a product of social inequality and socioeconomic injustice at a community and societal level, and is important contributor to various forms of violence (Jewkes, 2002). Research demonstrates that a high level of community poverty is associated with a high unemployment rate, a large number of people in the community living below the poverty line and getting social assistance, and poor infrastructure, including transportation, medical care, hospitals, and schools (Haarr, 2007; Habibov, 2010; Kiss et al., 2012; VanderEnde et al., 2015). Economic deprivation of the community may result in high levels of residential mobility (Vander Ende et al., 2012). As a consequence, communities with high level of poverty do not have resources to prevent and deal with deviant behaviour, including IPV, and do not have resources to provide support and treatment for victims (Kiss et al., 2012; Vander Ende et al., 2012).

Resource theorists emphasize the importance of the availability of socio-economic resources at the community level in regards to marital/family relations and point out that

in impoverished communities, men are more likely to have limited access to resources such as education or prestigious jobs (Atkinson et al., 2005; Choi & Ting, 2008; Cubbins & Vannoy, 2005). Thus, traditional power relations in these communities may be defied because the minimum socio-economic resources (e.g., employment, social activity, support services, etc.) needed for men to reinforce their dominant position without using violence are not addressed on the macro-level (Atkinson et al., 2005; Cubbins & Vannoy, 2005; Fox, Benson, DeMaris, & Van Wyk, 2002; Kaukinen & Powers, 2014). This may lead to IPV as the only available resource for men to dominate women (Atkinson et al., 2005; Sanders, 2015).

Summary. Resource theory helps explain individual- and community-level factors associated with IPV from the perspective of power relations between partners, in which violence against intimate partners is a type of resources which men can draw upon to serve their needs and control and maintain their dominance in the intimate relationship, when other resources (economic or personal) are unavailable for them. IPV, therefore, may be diminished through ensuring alternative to violence resources available to men, which they could use to maintain their position and to induce desired outcomes. The emphasis on resources and violence as one of these resources augments the contributions from socialist feminist theory, which focuses on capitalism/market and patriarchy/patriarchal gender ideology as factors contributing to women's oppression and victimization, and violence as a mechanism of men's domination or superiority linked to gender roles in private and public spheres. In contrast to resource theory, socialist feminism focuses on gender and gender roles. Socialist feminists see women's empowerment (e.g., through education and employment) as a key for their liberation,

which would further help combat IPV. For resource theorists, however, women's liberation may cause IPV as it challenges the power structure and infringes on men's authority. Thus, these two theories suggest different, although not unrelated, explanations of IPV.

Hypotheses¹¹

Drawing on socialist feminist and resource theories, and grounded in the literature and empirical studies discussed earlier, the following hypotheses are tested here (Appendix C contains a list of independent variables and the hypothesised relationships between independent variables and outcome variables).

Hypothesis 1: The likelihood of less severe and severe IPV, the coexistence of less severe and severe IPV, and frequency of IPV is greater for older women in Azerbaijan, the Kyrgyz Republic, Moldova, Tajikistan, and Ukraine¹².

Rationale: Some research indicates that the age of women is positively associated with IPV (Rahman et al., 2011). Older women become more dependent on their partners not only financially but socially as well. In many societies, especially in societies with strong patriarchal ideology, single women are seen as 'abnormal' or 'deviant'. Therefore, women often do not want to cease their marriage or common-law relations due to their fear and unwillingness to be socially-debased. Being dependent on their partners and patriarchal public opinion, women may retain their relationships even if they experience IPV. I hypothesize that older women in the FSU are more likely to experience IPV, experience both forms of IPV (less severe and severe), and experience IPV more often.

¹¹In each model, I test the effect of each independent variable while controlling for the other independent variables.

¹² Henceforth, the names of the countries will be used interchangeably with 'FSU countries/societies' or 'FSU' to diminish redundancy and reiteration in the text.

Hypothesis 2: An increase in number of children in a household increases the likelihood of less severe and severe IPV, experience of both less severe and severe IPV, and frequency of IPV in the FSU countries.

Rationale: Although not many studies have included number of children in their analyses, some studies demonstrate that greater numbers of children increases the likelihood of IPV. Following those findings and guided by socialist feminist theory, I also hypothesize that an increase in number of children in a family will increase lifetime occurrence of less severe and severe IPV, coexistence of two forms of IPV, and frequency of IPV.

Hypothesis 3: Women who completed post-secondary education are less likely to experience less severe and severe IPV, coexistence of two forms of IPV (less severe and severe), and frequency of IPV in the FSU.

Rationale: Research demonstrates that education is a protective factor against IPV. Socialist feminist theory posits that educated women have higher social status, have better or more prestigious jobs, possess more social skills and knowledge, and have an ability to renegotiate gender roles and create egalitarian family relations. Although it is necessary to mention that more educated women may be more vulnerable to IPV because they may challenge men's power and impair their superior position, and as a result, men may apply violence to reassert their domination, as resource theorists suggest, this variable reflects only if a woman has a post-secondary degree but not what education her partner has and if her education is higher than her partner's, which creates imbalance in the power relations that may lead to IPV. Based on the socialist feminist argument, I

hypothesize that an increase in women's education will decrease the probability of IPV incidents in the FSU.

Hypothesis 4: Living in a rural area decreases the likelihood of lifetime occurrence, coexistence of less severe and severe IPV, and frequency of IPV in the FSU.

Rationale: Previous research in some of the developing countries, including FSU societies, demonstrates that women who live in a rural area are less likely to experience IPV than women in an urban area. Researchers point to the role played by living conditions, which are more stressful in urban than rural areas due to factors such as labour market competition and social status. During the Soviet period, most of the rural women worked in collective farms; many of them were employed as teachers, nurses, or doctors in local kindergartens, schools, clinics and hospitals. After the collapse of the Soviet Union, the majority of rural women lost their jobs due to privatization of the collective farms, reduction of salaries for professionals and government support, and destruction of educational and medical systems (De Soto & Dudwick, 2003; Kuehnast, 2003). As a result, many rural women do not have any income and the household garden and farm is the only means of providing sustenance for themselves and their children. The loss of social networks caused by unemployment for rural women was further aggravated by the lack of mobility due to increased costs of transportation and deterioration of transportation services and roads, loss of community support, and increased physical and psychological isolation (Kuehnast, 2003). Instead, women became highly dependent on their male partners, have limited freedom and lack of access to resources outside of their households, and are encouraged to meet the gender roles and expectations, reinforced by patriarchal ideology and religious traditions that were revived

and strengthened after the collapse of the USSR. In these circumstances, men do not feel that their power and ability to control are under threat and have other resources to preserve their strong dominant position in their families. Thus, based on the resource theory, I hypothesize that women who live in a rural area experience less IPV than women who live in urban area.

Hypothesis 5: Being situated in the poorest, poor, middle, and wealthier quintiles compared to being situated in the wealthiest quintile increases the likelihood of life-time occurrence less severe and severe IPV, coexistence of less severe and severe IPV, and frequency of IPV in the FSU.

Rationale: Household wealth, particularly living in a very poor or poor household, has been found to be positively associated with IPV in previous research, which supports the resource theorists' argument that men from lower socio-economic classes tend to rely on the use of physical violence as an instrument of domination and control (Barrett et al., 2012; Goode, 1971; Jewkes, 2002). They have fewer resources, such as money, education, prestige, and power, and instead experience higher stress levels (Fox et al., 2002; Goode, 1971; Rani & Bonu, 2009). In these circumstances, according to resource theorists, men use violence as an ultimate resource to induce a desired response, demonstrate their power, and re-establish their superior position at home. Drawing on resource theory, I hypothesize that women who are situated in the poorest, poor, middle and quintiles in the FSU countries are more likely to experience less severe and severe IPV, coexistence of both forms of IPV, and experience IPV more frequently.

Hypothesis 6: Women who are employed are more likely to experience less severe and severe IPV, coexistence of less severe and severe IPV, and frequent IPV in the FSU societies.

Rationale: Previous studies in the FSU have not found significant association between women's employment status and IPV. However, some research found that employed women are more likely to experience IPV than unemployed women (Kaukinen & Powers, 2014; Koenig et al., 2003; Rani & Bonu, 2009; Rocca et al., 2009; Rahman et al., 2011). Women's employment may provoke IPV, especially in those societies where there is a strong patriarchal ideology, because women's participation in the labour market (or, using socialist feminist terminology, entering the public sphere) is regarded as a mechanism that undermines the men's authority and diminishes control over women. Women's participation in the labour market leads to their financial independence that may result in transformations of gender norms and roles from patriarchal to egalitarian. It also deprives men of the services they expect to receive from their female partners, impacts women's ability to fulfill her constructed domestic duties, and creates competition on the labour market between men and women, which is perceived as an encroachment on men's jobs. Thus, employed women may be at higher risk of IPV, which may be especially the case in the post-Soviet societies. Following these arguments and drawing on resource theory, I hypothesize that women's employment increases the likelihood of IPV in the countries of the FSU.

Hypothesis 7: Partner's employment decreases the likelihood of less severe and severe IPV, coexistence of less severe and severe IPV, and frequent IPV in Azerbaijan, the Kyrgyz Republic, Moldova, Tajikistan, and Ukraine.

Rationale: According to resource theorists, the use of force or violence is a mechanism of manipulating people and is utilized when there are no other resources available to individuals to move others to serve their needs and fulfill their desires. The image of men is strongly associated with his ability to fulfill his role as a worker and a 'breadwinner'. Unemployment, thus, means the loss of men's identity and the detriment of men's image that contributes to a sense of emasculation (Dudwick et al., 2003). This results in men's need to re-establish his power and assert his position as a 'real men'. Unemployed men have limited economic resources, and when they cannot find any other resources except violence, they can employ IPV. By contrast, men who have many resources to maintain their dominant position in their families and who comply with the image of 'real' or 'normal men' and a 'breadwinner' do not need to utilize violence. Guided by resource theory, I hypothesize that FSU women whose partners are employed have less probability of experiencing less severe or severe IPV, both forms of IPV, and frequent incidents of IPV.

Hypothesis 8: Women who have a higher educational level compared to their partners are more likely to experience less severe and severe IPV, coexistence of two forms of IPV, and frequent IPV in the countries of the FSU.

Rationale: Although education differences have not been often considered by other scholars as a possible risk-marker of IPV, I include this factor in my analyses. Disparity between partners which may be based in discrepancies in partners' education, earnings, occupational prestige, property owning, etc. may create significant spousal conflict. According to resource theory, when a female partner has more social and financial resources, in order to maintain his authority, her partner will utilize the resources

available to him. The fewer resources he has, the more likely he will use violence to achieve his goals.

In contrast to the women's level of education variable described in *Hypothesis 3*, the variable of education differences between partners described here reflects the discrepancies between partners and the power dynamics that may challenge the exercise of men's power and is perceived as threats to their position and identity. This variable is a reflection of power imbalances between two partners and may be better explained by resource theory. Thus, based on resource theory, I hypothesize that women who possess higher education compared to their male partners will increase likelihood of experiencing IPV in the countries of the FSU.

Hypothesis 9: FSU women who earn equal or more than their partners are at higher risk of experiencing less severe and severe IPV, experiencing both forms of IPV, and experiencing IPV frequently.

Rationale: Similar to the previous hypothesis, this hypothesis is grounded in the arguments of resource theorists who state that status incompatibilities that favour women in intimate relationships, as reflected through woman's higher education or income compared to her partner, increases the risk of male-perpetrated domestic abuse. Although this variable was taken into consideration only in a few studies on IPV (e.g., Franklin & Menaker, 2014; Xu et al., 2011), it is important to analyze the role of earnings discrepancy as a possible trigger for IPV especially in the post-Soviet societies, which have experienced serious changes and significant transformations in the labour market. As discussed earlier, according to resource theorists, when a woman's earnings are higher than her partner's earnings and, thus, she takes a role of a bread-winner, it significantly

impacts the status of men, challenges his authority, and degrades his power and control ability. Losing his status as a breadwinner, a man feels displaced and failed in fulfilling his gender expectations and social obligations. These feelings are intensified if he does not have any social support but instead confronts social reproach. In addition, women may scold their partners for not supporting their families enough or being unsuccessful in the labour market and blame them for the family's financial situation, which creates more tensions and contributes to men's stress and irritation (De Soto & Dudwick, 2003). In order to demonstrate and assert his authority and power and having no other resources except violence, men can utilize violence against their female partners. Grounded in resource theorists' arguments, I hypothesize that in the countries of the FSU the income discrepancy will be positively associated with life-time occurrence, severity, and frequency of IPV.

Hypothesis 10: Justification of IPV by women increases likelihood of life-time occurrence of less severe and severe IPV, coexistence of the both forms and frequency of IPV in the post-Soviet countries under investigation.

Rationale: Literature on women's attitudes towards IPV suggests that when women justify IPV, incidents of IPV are more likely to take place (Faramarzi et al., 2005; Kishor & Johnson, 2004; Klomegah, 2008; Rahmann et al., 2011; Lawoko, 2006; Speizer, 2010; Xu et al., 2005). Feminist theorists emphasize that women who justify and, therefore, accept IPV internalize their feminine role as a wife and a mother whose primary responsibility is to fulfill their domestic duties. When they do not meet this obligation, they feel they deserve to be punished. Thus, women who justify and approve of IPV are less likely to see it as cause to leave a partner. Considering this argument, I hypothesize

that FSU women who justify IPV are at higher risk of experiencing of IPV compared to women who do not justify IPV under any circumstances.

Hypothesis 11: Decision-making power of women increases the probability of experiencing less and severe IPV, coexistence of less severe and severe IPV, and frequency of IPV in the countries of the FSU.

Rationale: Decision-making power is viewed as a sign of women's autonomy and characterizes women's empowerment. In societies with more egalitarian ideology, women's decision-making power is not expected to increase the likelihood of IPV. In contrast, in patriarchal societies such as post-Soviet countries of the FSU, women's decision-making power represents a threat to male-dominant ideology. Thus, it may cause a conflict reflected in the form of physical abuse. Some research demonstrates that women who make decisions regarding the household solely are more likely to experience IPV compared to women who make household decisions jointly with their partners (Flake 2005; Okenwa et al., 2009; Rahman et al., 2011). Since the post-Soviet countries of the FSU are inclined to re-establish patriarchal ideology (Attwood, 1996; Chernyak & Barrett, 2011; Marsh, 1995; Temkina, 2008), it is reasonable to hypothesize that women in the FSU who have higher decision-making power are more likely to experience IPV than women who have less or no power in the decision making process.

Hypothesis 12: Women whose partners exhibit more controlling behaviour are more likely to experience less severe and severe IPV, coexistence of the both forms of IPV, and frequent IPV in the countries of the FSU.

Rationale: Previous research shows that women whose partners display more signs of controlling behaviour are at greater risk of IPV (Barrett et al., 2012; Brownridge et al.,

2008; Tjaden & Thoennes, 2000). Feminist/socialist feminist theorists suggest that in patriarchal societies men are expected to conform to a certain image of men as a 'head of the house' who is responsible for and must have control over everything and everybody in his house. When a man feels that his image of the 'head of the house' and dominant status are challenged, in order to re-establish his dominant position and reinforce his controlling power and patriarchal structure in his family, he may utilize violence. In addition, violence may be used as a disciplinary act to punish disobedient female partners who escaped from her partner's control. Drawing on socialist feminist arguments, I hypothesize that in the FSU societies, male partners who display higher levels of controlling behaviour are more likely to utilize IPV.

Hypothesis 13: Alcohol consumption is positively associated with less severe and severe forms of IPV, coexistence of the both forms of IPV, and frequency of IPV in Azerbaijan, Kyrgyz Republic, Moldova, Tajikistan, and Ukraine.

Rationale: Results from previous research on IPV indicate strong links between alcohol use and IPV (Barrett et al., 2012; Brisibe et al., 2012; Caetano, Schafer, & Cunradi, 2001; Cockerham et al., 2005; Field et al., 2004; Ganguli & Terrell, 2006; Graham et al., 2011; Ismayilova, 2009; Jewkes, 2002; Klostermann & Fals-Stewart, 2006; Peralta, Tuttle, & Steele, 2010; Thompson & Kingree, 2004; White & Chen, 2002; Xu et al., 2011; Xu et al., 2005). Understanding the relationships between alcohol and physical IPV is especially important in the context of transitional countries of the FSU where the rates of alcohol consumption have increased since the collapse of the USSR. As socialist feminists suggest, alcohol-related violence is rooted in a masculine struggle for control and power (Dudwick et al., 2003; Peralta et al., 2010). When a man suspects

that his dominant position in his family is threatened and that he cannot meet societal expectations, such as being the 'master of the house', he might try to compensate for his emasculated image through alcohol consumption, which also helps him feel himself more confident and overcome certain barriers that he cannot overpass without substances. Drawing on the socialist feminism and considering the importance of measuring the association between alcohol consumption and IPV, I hypothesize that women whose partners drink alcohol are at higher risk of experiencing less severe and severe IPV, both forms of IPV, and frequent IPV.

Hypothesis 14: Witnessing IPV in family-of-origin increases the likelihood of lifetime occurrence of less severe and severe IPV, coexistence of the both forms and frequency of IPV during adulthood in Azerbaijan, the Kyrgyz Republic, Moldova, Tajikistan, and Ukraine.

Rationale: Previous research on IPV has found a strong association between witnessing IPV in a family-of-origin and domestic violence in adulthood perpetrated by women's intimate partners (Barrett et al., 2012; Black et al., 2010; Flake, 2005; Gage, 2005; Ismayilova, 2009; Jewkes et al., 2002; Koenig et al., 2006; Naved & Persson, 2005; Speizer, 2010; Tenkorang et al., 2013) Following the results from previous studies and guided by Goode's resource theory which explains the link between witnessing of IPV in the family-of-origin and experiencing IPV in the subsequent intimate relationships as a result of learning violence as an effective way to stop or force others to do something, I hypothesize that witnessing IPV during childhood increases the likelihood of experiencing IPV in one's own family during adulthood.

Hypothesis 15: Women who live in a community with a higher educational level are at higher risk of less-severe and severe forms of IPV, coexistent of less severe and severe IPV, and frequency of IPV in the countries of the FSU.

Rationale: Although educational level in a community was not taken into consideration in previous research on IPV, it is plausible to expect that educational level in community may be associated with IPV. In contrast to the individual-level variable of women's education that was hypothesized to be a protective factor against IPV, at the community level, post-secondary education possessed by the majority of women in a community may increase women's vulnerability to IPV because, as mentioned earlier, it may threaten patriarchal social structure. Communities in the FSU where more women have a post-secondary degree are dealing with challenges to the patriarchal ideology and an implicit move toward an egalitarian system. Moreover, the economy of the FSU countries under investigation are strongly grounded in the agricultural sector, which requires women to participate in formal or informal agricultural activities (e.g., paid or unpaid work on private farms and gardens). Post-secondary education hinders women's participation in agricultural activities as low-skilled workers because women who completed professional colleges or universities would not want to take hard and, at the same time, not well-paying jobs on farms and gardens. As a result, well-educated women compete with men for the more prestigious and better-paid jobs, migrate to urban areas or other countries, causing economic damage to the communities and their patriarchal structures. Following the resource theory and taking into consideration the aforementioned arguments, I hypothesize that women in the FSU who live in a community where more women have a post-secondary degree are at higher risk of IPV.

Hypothesis 16: Women who live in a wealthier community are less likely to experience less severe and severe IPV, coexistence of two forms of IPV, and frequent IPV in Azerbaijan, the Kyrgyz Republic, Moldova, Tajikistan, and Ukraine.

Rationale: Resource theorists emphasize the importance of material resources as a factor contributing to the occurrence of IPV. It is reasonable to assume that wealthier communities are characterized by having more resources available to people, such as education, better-paid jobs, social services, and easier access to entertainment and social activities. In these circumstances men do not need to use violence as an ultimate resource to demonstrate their power and re-establish their superior position at home. Drawing on resource theory, I hypothesize that living in a wealthier community is a protective factor against IPV and decreases the likelihood of experiencing less severe or severe IPV, coexistent and frequent IPV of women in the countries of the FSU.

Hypothesis 17: Higher level of justification of IPV in the community will increase the likelihood of less severe and severe IPV, coexistence of two forms of IPV, and frequent IPV in the countries of the FSU.

Rationale: As it was discussed earlier, when women justify IPV, they approve utilization of violence as a punishment for 'misbehaviour' and failure to fulfill their primary womanly duties (for example, burning food or neglecting their children). As more women in a community justify IPV, the more patriarchal traditions and norms will be accepted, and women will receive less support from the community. In the communities with a strong patriarchal ideology, men and women are trained to perceive IPV as a normal act of family relations. As a result, women do not question IPV as a normal part of intimate relations. Grounded in these arguments, I hypothesize that FSU

women who live in communities where more women justify IPV are more likely to experience IPV.

Hypothesis 18: Higher levels of community support for male-partners' controlling behaviours will increase the likelihood of less severe and severe IPV, coexistence and frequency of IPV in the countries of the FSU.

Rationale: Although most of the previous studies on IPV world-wide have not included community level empowerment characteristics, the impact of community support for partner's controlling behaviour on IPV should be examined. While research shows that marital control as an individual characteristic is a significant predictor of IPV, it is important to test if support for partner's controlling behaviour by the community has the same effect. Drawing on socialist feminists' argument that in patriarchal society women are more vulnerable to IPV, which is perceived as a disciplinary act and a means to reaffirm patriarchal family dynamics, I hypothesize that women who live in communities with a higher level of support for partner's controlling behaviour are more likely to experience IPV, both forms of IPV, and experience IPV frequent.

Summary

Socialist feminism and resource theories are well-suited as theoretical explanations of IPV in the countries of the FSU. The utilization of these theories provides a more holistic appreciation of factors associated with IPV. Socialist feminism sees capitalism and patriarchy as two primary factors affecting women's victimization and explains IPV as a product of power differentials between men and women. Resource theory focuses on resources available for individuals, examines how limited resources affect the male partner's behaviour, and theorizes why these resources impact women's victimization in

intimate relationships. Although some factors could be explained by either of the selected theories, I have chosen the theory that is best suited for that factor and explains the contribution of that factor to IPV. In the next chapter, the measurement of the theoretically-grounded variables used in this study is described.

CHAPTER V

Methodology

In this chapter, I describe the data and the analytic procedure used to answer the research question “*What are the individual and community predictors of IPV in the countries of the FSU, and how and to what extent do these predictors vary among these countries?*” I also examine the specific hypotheses used in this study to address this overarching research question. This chapter commences with a detailed description of the dataset and samples used for this study. This is followed by the *Measurement* section that expounds upon the dependent (outcome) and independent variables developed for this study. The chapter concludes with an explanation of how the data was analyzed.

Data Set¹³ and Sample

The data used in this dissertation are derived from the Demographic and Health Surveys (DHS) conducted in several developing transitional countries of the FSU, namely: Azerbaijan, Moldova, Ukraine, the Kyrgyz Republic, and Tajikistan, at one specific point of time in each country between 2005 and 2012 (see details about the date of the surveys and survey sample size in each FSU country in Appendix D). The Demographic and Health Surveys (DHS) are cross-sectional, nationally representative surveys of ever-married or cohabitating women of reproductive age (15-49 years old). The surveys are aimed at providing detailed and up-to-date information on population and health characteristics in the countries under investigation.

¹³ Information regarding the data set (e.g., stratification, clustering, and selection procedure) is based on the Demographic and Health Surveys conducted in Azerbaijan, Kyrgyz Republic, Moldova, Tajikistan, and Ukraine (NSACPM, Ministry of Health and Social Protection, & ORC Macro, 2006; NSC, Ministry of Health, & MEASURE DHS ICF International, 2013; SA, Ministry of Health, & ICF International, 2013; SSC & Macro International Inc., 2008; UCSR, USSC, Ministry of Health, & Macro International Inc., 2008).

Specifically, the DHS collects national and regional data on fertility, contraceptive use, maternal and child mortality, and knowledge and behaviour regarding various illnesses. In addition, the DHS has a special module designed to gather information about domestic violence against women. This module collects information from women about whether they ever experienced violence at the hands of their partners. The module is standardized and is used to collect information on women's experience of IPV.

The DHS employs a multistage stratified clustered sampling design (Hindin, Kishor, & Ansara, 2008; NSACPM, Ministry of Health and Social Protection, & ORC Macro, 2006; NSC, Ministry of Health, & MEASURE DHS ICF International, 2013; SA, Ministry of Health, & ICF International, 2013; SSC & Macro International Inc., 2008; UCSR, USSC, Ministry of Health, & Macro International Inc., 2008). Each country was stratified using two stages. In the first stage, each country was divided by socio-economic regions. In the second stage, the country was divided by rural and urban areas. Since the capital cities of these countries have large populations, the capitals of these countries represents one urban stratum. For example, Azerbaijan has 17 strata: 16 rural/urban for eight regions and one urban stratum for the capital of Azerbaijan – Baku (SSC & Macro International Inc., 2008).

After stratification, clusters, which represent community or primary sampling unit (PSU), were selected in each stratum (NSACPM & ORC Macro, 2006; SSC & Macro International Inc., 2008; UCSR et al., 2008). Since the communities vary in size, probability proportional size was used in order to assure that households in smaller communities have the same probability of being included in the sample as households in larger communities. In each cluster, a full list of all households was developed, and then

households were selected for the survey interview using equal probability systematic sampling. In each household, only one household member was interviewed. The survey data were collected through face-to-face interviews by trained interviewers. Domestic violence module was administered to one randomly selected woman in each surveyed household. Obtaining such sensitive information as domestic violence perpetrated by intimate partners¹⁴ or other relatives requires the establishment of a close rapport between the interviewer and the respondent. Therefore, the collection of data on domestic violence is challenging. In order to interview respondents, special training on gender-based violence was provided for each interviewer (NSACPM & ORC Macro, 2006; SSC & Macro International Inc., 2008; UCSR et al., 2008). Interviewers were also required to proceed with interviews only if maximum privacy was ensured. Otherwise, the interviewers were required not to administer the domestic violence module.

The original dataset was reduced to include ever-married or cohabitating women 15-49 years old who completed the domestic violence module. Women who were never married or cohabitating or did not meet the age requirements were not to complete this segment of the survey. In addition, women whose privacy could not be achieved during the interviews and, as a result, the domestic violence module were not included. The final samples included 4,299 women in Azerbaijan, 4,831 in the Kyrgyz Republic, 4,590 in Moldova, 4,401 in Tajikistan, and 2,416 in Ukraine (for the original sample size in each country see Appendix D).

¹⁴ For currently married or formerly legally married women, the term “partner” refers both to the current or most recent husband. For women who currently live or formerly lived together with their partner in an informal union, the term “partner” refers to the current or most recent partner.

The DHS data utilized in this study has many advantages and has proven to be an effective way for cross-comparative studies in the FSU region as well as for studies of IPV in other developing countries. In particular, the data from all of the countries under investigation are fully comparable since sampling design, questionnaire content, interviewers' training, field procedures, data coding, and data archiving are standardized across all countries¹⁵. Thus, utilization of the DHS data along with logistic regression allows me to provide a reconciled and relatively detailed analysis of IPV in the post-Soviet countries.

Measurement

Dependent variables. This study focuses on physical IPV committed by male partners and includes lifetime occurrence of IPV, coexistence of less severe and severe forms of IPV, and frequency of IPV based on the information available in the domestic violence module of the DHS. I have elected to focus on physical IPV for the following reasons. First, physical violence is seen as the most dangerous form of violence that can result in more significant health dysfunction and harm than other forms (WHO, 2002). More specifically, research has found that one-third of all women who experienced physical violence at the hand of their intimate partners reported feeling fear for their lives at some point in their relationship (WHO, 2002). Often physical abuse is not an isolated event but a continuing abusive behaviour: Most women who experience physical violence generally experience multiple acts of aggression over time (WHO, 2002). Importantly, research suggests that physical IPV is often accompanied by other forms of violence, e.g. psychological, sexual, or controlling behaviour (WHO, 2002). Second, in

¹⁵ Other advantages of DHS data are discussed below.

the post-Soviet context, in which IPV is still not considered a serious social problem, physical IPV is taken more seriously than other forms of IPV not only by officials, but victims, their partners, and the population in general. Therefore, it is likely that women participating in these surveys are more likely to report physical rather than other types of abuse. For instance, research demonstrates that the majority of women in Tajikistan (91 percent) assessed physical IPV as the most common form of violence against them (Amnesty International, 2009). Sexual and emotional violence are frequently not considered violent behaviour, not only by male partners but by females as well and, therefore, may be underreported (Amnesty International, 2009). Thus, it is reasonable to assume that the data about physical IPV might be more accurate than other forms of IPV because people are more likely to take it seriously and, by extension, report it. Moreover, conceptualizations of emotional abuse are not easy to define and understand, which can result in measurement problems, as is also the case with sexual abuse (UNICEF, 1999; WHO, 2002). These reasons influence my decision to focus on physical IPV.

Lifetime occurrence of IPV¹⁶. Physical IPV is measured by several variables in the DHS data: D106 – “Experienced any less severe violence (D105A-C, J) by husband/partner” and D107 – “Experienced any severe violence (D105D-F) by husband/partner”. These variables were operationalized by asking participants if they have:

- Ever been pushed, shook or had something thrown at her by a husband/partner (D105A)

¹⁶ Because lifetime occurrence includes two variables that describe severity of IPV (less severe and severe), the variable '*Lifetime occurrence of IPV*' will sometimes be alternated with the terms '*Occurrence of less severe IPV*' and '*Occurrence of severe IPV*' or as a shorter version - '*Less severe IPV*' and '*Severe IPV*'.

- Ever been slapped by husband/partner (D105B)
- Ever been punched with a fist or hit by something harmful by husband/partner (D105C)
- Ever been kicked or dragged by husband/partner (D105D)
- Ever been strangled or burnt by husband/partner (D105E)
- Ever been threatened with knife/gun or other weapon by husband/partner (D105F)
- Ever had arm twisted or hair pulled by husband/partner (D105J)

Affirmative answers to any of these questions meant that a woman experienced IPV at some point in her life.

As mentioned above, the DHS distinguishes between two forms of physical violence: less severe and severe. Less severe violence refers to a situation when a partner had ever done one of the following: 1) pushed, shaken, or thrown something at his partner; 2) slapped her; 3) punched her with his fist or something harmful; 4) kicked, dragged, or beaten her up. In the survey, violence was recorded as severe if a woman's partner had ever done one of the following: 1) tried to strangle or burn her; or 2) threatened her with knife, gun, or other weapon. The life-time occurrence of IPV is recorded in the DHS by two binominal variables. The first binomial variable - the occurrence of less-severe IPV - was coded '0' if a woman has never experienced any of signs of less-severe IPV and '1' if a woman has ever experienced any sign of less severe IPV. The second binomial variable - the occurrence of severe IPV - was coded similarly: a value of '0' means that a woman has never experienced any of signs of severe IPV and a value of '1' means that a woman has ever experienced any sign of severe IPV.

Coexistence of less severe and severe forms of IPV¹⁷: Since both less severe and severe forms of physical violence can be experienced by a woman at the same time, I created an additive index for the severity of physical violence as suggested by Barrett et al. (2012). This index has three categories: (0) no physical violence at all; (1) one form of physical violence only (if a woman has ever experienced either less severe or severe form of violence); and (2) both forms of physical violence (if a woman has ever experienced both less severe and severe form of violence). Thus, the severity of physical IPV will be a categorical variable measured by the additive index.

Frequency of IPV: Finally, women who reported at least one episode of physical IPV, as it was described above, were classified as having experienced physical IPV. The DHS questionnaire asked women about the frequency with which each of the specific acts had occurred during the 12 months prior to the survey. The variable measuring frequency of IPV is the categorical ordered variable and was coded into three categories: not at all (0); sometimes (1); and often, 5 or more times (2).

Independent variables. Selection of independent variables is guided by the theoretical considerations discussed earlier in the *Theoretical framework* chapter. An overview of the operationalization of independent variables are presented in Appendix E for individual level and Appendix F for community level. The independent variables on the individual level are subdivided into four major groups. The first group - *demographic characteristics* - includes woman's age, number of children, woman's postsecondary education, area of residence (rural vs. urban), and household wealth. *Woman's age* is coded as a continuous variable and indicates age in years. Similarly, *number of children*

¹⁷ Henceforth, the variable '*Coexistence of two forms of IPV*' and '*Coexistence of IPV*' will be used interchangeably.

is a continuous variable that indicates the number of children a woman has and varies between 0 and 10. *Woman's postsecondary education* identifies if a woman completed a college or university (= 1) and, thus, possess a diploma higher than secondary school diploma. *Area of residence* is recoded into those who reported living in rural area (=1) and those who reported living in urban area (=0). The *Household wealth* variable is based on the wealth index, calculated by DHS. It includes the ownership of goods (e.g. telephone, TV, computers, washing machine, air conditioners, and etc.), transportation (e.g. bicycles, cars, and etc.), land, and property (apartments or houses), has been tested in many countries where the DHS has taken place. This index demonstrates its accuracy in measurement of household socio-economic status (Barrett et al. 2012; Hindin et al., 2008; Ismayilova, 2009). The *household wealth* is measured by a set of five binomial variables: the poorest; the poor; the middle; the wealthier, the wealthiest (reference category). Binomial variable "poorest" equals 1 if the respondent resides in the poorest 20 percent of households and equals 0 if otherwise. Binomial variable "poor" equals 1 if women resides in the poor 20 percent of households and equals 0 if otherwise. Binomial variable "middle" equals 1 if women the respondent resides in the middle 20 percent of households and equals 0 if otherwise. Binomial variable "wealthier" equals 1 if the respondent resides in the wealthier 20 percent of households and equals 0 if otherwise. And binomial variable "wealthiest" equals 1 if the respondent resides in the wealthiest 20 percent of households and equals 0 if otherwise. Only the poorest, the poor, the middle, and the wealthier variables are used in the regression analysis, while variable "wealthiest" is used as the reference category and hence excluded.

The second group of independent variables – *status characteristics* – includes *women's employment status* (if woman is currently employed), *partner's employment status* (if partner is currently employed), *the education differential between the woman and her partner*, and *earnings differential between partners*. In order to examine the social status of women, I use the *woman's employment* variable that indicates if a woman is currently employed (=1) and, therefore, has her own income or she is unemployed (=0) and, therefore, financially dependent. The *partner's employment status* variable is measured in a similar way. This binominal variable indicates if a partner is currently employed (=1) or unemployed (=0). Woman's educational attainment and her partner's educational attainment as reported by a woman were combined into a new variable - *education differential between partners*, referred to here as 'education differential'. This binominal variable was created to reflect those respondents who have the same or higher level of education (=1) or have lower level of education (=0). Finally, the binominal variable *earnings differential* was created to reflect those women who earned approximately equal to their partners or more than their partners (=1) and women who earned less than her partner (=0) by comparing a woman's self-reported income to her reports of her partner's income.

The third group of independent variables describes *women's empowerment characteristics* and includes the *woman's attitude toward IPV*, her *decision-making power*, and *partner's controlling behaviour*. The variables measuring respondent's empowerment were coded as indexes and measured using binominal variables based on respondent's "yes" or "no" answers to three sets of questions. First, respondents were asked to answer "yes" or "no" to five questions regarding justifications of IPV under

certain circumstances. The first index - *justification of IPV by women* - indicates the degree of respondent's acceptance of IPV through justification of this violent act. The questions about justification of IPV by women include the following: IPV is justified if a woman: 1) goes out without telling her husband/partner; 2) neglects the children; 3) argues with her husband/partner; 4) refuses to have sex with her husband/partner; 5) burns the food. Affirmative answers (i.e. "yes") for any or all of these questions mean signify a negative outcome for indicator of justification of IPV and indicate that women justify IPV under one or more circumstances. Each of these questions was entered in 'justification of IPV' as one single variable and all responses were scored collectively as an index: score of 1 means that one item was endorsed; score of 2 means endorsed two items, etc.

The second index of empowerment characteristics - *Decision-making power* - indicates the degree of women's ability to make decisions and is assessed by the woman's participation in making household decisions, which includes control over the budget (decision on using earnings), making decisions in regards to household purchases (daily needs and major purchases), and the woman's decisions regarding her own health. This index is based on three binominal variables. First, respondents were asked to answer "yes" or "no" on certain questions, such as: whether the woman alone (or with her husband/partner) has final say on 1) her own health; 2) making large household purchases; and 3) deciding how to spend the money her husband earns. An answer of "yes" means a positive outcome for indicators of women's participation in making household decisions. Similar to the first index, each response is entered in the index and all responses are scored collectively.

Finally, the DHS also includes a set of questions related to partner's controlling behaviour. *Partner's controlling behaviour* is assessed by asking a woman whether her partner: 1) is jealous if she is talking with other men, 2) accuses her of unfaithfulness, 3) does not permit her to meet her girlfriends, 4) tries to limit her contact with family, 5) insists on knowing where she is. The index is "0" if a woman answers negatively for all of these questions and, therefore, indicates that her partner demonstrates no control over her in their relationships and 1-5 if a woman answers affirmatively to any of these questions, up to 5 if a woman indicates the existence of control exhibited by her partner in all five questions.

Finally, the fourth group of independent variables - *experiential characteristics* - includes two binominal variables: alcohol consumption and witnessing IPV in the family-of-origin¹⁸. *Alcohol consumption* is measured by a variable that asks respondents to indicate if their partner drinks alcohol (=1) or does not consume alcohol (=0). Witnessing IPV in the family-of-origin is a strong personal risk factor that indicates a history of violence and women's exposure to violence during her childhood. Witnessing IPV by a woman is coded "1" if she reported observing her father beating her mother, while the absence of such an experience is coded "0".

Community level characteristics are measured by four variables: community level of education, community wealth, justification of IPV in community, and support of partner's controlling behaviour by community. *Community level of education* is measured by computing the mean of women's education in years for each community in a country. The higher the mean of education, the more educated the community. *Community wealth*

¹⁸ The variable '*Witnessing IPV in the family-of-origin*' is sometimes used interchangeably with '*Witnessing IPV in the childhood*'.

reflects the community level of poverty and is measured by computing the mean of wealth index (i.e. average income) for each community in the country. The lower the mean wealth, the poorer the community. The higher the mean wealth, the wealthier the community.

Justification of IPV in community represents gender norms within the community. When justification of IPV in a community is high, this means that this community is tolerant toward IPV and indicates the existence of patriarchal gender beliefs in that community. The variable is measured by the percentage of women in the community who justify physical violence against female partners in at least one of the following circumstances: 1) if a woman goes out without telling her husband/partner; 2) if a woman neglects the children; 3) if a woman argues with her husband/partner; 4) if a woman refuses to have sex with her husband/partner; 5) if a woman burns the food.

Support of partner's controlling behaviour in community is another measure of community tolerance of IPV that focuses on attitudes toward IPV in the community and is measured by the percentage of women in a community who identify that their partners exhibit controlling behaviour in at least one out of five situations, including: 1) if he is jealous if she is talking with other men, 2) if he accuses her of unfaithfulness, 3) if he does not permit her to meet her girlfriends, 4) if he tries to limit her contact with family, and 5) if he insists on knowing where she is. In both variables, higher percentages indicate stronger support of utilization of IPV and partner's controlling behaviour and, as a result, stronger acceptance of patriarchal gender beliefs.

Data Analysis

The data were cleaned and variables were recoded by using statistical package SPSS 21.0. Statistical analysis involved a multistep process and included a series of statistical methods performed in STATA 13. The statistical analysis was conducted for each of five countries separately and the results were compared.

First, a univariate descriptive analysis of IPV predictor and outcome variables in the sample of ever-married women in the countries under investigation was conducted. In particular, cross-tabulation analysis was performed to identify prevalence rates of IPV in each country under investigation and to estimate and compare the predictors and outcome variables across all five countries under investigation. The results of the descriptive statistics analysis are reported in the *Results* chapter. The tables (followed by Appendix G) display the descriptive statistics, wherein the mean and standard deviation are provided for continuous variables and the number of cases and their share are provided for binomial (dummy) variables.

Second, in order to estimate and compare the effect of individual- and community-level characteristics in each country under investigation, and to take into consideration the multilevel nature of IPV, I use a multilevel regression model that distinguishes the effect of variables at individual and community levels (Hox, 2002; Rabe-Hesketh & Skrondal, 2008). Multilevel regression modelling is proven to be a very effective strategy employed for a data set that has a multi-level structure and an effective way to measure to what extent the variations in life-time occurrence, coexistence, and frequency of IPV are associated with individual- and community-level predictors and to avoid incorrect interpretation of results (Barrett et al., 2012; Habibov & Afandi, 2011; Ismayilova, 2009; Rabe-Hesketh & Skrondal, 2008; Snijders & Bosker, 1999). Specifically, multilevel

analysis is a model with more than one variance component (e.g., individual-level and community-level variations) that takes into account variables at various levels and, therefore, avoid the problem of confounding of variables, which can occur with single-level models (Habibov & Afandi, 2011). Multilevel analysis accounts for intra-cluster correlation that shows the deviation in outcome variables across individual and community levels, assesses to what extent the community level differences contribute to outcome variables, particular to lifetime occurrence, coexistence, and frequency of IPV in the FSU countries, and whether a difference at the community level is a significant predictor of life-time occurrence, coexistence, and frequency of IPV (Habibov & Afandi, 2011; Hox, 2002; Rabe-Hesketh & Skrondal, 2008).

Four multilevel logistic regression models with all the predictors in each model for each country under investigation, modeling individual and community variations in life-time occurrence, coexistence of forms and frequency of IPV, were conducted using the STATA 13 software package (Hamilton, 2009; Hox, 2002; Rabe-Hesketh & Skrondal, 2008). The statistical analysis was conducted for each of the five countries separately and the results were compared. Thus, altogether I developed 20 models (4 regression models x 5 countries under investigation) that report the likelihood of intimate partner violence experience among female respondents in Azerbaijan, Kyrgyz Republic, Moldova, Tajikistan, and Ukraine. The extent of the variations between IPV predictors were compared descriptively. The results of the multivariate statistical analysis are reported and interpreted in the *Results* chapter, and odds ratios with 95 percent confidence intervals are displayed in Tables 6.4.1-6.4.4. In order to estimate lifetime occurrence of less severe and severe IPV, the analyses rely upon binomial logistic regression. These

tests were conducted using the *melogit* module. By contrast, since the variables of coexistence of less severe and severe forms of IPV and frequency of IPV are categorically ordered, I estimate two multilevel ordered logistic regression models using the *meologit* module.

By using the multilevel regression models that took into account the multi-level structures of the dataset, which includes individuals (level 1) situated within each country (level 2), I estimated two important parameters: fixed and random effects. Fixed effects show the overall relationships between individual-level independent variables and outcome (dependent) variables across all communities. Random effects is a form of correlation coefficient ρ (rho) that shows the deviation in IPV across two levels and variation between communities, which cannot be accounted for by the individual-levels independent variables. The correlation coefficient rho measures the extent of variation in dependent variables that cannot be explained by individual-level independent variables. The higher the value of rho means that the higher the proportion of total variance in outcome variables originates from community-level differences. However, while binominal logistic regression (*melogit*) provided results for correlation coefficients, for ordered logistic regression (*meologit*) correlation coefficient was not calculated by the STATA 13. The rho for ordered logistic regressions I calculated using the following formula:

$$p = \frac{var(1)}{var(1) + \frac{\pi^2}{3}}$$

(Rabe-Hesketh & Skrondal, 2008, p. 304).

Since the variables included in the models are correlated, I tested the models for multicollinearity using the STATA command to detect multicollinearity: variance

inflation factor (VIF). VIF provides an index that measures how much the variance of an estimated regression coefficient is increased because of collinearity. VIF of 10 or lower is acceptable demonstrating that the variables are considered as a linear combination of other independent variables. In the models tested in this study, VIF does not exceed 6.48, which is below the cut off value of 10.

Summary. In order to answer my research question – “What are the individual, household, and community predictors of IPV in the countries of the FSU, and how and to what extent do these predictors vary among these countries?” - I analyzed the factors associated with IPV using a series of statistical methods, such as the univariate descriptive analysis of IPV and its predictors, and the multivariate regression analysis. Altogether, a series of 20 two-level logistic regressions with all independent variables included were performed to assess the life-time occurrence of less severe and severe IPV, coexistent forms of IPV, and frequency of IPV in Azerbaijan, Kyrgyz Republic, Moldova, Tajikistan, and Ukraine. The results of statistical analysis are presented in the next chapter.

CHAPTER VI

Study Results

This chapter is divided into six sections. In the first five sections I provide the descriptive synthesis and multivariate regression results for each of the five countries. In the sixth section, the results for all five countries are compared. That section begins with descriptive statistics followed by multivariate logistic regression results. Model 1 examines the association between less severe IPV and individual-level demographic, empowerment, experiential characteristics, and community-level characteristics. Model 2 tests the association between severe IPV and demographic, empowerment, and experiential characteristics on the individual level and characteristics on the community level. In contrast to the first two models that investigate categorical/nominal outcome variables, Model 3 and Model 4 look at ordinal dependent variables. Model 3 investigates the association between coexistence of two forms of IPV (3 categories) and individual- and community-levels characteristics, while Model 4 examines the association between frequency of IPV (3 categories) and individual- and community levels characteristics.

1: Azerbaijan

1.1. Demographic, status, experiential, and empowerment characteristics of the Azeri sample (N=4299) are presented in Table 1.1. This table contains frequency with unweighted means or percentages and standard deviation.

1.1. 1. Demographic characteristics. The mean age of the respondents is 34.85 years. The average number of children is 2.10 per family. Nearly 11 percent of the respondents received postsecondary education. Nearly 53 percent of the respondents live in urban areas, and 47 percent live in rural areas. Descriptive results indicate that 21

percent of the respondents occupy the poorest and the poor quintiles, 22 percent occupy the middle quintile, whereas 19 percent and nearly 16 percent represent the wealthier and the wealthiest quintile respectively.

1.1.2. Status characteristics. Approximately 22 percent of the respondents reported being employed and almost 95 percent of them reported their partners being employed. Interestingly, while nearly 65 percent of the respondents possess equal or higher education than their partner, only 12 percent of the respondents earn more or the same as their partners.

1.1.3. Empowerment characteristics. The results indicate that the average number of affirmatively answered questions about justification of IPV by women and partner's controlling behaviour is 1.5 (mean=1.69 and 1.58, respectively). That means that on average, women agree that violence can be justified and their partners indeed exhibit controlling behaviour in between one and two out of five circumstances. On average, women agreed with one out of three questions regarding their ability to make a decision (mean=1.05), which means that at least one decision they make alone or with their partners. The descriptive results of the indexes of the empowerment characteristics are discussed in more detail later.

1.1.4. Experiential characteristics. A higher proportion of the respondents – nearly 58 percent - indicate that their partners drink alcohol. Also, 17 percent report witnessing their fathers beat their mothers.

1.1.5. Community level characteristics. Average educational level among communities in Azerbaijan is 10.6 years, which is consistent with the results regarding women's education received at the individual level. That means that on average, Azeri

women completed high school. The mean of community wealth is 2.88; the mean of justification of IPV by community is 0.58; and mean of community support of partner's controlling behaviour is 1.57. Less than one question was answered affirmatively in regard to justification of IPV, and one and a half statements were supported in regards to partner's controlling behaviour.

1.2. Indexes of empowerment characteristics. Descriptive statistics of the empowerment characteristics indexes are presented in Table 1.2. As shown in the Table, almost half of the respondents in Azerbaijan justify IPV if a woman goes out without telling her partner; nearly 40 percent of them justify IPV if she neglects the children; 34 percent justify IPV when she argues with him; less than 20 percent of the respondents said that IPV can be justified if she refuses to have sex with him (16.4 percent) or when she burns food (13 percent). More than half of the respondents make a decision about their health alone or with their partner; however, nearly 29 percent of the respondents reported that decisions regarding their health are made by their partner alone or by other persons. Almost half of the respondents reported their participation in decision-making process as having a final say regarding large household purchases, while nearly half of them do not have a final say at all because this decision is finalized by their partners alone or by other persons. The majority of the respondents decide how to spend money their partner earns with or without their partner, but 27 percent of them indicate that this decision is made by their partner alone. Finally, almost 50 percent of the Azeri respondents indicated that their partner is jealous if they talk with other men. Seven percent of the respondents admit that their partner has accused them of infidelity; 13 percent of them state that their partner does not allow them to meet with their girlfriends;

and almost 10 percent said that their partner tries to limit their contact with their families. However, the overwhelming majority of respondents, 74 percent, admit that their partners insist on knowing where they are.

1.3. Prevalence of IPV. Table 1.3 features the lifetime prevalence of physical IPV among female respondents in Azerbaijan. Descriptive analyses indicate that 14 percent of them experience signs of less severe IPV and three percent of respondents experience signs of severe forms of IPV. Approximately 11 percent (11.2 percent) of the sample admits that they experienced one form of IPV in their lifetime and three percent experienced both less severe and severe forms of IPV¹⁹. Eight percent of the sample reported being victimized by their partners sometimes (1-4 times) and two percent of the sample report being abused by their partners often (5 times and over).

1.3.1. Table 1.3.1 indicates the frequency of specific IPV acts within the last 12 months prior to the interview in Azerbaijan that were included in the index variable '*frequency of IPV*' (see Table 1.3). Approximately six percent of respondents reported that their partners have pushed, shook or thrown something at them or slapped them occasionally, and 1.6-1.7 percent have experienced these acts often. Three percent admitted that their partners have twisted their arms or pulled their hair occasionally, while one percent reported experiencing these acts often. Nearly two percent of the respondents said that their partners have sometimes punched them, while one percent said that they have done this often. Approximately one percent of the Azeri sample reported being kicked, dragged or beaten by their partners occasionally, and the same number often. Less than a half percent of respondents indicated that their partners have tried to

¹⁹ The variable used for this measurement is titled '*Coexistence of two forms of IPV*'.

strangle or burn them and threatened them with a weapon occasionally, and the same percent of respondents experienced these acts often.

1.4. Multilevel logistic regression results. The results of binominal and ordered multilevel logistic regressions on the predictors of IPV are presented in Table 1.4. In Azerbaijan, seven out of 21 variables are statistically significant predictors of life-time occurrence of less severe IPV, coexistence of less severe and severe IPV, and frequency of IPV; and five out of 21 variables are statistically significant predictors of life-time occurrence of severe IPV. The results indicate that among demographic characteristics, the *number of children* and *household wealth* are associated with IPV. In particular, an increase in the *number of children* increases the probability of experiencing less severe IPV and severity of IPV by about 15.5-16 percent ($p<0.05$; OR=1.15 and 1.16, respectively). However, the *number of children* is not associated with severe IPV and the frequency of IPV in Azerbaijan. In terms of *household wealth*, the respondents in the *first (poorest) quintile* are seven times more likely to experience severe IPV ($p<0.01$; OR=7.80) and the respondents in the *second (poor) quintile* are 98 percent more likely to experience IPV more frequently ($p<0.05$; OR=1.98).

Only one status characteristic is found to be associated with IPV in Azerbaijan. The odds of severe IPV are two times higher for women who were employed than for women who were unemployed ($p<0.05$; OR=2.20), which means that women who are currently employed are more likely to experience severe IPV.

On the individual level, significant associations are found between IPV and experiential and empowerment characteristics. Specifically, *alcohol consumption* by the partner is a strong risk factor of experiencing less severe IPV ($p<0.001$; OR=1.99),

coexistence of less severe and severe forms of IPV ($p<0.001$; OR=1.95), and frequency of IPV ($p<0.001$; OR=2.00). Among women whose partners consume alcohol, the risk of experiencing less severe IPV increases by 99 percent, coexistent IPV by 95 percent, and frequency by two times. *Witnessing IPV in family-of-origin* is found to be strongly associated with all dependent variables ($p<0.001$; OR=1.86-2.73) and increases the likelihood of incidents of less severe IPV, severe IPV, and coexistence of two forms of IPV by two times and frequency of IPV by 80 percent.

Among the empowerment characteristics, all dependent variables are strongly positively associated with *women's justification of IPV* and *partner's controlling behaviour* ($p<0.01$ and $p<0.001$, respectively). Women who justify IPV are 21 percent more likely to experience less severe IPV and coexistent IPV (OR=1.21), almost 30 percent more likely to experience severe IPV (OR=1.27), and 17 percent more likely to experience IPV frequently (OR=1.17). Partner's controlling behaviour increases the likelihood of less severe IPV and coexistent IPV by 70 percent, severe IPV by 59 percent, and frequency of IPV by 84 percent.

Women's decision-making ability is strongly positively associated with experience of less severe IPV, coexistence of two forms of IPV, and frequency of IPV ($p<0.001$) and increases the likelihood of less severe and coexistent IPV by 15 percent (OR=1.15) and frequency of IPV by 20 percent (OR=1.20).

At the community level, none of the variables were found to be associated with IPV in Azerbaijan.

Random-effect (rho). Intra-class correlations estimated for Model 1, which analyzes the possible associations between predictor variables and less severe IPV, Model 3,

which analyzes the possible associations between predictor variables and severe IPV, and Model 4, which analyzes the possible associations between predictor variables and frequent IPV, are found to be significant in Azerbaijan. The results show that approximately 11 percent of total variance in the occurrence of less severe IPV and coexistent IPV, and 12.6 percent of total variance in frequency of IPV originated in community-level differences. The estimation of intra-class correlation estimated for Model 2, which analyses the associations between the predictor variables and severe IPV indicates non-significant results. The community effect remained non-significant for severe IPV, which means that the independent (e.g., community) variables used in the regression are not enough to explain physical IPV among women in Azerbaijan.

2: Kyrgyz Republic (Kyrgyzstan)

2.1. Table 2.1 contains information about the demographic, status, experiential, and empowerment characteristics, as well as community-level characteristics of the sample in the Kyrgyz Republic (N=4831).

2.1. 1. Demographic characteristics. The mean age of the respondents is 33.36 years. The average number of children in the Kyrgyz Republic is 2.52 per family. Forty five percent of the respondents received postsecondary education. At the same time, more than two-thirds of them live in rural areas (69 percent), and 31 percent live in urban areas. The results indicate that approximately an equal percent of the respondents are situated in each of the five quintiles (18.2 percent in the wealthiest, 19.5 percent in the wealthier and 20 percent in the middle, the poor and the poorest quintiles).

2.1.2. Status characteristics. Thirty four percent of the respondents are employed and 99 percent of them have employed partners. A higher or equal educational attainment

compared to their partners is possessed by 88 percent of the respondents. However, only 14 percent of respondents reported having income higher or equal compared to their partners'.

2.1.3. Empowerment characteristics. The results indicate that on average, respondents answered affirmatively to 1.2 questions out of five about justification of IPV by women, and to 1.1 question about partner's controlling behaviour (mean=1.22 and 1.10, respectively). That means that on average, women agree that violence can be justified and their partners indeed exhibit controlling behaviour in one out of five examples. On average, women agreed with less than one out of three statements regarding their ability to make a decision (mean=0.85), which means that an average woman in the Kyrgyz Republic has no decision-making power. More details about the descriptive results of the empowerment characteristics are provided below.

2.1.4. Experiential characteristics. Less than half of the respondents (43 percent) reported that their partners drink alcohol; 14 percent reported witnessing their fathers beat their mothers.

2.1.5. Community level characteristics. The average educational level among communities in the Kyrgyz Republic is 11.7 years, which means on average women studied or completed colleges or attended universities but did not complete the degree. The mean of community wealth is 2.92, which indicates that the average community in the Kyrgyz Republic possesses the assets at the middle quintile. On average, less than one question was answered affirmatively in regards to justification of IPV, and over one and a half statements were supported in regards to partner's controlling behaviour (mean = 0.49 and 1.71, respectively).

2.2. Indexes of empowerment characteristics. The frequency of variables that were included in the indexes of empowerment characteristics are displayed in Table 2.2. As shown in this table, nearly 30 percent of the respondents in Kyrgyzstan justify IPV if a woman goes out without telling her partner or neglects the children, and nearly 23 percent when she argues with him. Approximately 10 percent of the respondents said that IPV can be justified if she refuses to have sex with him and 8.5 percent if she burns food. The vast majority of women make a decision about their health alone (almost 30 percent) or with their partner (62 percent), and eight percent of the respondents do not make decisions about their own health. Approximately 85 percent of the respondents reported having a final say regarding large household purchases and nearly 80 percent of them have a final say (with or without their partner) on how to spend money that their partner earns. Approximately 72 percent of the respondents in Kyrgyzstan indicated that their partner is jealous if they talk with other men (71.8 percent), and approximately 70 percent insist on knowing where they are (69.4 percent). Nearly 10 percent admit that their partner has accused them of unfaithfulness; approximately 13 percent state that their partner does not allow them to meet with their girlfriends; and less than five percent said that their partner tries to limit their contact with their families.

2.3. Prevalence of IPV. Table 2.3 features the lifetime prevalence of physical violence, coexistence of less severe and severe IPV and frequency of physical IPV among married women in Kyrgyzstan. The descriptive analysis indicates that 26 percent of the respondents reported less severe IPV and 5.5 percent reported severe IPV. While 21 percent of the sample experienced one form (less severe or severe) of IPV, 5.5 percent

experienced both, less severe and severe IPV. Thirteen and a half percent of the sample reported experiencing IPV sometimes (1-4 times) and five percent often (over 5 times).

2.3.1. Table 2.3.1 indicates the prevalence of the frequency of various acts of violence performed within last 12 months prior the interview in Kyrgyzstan that were included in the index of frequency of IPV (see Table 2.3). Approximately 12 percent of respondents reported that their partners have pushed, shook or threw something at them occasionally and 4 percent have experienced these acts often. Nearly 10 percent admitted that their partners have slapped them occasionally, but 2.5 percent reported experiencing this IPV act often. Almost five percent of respondents said that their partners have sometimes punched them, while 1.7 percent said that they have done this often. Fewer respondents reported that their partners twisted their arms or pulled their hair occasionally (3.5 percent) and kicked, dragged, or beat them occasionally (two percent), while 1.2 percent and 0.8 percent, respectively, reported experiencing these acts often. Less than a half percent of respondents indicated that their partners have tried to strangle or burn them, and threatened them with a weapon occasionally, and 0.1 percent of respondents admitted that their partners have performed these acts often.

2.4. Multilevel logistic regression results. The results of binominal and ordered logistic regressions for factors associated with IPV are presented in Table 2.4. Three out of eight independent variables defined as demographic characteristics are significant predictors of IPV in Kyrgyzstan. In particular, the *age of women* is positively associated with the lifetime occurrence of IPV (both less severe and severe IPV) and coexistent IPV ($p < 0.001$; $OR = 1.03-1.05$), and increases the likelihood of IPV by 2-5 percent; however, *the age of women* is not associated with frequency of IPV. The *number of children* is also

positively associated with less severe IPV ($p<0.001$), coexistent IPV ($p<0.001$), and frequency of IPV ($p<0.01$) but not with severe IPV. According to this finding, a one point increase in the number of children increases the probability of experiencing less severe form of IPV by 18 percent ($OR=1.18$), coexistence of two forms of IPV by 17 percent ($OR=1.17$), and frequency of IPV by 12 percent ($OR=1.12$). Finally, *being situated in the fourth, wealthier quintile* is positively associated with severe IPV ($p<0.05$; $OR=2.65$) only and increases the risk of severe IPV by more than 2.5 times.

Among status characteristics, two out of four variables are significantly associated with IPV. *Being employed* in the Kyrgyz Republic increases the likelihood of experiencing frequent IPV ($p<0.05$), such that currently working women experience IPV 31 percent more than women who are currently unemployed ($OR=1.31$). However, the results show that *earning the same or more than their partner* decreases the likelihood of experiencing less severe IPV and frequency of IPV by 30-32 percent ($OR=0.70$ and 0.68 , respectively).

Two out of three of the independent variables that define women's empowerment are strong predictors of IPV. Specifically, *justification of IPV* increases less severe IPV by 16 percent ($p<0.001$; $OR=1.16$), severe IPV by 14 percent ($p<0.05$; $OR=1.14$), coexistence of less severe and severe IPV by 17 percent ($p<0.001$; $OR=1.17$), and frequency of IPV by 11 percent ($p<0.001$; $OR=1.11$). *Partner's controlling behaviour* increases the risk of less severe IPV by 90 percent ($p<0.001$; $OR=1.90$), severe IPV by two and a half times ($p<0.001$; $OR=2.62$), coexistent IPV by almost 98 percent ($p<0.001$; $OR=1.97$), and frequency of IPV by 84 percent ($p<0.001$; $OR=1.84$).

Both of the experiential independent variables (*alcohol use* and *witnessing IPV* in a family of origin) are strongly associated with all dependent variables. As a significant indicator of IPV in Kyrgyz Republic ($p < 0.001$), *drinking alcohol by partners* increases the probability of lifetime occurrence of less severe IPV, coexistence of less severe and severe IPV, and frequency of IPV by approximately three times ($OR = 3.24, 3.30, 3.39$, respectively) and occurrence of severe IPV by approximately four times ($OR = 4.19$). Similarly, the results show the strong positive correlation between *witnessing IPV in the family-of-origin* and less severe IPV ($p < 0.001$), severe IPV ($p < 0.01$), as well as coexistence and frequency of IPV ($p < 0.001$). Women who reported being a witness of partner's violence in their childhood are more than twice likely to experience less severe IPV ($OR = 2.63$), coexistent ($OR = 2.45$) and frequent IPV ($OR = 2.65$), and are more than 80 percent likely to experience severe IPV ($OR = 1.84$).

The statistical results on the community level demonstrate that in the Kyrgyz Republic, women who live in better educated communities are 28 percent more likely to experience less severe and frequent IPV ($p < 0.001$; $OR = 1.28$), are 44 percent more likely to experience severe IPV ($p < 0.01$; $OR = 1.44$) and coexistent IPV ($p < 0.001$; $OR = 1.31$). By contrast, the *higher level of community support of partner's controlling behaviour* decreases the likelihood of less severe IPV and frequent IPV by almost 40 percent ($p < 0.01$; $OR = 0.63$ and 0.61 , respectively), severe IPV by 78 percent ($p < 0.001$; $OR = 0.22$), and coexistent IPV by 44 percent ($p < 0.001$; $OR = 0.56$).

Random-effect (rho). Intra-class correlation coefficients from all four models are significant. It shows that eight percent of the variation in the occurrence of less severe IPV, 16.3 percent of the variation in occurrence of severe IPV, 8.5 percent of the

variation in coexistence of IPV, and 5.8 percent of the variation in frequency of IPV resides in community-level differences.

3: Moldova

3.1. Table 3.1 presents the individual-level demographic, status, experiential, and empowerment characteristics, and the community-level characteristics of the sample in Moldova (N=4590).

3.1. 1. Demographic characteristics. The mean age of the respondents in Moldova is 35 years (34.91 years). The average number of children in Moldova is 1.67 per family. Nearly 22 percent of the respondents have education higher than secondary level. The majority of the respondents live in urban areas (57 percent), and 42 percent live in rural areas. While almost 19 percent are situated in the middle wealth quintile, 14 percent in poor quintile, and 13 percent in the poorest quintile, 25 percent of the respondents are found to be situated in the wealthier quintile and 29 percent in the wealthiest quintile.

3.1.2. Status characteristics. Nearly 66 percent of the respondents are employed and 89 percent of them have employed partners. It is noteworthy that although 92 percent of the respondents have an education higher than or equal to their partners' education, only 33.5 percent of the respondents have income higher than or equal to their partners' earnings.

3.1.3. Empowerment characteristics. The respondents on average agreed with less than one statement regarding justification of IPV by women and their ability to participate in decision making (mean=0.50 and 0.13, respectively). The respondents on average agreed with 1.3 out of five statements about their partner's controlling behaviour (mean=1.32), which means that an average woman in Moldova reported that her partner

exhibits one act of controlling behaviour. More details about the descriptive results of the empowerment characteristics are provided below in section 3.2.

3.1.4. Experiential characteristics. In Moldova, nearly 80 percent of the respondents (78.6 percent) reported that their partners drink alcohol and 33 percent of the respondents reported witnessing IPV in their family-of-origin.

3.1.5. Community level characteristics. The average educational level among communities in Moldova is 11.4 years, which means that average women have a postsecondary education. Mean community wealth is 3.44, which indicates that average community in Moldova are situated in the middle quintile. On average, less than one question was answered affirmatively in regards to justification IPV, and over one statement was supported in regards to partner's controlling behaviour in communities (mean = 0.23 and 1.32, respectively).

3.2. Indexes of empowerment characteristics. The frequency of index-variables of empowerment characteristics of the Moldavian sample is displayed in Table 3.2. As is indicated in this table, seven percent of respondents justify IPV if a woman goes out without telling her partner and five percent if she argues with him. Nearly 17 percent (16.8 percent) justify IPV if a woman neglects the children and approximately three percent if she refuses to have sex or burns food (2.7 and 3.7 percent, respectively). The vast majority of women make a decision about their health alone (52 percent) or with their partner (45 percent), and only 2.5 percent of respondents do not make decisions about their own health. Nearly 95 percent of respondents reported having a final say regarding large household purchases, and nearly 90 percent of them have a final say (with or without their partner) on how to spend money their partner earns. Interestingly, in both

questions, 70 percent of respondents reported making the decisions jointly with their partners and less than 20 percent reported making these decisions alone (18.2 and 14.6 percent, respectively). Approximately 45 percent of respondents indicated that their partner is jealous if they talk with other men and 50 percent confirmed that their partners insist on knowing where they are. Approximately 17 percent admit that their partner has accused them of unfaithfulness; 10 percent indicated that their partner does not allow them to meet with their girlfriends; and nearly six percent stated that their partner tries to limit their contact with their families.

3.3. Prevalence of IPV. Descriptive analyses in Moldova show that 22.3 percent of respondents experienced less severe IPV and nearly four percent of respondents experienced severe acts of IPV at some points of their lives. While 18 percent of the sample reported experiencing only one form of IPV, four percent of the sample reported experiencing both less severe and severe physical violence. Ten percent of respondents reported being abused occasionally and almost three percent of them reported occurrence of IPV five or more times. Descriptive results of the prevalence of IPV in Moldova are provided in Table 3.3.

3.3.1. Table 3.3.1 indicates the prevalence of the frequency of IPV acts performed within the last 12 months prior to the interview in Moldova. Approximately eight percent of respondents reported that their partners have pushed, shaken, or thrown something at them or slapped them occasionally, and two percent have experienced these acts often. Nearly 3.5 percent of respondents said that their partners sometimes punched them, twisted their arms or pulled their hair, while one and a half percent said that they have done these acts often. Between one and one and a half percent of respondents reported

that their partners have kicked, dragged, beaten them up, strangled or burned them, and threatened them with a weapon occasionally. One percent of respondents admitted that their partners have kicked, dragged, or beaten them up often, and less than a half percent reported that their partners have tried to strangle or burn them and threatened them with a weapon often.

3.4. Multilevel logistic regression results. Multivariate logistic regression results (presented in Table 3.4) indicate that 14 out of 21 independent variables are statistically significant predictors of IPV. In particular, *age of women* is positively associated with less severe, severe, and coexistent IPV ($p<0.01$). Older women are 2-5 percent more likely to be abused by their partners than younger women (OR=1.02, 1.04, and 1.02, respectively). The *number of children* is an indicator of less severe partner violence and coexistent IPV ($p<0.05$). The results of this study demonstrate that a one point-increase in the number of children increases the likelihood of experiencing less severe IPV by 14 percent (OR=1.14) and experiencing coexistence of less severe and severe IPV by 16 percent (OR=1.16). *Having post-secondary education* is negatively associated with less severe IPV ($p<0.001$), coexistence of less severe and severe IPV ($p<0.001$), and frequency of IPV ($p<0.01$), and decreases the risk of partner's abuse and its frequency by 47-49 percent (OR=0.51-0.52). With respect to *household wealth*, the results show that *being situated in the poorest quintile* increases the risk of less severe IPV and coexistent IPV by more than two times ($p<0.01$; OR=2.31 and $p<0.01$; OR=2.27), and frequency of IPV by four times ($p<0.001$; OR=4.01). The odds of IPV frequency are more than two times higher for respondents *situated in the poor quintile*. For respondents *situated in the middle quintile* the frequency of IPV increases by 77 percent; for respondents *situated in*

the wealthier quintile the frequency of IPV increases by 64 percent in comparison with the fifth, *wealthiest quintile* (the reference category, $p < 0.05$).

Among status characteristics, the results indicate that *differences in education and earnings between partners* are significantly positively associated with IPV in Moldova. In particular, the frequency of IPV increases by 65 percent ($p < 0.05$; OR=1.65) and the risk of experiencing less severe IPV increases by 81 percent ($p < 0.01$; OR=1.81), while the likelihood of severe IPV increases more than 13 times ($p < 0.05$, OR=13.47) and coexistence of two forms of IPV increases twice if a *woman has higher or equal education compared to her partner's*. Although *being employed* is not correlated with IPV in Moldova, *earnings equal or greater than one's partner* is also a significant indicator of less severe IPV, coexistent IPV, and frequency of IPV ($p < 0.01$). Women whose income is equal or higher than their partners' income are at 45-50 percent higher risk of IPV compared to women whose income is less than their partners' (OR=1.48, 1.45, and 1.50, respectively).

Among women's empowerment characteristics, *justification of IPV* by women and *partner's controlling behaviour* are found to be significant predictors of IPV in Moldova, and are strongly associated with all dependent variables. In particular, justification of IPV by women increases the risk of less severe IPV by 13 percent ($p < 0.01$; OR=1.13), severe IPV by 21 percent ($p < 0.05$; OR=1.21), coexistence of two forms of IPV by 14 percent ($p < 0.01$; OR=1.14), and frequency of IPV by 17 percent ($p < 0.001$; OR=1.17). The risk of less severe and severe IPV, coexistence of both forms of IPV, and the frequency of IPV is more than two times higher for women whose partners exhibit controlling behaviours ($p < 0.001$; OR=2.00, 2.49, 2.04, and 2.08, respectively). Women's *decision-making power*

is strongly positively associated with less severe IPV, coexistent IPV, and frequency of IPV. Decision-making power possessed by women increases the risk of less severe IPV and experience of less severe and severe IPV by 40 percent ($p<0.01$; OR=1.40) and frequency of IPV by 63 percent ($p<0.001$; OR=1.63). However, it is not associated with severe IPV.

Both experiential characteristics are predictors for IPV in Moldova ($p<0.001$).

Women who saw their fathers beat their mothers are 99 percent more likely to experience less severe IPV (OR=1.99), three times more likely to experience severe IPV (OR=3.20), twice as likely to experience both forms of IPV (OR=2.05), and 68 percent more likely to increase frequency of IPV (OR=1.68). The other experiential characteristic – *alcohol consumption by partner* - inflates the risk of less severe, coexistent, and frequent IPV by more than two times (OR=2.62, 2.66, and 2.78, respectively).

None of the community level variables are significantly associated with any of the dependent variables in Moldova.

Random-effect (rho). The value of p in intra-class correlation is statistically significant in Model 1 (less severe IPV), Model 2 (severe IPV), and Model 3 (coexistence of two forms of IPV), but is not significant in Model 4 (frequency of IPV). These results indicate that 8.5 percent of total variance in life-time occurrence of less severe IPV, 20.7 percent of total variance in life-time occurrence of severe form of IPV, and nine percent of total variance of severity of IPV originate in community level differences.

4: Tajikistan

4.1. Table 4.1 provides the descriptive statistics for the individual-level demographic, status, empowerment, and experiential characteristics, and the community-level characteristics of the Tajik sample (N=4401).

4.1. 1. Demographic characteristics. The average age of the respondents in Tajikistan is 33.20 years. The average number of children is 2.74 per family. Results indicate that 20 percent of the respondents have a higher than postsecondary education. Nearly 61 percent of them live in rural areas, and 39 percent live in urban areas. Between 15 and 16 percent of the respondents are situated in the poorest (16 percent), the poor (15.2 percent), and the middle (16.9 percent) quintiles. Nearly 19 percent of the respondents reside in the wealthier quintile, and 32 percent in the wealthiest quintile.

4.1.2. Status characteristics. Almost 32 percent of the respondents in Tajikistan are employed, and 98 percent reported their partners are employed as well. Almost 70 percent of the respondents have education higher than or equal to their partners', but less than nine percent (8.4 percent) of them earn more or the same as their partners.

4.1.3. Empowerment characteristics. On average, Tajik women justify IPV in 2.3 out of five offered circumstances (mean=2.29). They agreed on average with 1.2 out of three statements regarding their decision making power, and with 1.5 out of five statements regarding their partners' controlling behaviour (mean=1.21 and 1.57, respectively). The descriptive results of the indexes of the empowerment characteristics are discussed in more detail in section 4.2.

4.1.4. Experiential characteristics. Less than 20 percent (18.9 percent) of the Tajik sample reported their partners drink alcohol, and 11 percent observed their fathers beat their mothers.

4.1.5. Community level characteristics. The average educational level among communities in Tajikistan is 10.1 years, which means that on average, Tajik women completed high school or attended professional colleges but most likely did not complete it. The mean of community wealth is 3.39, which indicates that on average, Tajik communities are situated in the middle quintile. The mean of community justification of IPV is 0.69, which indicates that less than one statement about justification of IPV was accepted by the communities on average. The mean of community support of partner's controlling behaviour is 1.57, which indicates that on average one and a half statements were supported in the Tajik communities in regards to partner's controlling behaviour.

4.2. Indexes of empowerment characteristics. Descriptive statistics for the empowerment characteristics indexes presented in Table 4.2 describe the frequency of variables that were used to construct these indexes. The majority of respondents in Tajikistan (53.5 percent) justify IPV if a woman goes out without telling her partner; 40 percent of them justify IPV if she neglects the children (46.9 percent) and if she argues with her partner (41.7 percent). Nearly 30 percent of respondents stated that IPV could be justified if she refuses to have sex with him (29.7 percent) and if she burns food (27.9 percent). While 42 percent make a decision regarding their health jointly with their partners, 16 percent of them make this decision alone. At the same time, approximately 40 percent of respondents reported that decisions regarding their health are made by their partner alone or with someone else. Sixty percent of respondents have a final say regarding large household purchases and 57 percent have a final say regarding how to spend money their partners earn. However, nearly 40 percent of the Tajik sample indicated that the decisions regarding large household purchases and spending money

their partners earned are made by their partners alone or by someone else. Finally, a vast majority of respondents (69.8 percent) said that their partner is jealous if they talk with other men and nearly 40 percent stated that their partners insist on knowing where they are. Nearly 17 percent admit that their partner does not allow them to meet with their girlfriends, 13 percent said that their partner has accused them of unfaithfulness, and eight percent said that their partner tries to limit their contact with their families.

4.3. Prevalence of IPV. The results show that almost 18 percent of the Tajik sample report that they have experienced less severe IPV, and almost four percent of the sample report experiencing severe IPV. About 15 percent of the respondents report experiencing only one form of IPV, while 3.5 percent of the respondents report experiencing the both forms (less severe and severe) of IPV. Results also show that 11.5 percent of the sample experience IPV occasionally and two percent of the respondents experience IPV often. Table 4.3 features the lifetime prevalence of less severe and severe IPV, coexistence of two forms of IPV, and frequency of IPV in Tajikistan.

4.3.1. Table 4.3.1 describes the prevalence of the specific acts of IPV performed by the respondents' partners in Tajikistan 12 months prior to the interview. These acts were included in the index of the outcome variable *frequency of IPV* (see Table 4.3). Almost ten percent of respondents reported being slapped by their partners occasionally and one and a half percent have been slapped often. Nearly seven percent said that their partners have pushed, shaken or thrown something at them occasionally, and one and a half percent have experienced these acts often. Approximately two and a half percent admitted that their partners twisted their arms, pulled their hair, or punched them occasionally. Less than one percent reported experiencing these acts often. Similarly, less

than one percent stated that their partners have kicked, dragged or beat them up, tried to strangle or burn them, and threatened them with a weapon often. However, while less than half a percent reported that their partners tried to strangle or burn them, or threatened them with a weapon occasionally, almost two percent reported being occasionally kicked, dragged or beaten.

4.4. Multilevel logistic regression results. The multivariate regression results presented in Table 4.4 show that 12 out of 21 independent variables are significantly associated with IPV in Tajikistan; of these, six are demographic variables. In particular, *woman's age* is negatively associated with coexistence of two forms of IPV and frequency of IPV ($p<0.05$). The results signify that an increase in one point in the women's age decreases the risk of coexistent IPV and its frequency by approximately 2 percent ($OR=0.98$). By contrast, the *number of children* is positively associated with less severe IPV and coexistent IPV ($p<0.001$). An increase in one point in the number of children increases the likelihood of experiencing less severe IPV and coexistence of both forms of IPV by 14 percent ($OR=1.14$). It is noteworthy that *living in a rural area* decreases the risk of less severe IPV and coexistent IPV by 35-37 percent ($p<0.05$; $OR=0.63$ and 0.64 percent, respectively). The risk of more severe beating is multiplied by two-three times when *women are situated in the poorest, the poor, and the wealthier quintiles* ($p<0.05$; $OR=3.20$, 2.76 , and 2.06 , respectively).

Only one status characteristic variable, *woman's employment*, is found to be associated with IPV in Tajikistan ($p<0.01$) and inflates the likelihood of experiencing severe IPV by two times ($OR=2.00$) compared to women who are unemployed.

Among empowerment characteristics, only *partner's controlling behaviour* is found to be strongly positively associated with all dependent variables ($p < 0.001$) and magnifies the risk of less severe IPV by 36 percent ($OR = 1.36$), severe IPV by 65 percent ($OR = 1.65$), coexistent IPV by 38 percent (1.38), and frequency of IPV by 39 percent ($OR = 1.39$). Women who *justify IPV* are approximately 10 percent more likely to experience less severe IPV ($p < 0.001$, $OR = 1.10$), coexistent IPV ($p < 0.001$; $OR = 1.09$), and more frequent IPV ($p < 0.01$; $OR = 1.09$), while, surprisingly, *women's decision-making power* is not associated with any dependent variable in Tajikistan.

Both experiential characteristics are found to be significant predictors of all four dependent variables ($p < 0.001$). The odds of life-time occurrence of less severe and severe IPV, coexistence of two forms of IPV, and frequency of IPV in Tajikistan are more than three times higher for women whose *partners drink alcohol* ($OR = 3.32, 3.92, 3.44$, and 3.24 , respectively) and more than twice as high for *women who observed IPV in the family-of-origin* ($OR = 2.39, 2.51, 2.44$, and 2.23).

Community-level results indicate that only one variable out of four is associated with IPV. Specifically, the frequency of IPV is significantly lower ($OR = 0.72$; $p < 0.05$) for *communities with a higher level of support for partner's controlling behaviour*.

Random-effect (ρ). The random effect analysis shows that intra-class correlation coefficients are significant for all four models. As indicated in the table 4.4, 12.4 percent of total variance in life-time occurrence of less severe IPV, 13.3 percent of total variance in life-time occurrence of severe IPV, almost 10 percent of total variance of severity of IPV, and 9.5 percent of total variance of frequency of IPV originate from community-level differences.

5: Ukraine

5.1. Table 5.1 provides descriptive statistics for the demographic, status, experiential, and empowerment characteristics, as well as the community-level characteristics of the sample in Ukraine (N=2416).

5.1.1. Demographic characteristics. The average age of the respondents in Ukraine is 35.87 years. The average number of children is 1.47 per family. Almost 60 percent of the respondents attained postsecondary education. A majority of the Ukrainian sample live in urban areas (62 percent) and 38 percent live in rural areas. The lowest number of respondents are situated in the poorest quintile (15.1 percent) but the majority of the respondents are situated in the poor quintile (24.4. percent). An approximately equal number of respondents (nearly 20 percent in each quintile) are situated in the middle, the wealthier, and the wealthiest quintiles.

5.1.2. Status characteristics. The vast majority of the Ukrainian sample is employed (almost 80 percent) and 97 percent have an employed partner. Nearly 90 percent of respondents have equal or higher education compared to their partner, and 26 percent earn more or the same as their partners.

5.1.3. Empowerment characteristics. The results indicate that on average, women in Ukraine do not agree with any of the statements regarding justification of IPV and decision-making power (mean=0.15) and agree with 1.4 statements regarding their partners controlling behaviour (mean=1.36), which means that women experience their partner's control in at least one situation. The descriptive results of the indexes of the empowerment characteristics are discussed in more detail in section 5.2.

5.1.4. Experiential characteristics. An overwhelming majority of the respondents in Ukraine (81.4 percent) indicate that their partners drink alcohol, and 16 percent report being a witness to IPV in their family-of-origin.

5.1.5. Community level characteristics. Average educational level among communities in Ukraine is 13.5 years, which means that on average, female members of communities have postsecondary degrees. The mean of community wealth is 3.04, which places communities on average in the middle quintile. The mean of justification of IPV by community is 0.08, which indicates that on average, communities in Ukraine support less than one statement regarding justification of IPV. The mean of community support for partner's controlling behaviour is 1.36, which indicates that over one statement regarding partner's controlling behaviour was supported by the community on average.

5.2. Indexes of empowerment characteristics. As shown in the table 5.2, which describes descriptive statistics of empowerment characteristics indexes, the overwhelming majority of respondents in Ukraine (94-98 percent) do not justify IPV in any of the five circumstances described in the questionnaire. Thus, less than three percent (between 0.2 and 3.2 percent) justify IPV if a woman goes out without telling her partner, neglects the children, argues with her partner, refuses to have sex with him, or burns food. Similarly, the overwhelming majority of the Ukrainian sample (between 92 and 98 percent) report making decisions regarding their own health, large household purchases, and spending money their partners earn alone or jointly with their partner. The descriptive statistics for partner's controlling behaviour is similar to the previous two variables and indicate a lower percentage of respondents whose partners demonstrate controlling behaviours. In particular, 4.4 percent reported that their partners try to limit

their contact with family, nearly 10 percent stated that their partners do not permit them to meet their girlfriends, and 16 percent said that their partner accused them of unfaithfulness. Nevertheless, 47 percent admit that their partners insist on knowing where they are, and 53 percent indicate that their partner is jealous if they talk with other men.

5.3. Prevalence of IPV. Descriptive statistics regarding the prevalence of IPV are reported in Table 5.3. The results indicate that 12.5 percent of respondents reported experiencing less severe IPV, and four percent reported experiencing severe IPV. Almost nine percent of the sample indicate that they have experienced only one form of IPV and experienced IPV occasionally, while almost four percent of the sample has experienced both forms of IPV, and almost two percent experienced IPV often.

5.3.1. The prevalence of the specific acts of IPV performed by the respondents' partners in Ukraine 12 months prior to the interview are represented in Table 4.3. These acts were included in the index of the outcome variable '*frequency of IPV*' (see Table 5.3). Almost eight percent of respondents reported that their partners have pushed, shaken or thrown something at them occasionally, and one and a half percent have experienced these acts often. Approximately five percent reported being slapped by their partners occasionally, and one percent have been slapped often. Almost three percent admitted that their partners have punched them, twisted their arms, pull their hair, or kicked, dragged or beat them up occasionally. Less than one percent reported experiencing these acts often. Less than one percent stated that their partners have tried to strangle or burn them, or threatened them with a weapon occasionally, and nearly none of them (0.0-0.1 percent) have experienced any of these acts often.

5.4. Multilevel logistic regression results. Multivariate logistic regression results presented in Table 5.4 indicate that eight out of 21 variables are associated with IPV in Ukraine. Among the demographic characteristics, three variables are correlated with one or more outcome variables. Specifically, *women's age* is positively associated with all dependent variables ($p<0.01$ for Models 1, 2, 3 and $p<0.05$ for Model 4). An increase in women's age increases the likelihood of life-time experience of less severe IPV and coexistence of IPV by five percent ($p<0.01$; OR=1.05), severe IPV by nearly 10 percent ($p<0.01$; OR=1.09), and frequency of IPV by almost four percent ($p<0.05$; OR=1.04). Occupying *the poorest quintile* increases the probability of experiencing severe IPV by 91 times ($p<0.001$; OR=91.66), while occupying *the poor quintile* increases the likelihood of severe IPV by 25 times ($p<0.01$; OR=25.21).

It is noteworthy that none of the status characteristics are found to be associated with IPV in Ukraine. In contrast, all of the experiential variables are significant risk-markers of IPV in Ukraine. In particular, *witnessing IPV in the family-of-origin* is strongly positively associated with all dependent variables ($p<0.001$). Women who observed their fathers beating their mothers are approximately four and a half times more likely to experience less severe IPV and coexistent IPV (OR=4.59 and 4.55, respectively), over six times more likely to experience severe IPV (OR=6.43), and almost four times more likely to experience frequent IPV (OR=3.78). However, *alcohol use by partner* is positively associated only with less severe IPV ($p<0.05$), and increases the likelihood of experiencing it by two times (OR=2.33).

Among the empowerment characteristics, only *partner's controlling behaviour* is a statistically significant predictor of all four dependent variables ($p<0.001$). The results

indicate that for one unit increase in signs of partner's controlling behaviour, the odds of less severe IPV are two times greater, given the other variables are held constant in the model. *Women's decision-making power* is positively associated with less severe IPV and frequency of IPV ($p < 0.05$), which indicates that women who possess more power in decision making (i.e., decides her own health, household purchases, or spending money) are 66 percent more likely to experience less severe IPV and 75 percent are more likely to experience frequent IPV. However, *justification of IPV by women* is not associated with IPV at all.

Among community-level variables, only *justification of IPV by community* is a statistically significant predictor of frequency of IPV in Ukraine ($p < 0.05$). Living in a community with greater justification of IPV (i.e., a one unit increase in score of justification of IPV by women in a community) increases the frequency of IPV by almost 30 times.

Random-effect (rho). Finally, intra-class correlation coefficients indicate that 22 percent of variations in less severe IPV and almost 20 percent of variation in coexistence and frequency of IPV are rooted in unobserved differences between communities. However, the community effect remained non-significant for severe IPV, which means that the independent (e.g., community) variables used in the regression are not enough to explain physical IPV among women in Ukraine.

6: Comparative results

In this section, the descriptive statistics and results of the multilevel logistic regressions for the four models are compared among the five countries under investigation. The descriptive results are divided into five subgroups based on the

individual-level demographic characteristics, status characteristics, empowerment characteristics, experiential characteristics, and community-level characteristics.

6.1. Descriptive statistics. Table 6.1 features descriptive statistics of IPV predictors (independent variables) in Azerbaijan, the Kyrgyz Republic, Moldova, Tajikistan, and Ukraine.

6.1.1. Demographic characteristics. The mean age of respondents is 34 years across all five countries; it varies between 33 years old in Tajikistan and the Kyrgyz Republic and 35 years old in Ukraine. The average number of children per family in Moldova and Ukraine is fewer (1.67 in Moldova and 1.47 in Ukraine) compared to results in Azerbaijan, Kyrgyzstan, and Tajikistan, where the average number of children varies between 2.10 in Azerbaijan and 2.74 in Tajikistan (2.52 in Kyrgyzstan). It is notable that only 11 percent of the respondents in Azerbaijan and approximately 20 percent of the respondents in Tajikistan and Moldova have acquired postsecondary education. By contrast, more respondents completed postsecondary education in the Kyrgyz Republic (45 percent) and Ukraine (near 60 percent).

Taken together, the results of the descriptive analysis indicate that more than half of the samples in Azerbaijan (nearly 53 percent), Moldova (57 percent), and Ukraine (62 percent) live in an urban area; accordingly, 47 percent in Azerbaijan, nearly 43 percent in Moldova, and 38 percent in Ukraine live in a rural area. In Tajikistan and the Kyrgyz Republic the results are opposite: 39 percent of the Tajik sample and almost 31 percent of Kyrgyz sample live in an urban area and approximately 60 percent of the samples in these countries live in a rural area.

With respect to household wealth, approximately 21 percent of the samples in Azerbaijan and the Kyrgyz Republic, 16 percent in Tajikistan, 15 percent in Ukraine, and 13 percent in Moldova belong to the lowest 20 percent of the population as measured by the DHS wealth index. Similar results are found in regards to the poor quintile: 21 percent in Azerbaijan and the Kyrgyz Republic, about 15 percent in Tajikistan, and 14 percent in Moldova. In Ukraine, however, 25 percent of the respondents are situated in the poor quintile. Thus, overall, about 40 percent of the respondents in the FSU occupy the two lowest quintiles. The third, middle quintile, is occupied by 20 percent of the respondents in Azerbaijan, Ukraine, and the Kyrgyz Republic, approximately 18 percent in Moldova, and nearly 17 percent in Tajikistan. A similar result was found in regards to the wealthier quintile. The results indicate that about 19 percent of samples in the countries under investigation (except Moldova) are situated in the wealthier quintile; in Moldova, however, 25 percent are situated in the wealthier quintile. Nevertheless, significant variations are found in the descriptive statistics for the wealthiest quintile, which was a reference category in regression analyses. Specifically, almost 16 percent of the respondents in Azerbaijan, 18 percent of the respondents in the Kyrgyz Republic, nearly 21 percent in Ukraine, 29 percent in Moldova, and 33 percent in Tajikistan indicated that they live in the wealthiest 20 percent of the population. Thus, more than 35 percent of the samples in Azerbaijan, the Kyrgyz Republic, and Ukraine and more than 50 percent of the sample in Tajikistan and Moldova live in the two wealthiest quintiles.

6.1.2. Status characteristics. The results of the education attainment show that the respondents in the countries of the FSU (except for Ukraine and Kyrgyzstan) predominantly have no postsecondary degree, and the majority of women have education

higher than their partners' educational level in all five countries. In Azerbaijan and Tajikistan, nearly 65 percent and 70 percent of the respondents have education greater compared to their partner's. In the Kyrgyz Republic, Ukraine, and Moldova, the percentage of women with higher education than their partner's is approximately 90 percent (almost 89 percent in Kyrgyzstan, 90 percent in Ukraine, and 92 percent in Moldova). The samples from Ukraine and Moldova also have a higher percentage of currently employed women (79.3 percent and 66.4 percent, respectively) in contrast to the samples from Tajikistan and the Kyrgyz Republic (31.6 percent and 34.1 percent), whereas only 22.4 percent of the respondents in Azerbaijan are currently employed. Likewise, more respondents in Moldova and Ukraine indicate that their earnings are the same or higher than their partners' earnings (33.5 percent and 26.4 percent, respectively) compared to the samples from the Kyrgyz Republic (14.4 percent), Azerbaijan (11.9 percent), and Tajikistan (8.4 percent). As was expected, the overwhelming majority of respondents' partners are currently employed. In Ukraine and Tajikistan over 97 percent of the samples indicate that their partners work, while in the Kyrgyz Republic this number is higher: 99 percent. In Azerbaijan, the proportion of currently employed partners comprises 94.4 percent, and in Moldova only 89.3 percent of respondents' partners currently work.

6.1.3. Empowerment characteristics. Empowerment characteristics were measured by creating three indexes which were based on sets of independent variables (represented in the Table. 6.3.1 described in detail later). The first index describes justification of IPV by women. The highest average mean for this index is found in Tajikistan (mean=2.29), followed by Azerbaijan (mean=1.68) and the Kyrgyz Republic (mean=1.22). In Moldova

and Ukraine the average index mean was much lower at 0.5 and 0.15, respectively. These results may be interpreted as follows: on average, women in Tajikistan justify violence against them in more than two out of five offered circumstances, while in Azerbaijan women justify IPV in 1.7 out of five offered circumstances, and in Kyrgyzstan in 1.2 out of five circumstances. By contrast, respondents in Moldova and Ukraine on average agreed with less than one statement regarding justification of IPV.

The second index indicates women's decision-making power. The descriptive statistics show that the highest mean is observed in Tajikistan (mean=1.21) and Azerbaijan (mean=1.04), followed by Kyrgyzstan (mean=0.41), whereas the lowest means are found in Ukraine (mean=0.15) and Moldova (mean=0.13). These results indicate that the average number of women in Tajikistan and Azerbaijan agreed with one out of three statements regarding their ability to make a decision about their own health or household purchases, while the average number of women in Kyrgyzstan, Ukraine, and Moldova agreed with less than one out of three statements regarding their participation in decision making. This indicates that women in Tajikistan and Azerbaijan make at least one decision alone or with their partners, while on average women in Kyrgyzstan, Ukraine, and Moldova make less than one decision individually or jointly with their partners.

The third index measures partner's controlling behaviour as reported by the respondents. The results indicate that overall, the mean of this index for all countries varies between 1.32 (in Moldova) and 1.71 in the Kyrgyz Republic (mean=1.36 in Ukraine and 1.57 in Azerbaijan and Tajikistan). Thus, these results demonstrate that women in the FSU reported that their partners on average exhibit one act of controlling

behaviour. The descriptive results of the indexes of the empowerment characteristics are discussed in detail in section 6.2.

6.1.4. Experiential characteristics. There are two independent variables that describe the experiential characteristics of the samples. The first is *alcohol consumption* by respondents' partners. The results indicate that the highest rates of alcohol consumption are found in Ukraine and Moldova (81.4 percent and 78.6 percent, respectively), followed by Azerbaijan (57.7 percent) and the Kyrgyz Republic (43.4 percent), whereas the lowest rate of alcohol consumption by the respondents' partners is found in Tajikistan (18.9 percent).

The second independent variable that describes experiential characteristics is *witnessing IPV by the respondents in their family-of-origin*. The descriptive analyses show that more respondents who witnessed IPV in their childhood were found in Moldova - 33 percent. In the other samples from the countries under investigation the number of women observing IPV in their family-of-origin was relatively less common: approximately 17 percent in Azerbaijan, 16 percent in Ukraine, 14 percent in the Kyrgyz Republic, and 11 percent in Tajikistan.

6.1.5. Community level characteristics. Community levels of education in the FSU vary between 10 and 11 years, which means that on average, female members of communities receive high school diplomas but do not receive post-secondary education. The exception is Ukraine, where on average, women have 13 years of education, which indicates that they attended colleges or universities. There is not much difference found between community wealth in the FSU countries under investigation. The mean of

community wealth varies between 2.9 and 3.4. The results show that on average, FSU communities across all of the five countries are situated at the middle economic quintile.

The mean of justification of IPV by community is highest in Tajikistan (mean=0.69), followed by Azerbaijan (mean=0.58), Kyrgyzstan (mean=0.49), Moldova (mean=0.24), and Ukraine (mean=0.08), which indicates that on average, communities in the FSU support less than one statement regarding justification of IPV. The mean of community support of partner's controlling behaviour varies between 1.32 in Moldova and 1.71 in Kyrgyzstan (mean=1.36 in Ukraine and mean=1.57 in Azerbaijan and Tajikistan). This indicates that more than one statement regarding partner's controlling behaviour was supported by the community on average in the countries of the FSU.

6.2. Indexes of empowerment characteristics. Descriptive results of the indexes of empowerment characteristics are provided in Table 6.2. The first index, '*Justification of IPV by women*,' was created from variables measuring agreement with the following five statements:

- 1). Wife beating is justified if she goes out without telling him
- 2). Wife beating is justified if she neglects the children
- 3). Wife beating is justified if she argues with him
- 4). Wife beating is justified if she refuses to have sex with him
- 5). Wife beating is justified if she burns the food

Analyses of the respondents' responses to these statements indicate that overall fewer respondents in Ukraine agree with these statements, whereas in Tajikistan the proportion of the respondents who justify IPV in certain situations is much higher. In particular, less than one percent of respondents in Ukraine and seven percent of

respondents in Moldova justify IPV if a wife goes out without telling her partner, compared to Tajikistan and Azerbaijan, where approximately 53 percent and 48 percent of the respondents, respectively, agreed with this statement. In the Kyrgyz Republic, almost 30 percent of the respondents agree that IPV is justified in this scenario. The statement that wife beating is justified if she neglects the children was supported by 3.2 percent of the respondents in Ukraine and by almost 17 percent of the respondents in Moldova. However, this statement is supported by a higher percentage of respondents in the Kyrgyz Republic (30 percent), Azerbaijan (38.3 percent), and Tajikistan (47 percent). In a situation where a woman argues with her partner, wife beating is justified by less than one percent of the sample in Ukraine and five percent of the sample in Moldova. Once again, more respondents justify IPV in this circumstance in the Kyrgyz Republic (23 percent), Azerbaijan (34 percent), and Tajikistan (41 percent). Similarly, less than one percent of the sample in Ukraine and less than three percent in Moldova justify wife beating if a woman refuses to have sex with her partner, followed by 10.6 percent of the sample in the Kyrgyz Republic, 16.4 percent of the sample in Azerbaijan, and nearly 30 percent in Tajikistan. Finally, only 0.2 percent of the respondents in Ukraine and 3.7 percent in Moldova justify wife-beating if she burns the food. Justification of IPV in this situation is supported by 8.5 percent of the respondents in the Kyrgyz Republic and 13 percent of the respondents in Azerbaijan. Once again, the highest rate of IPV support is found in Tajikistan, where almost 28 percent of the respondents agreed with this statement.

The second index, '*Decision-making power*', was created based on the following three questions:

- 1). Who makes a final decision on respondent's health care?
- 2). Who makes a final decision on making large household purchases?
- 3). Who makes a final decision on what to do with money husband earns?

The highest percentages of respondents who have a final say on their own health were found in Ukraine (60 percent) and Moldova (52 percent). In the Kyrgyz Republic, nearly 30 percent of the respondents make a final decision on their own health. The lowest proportions of respondents who make a decision on their own health were found in Azerbaijan (17.7 percent) and Tajikistan (16.5 percent). The highest percent of respondents who make a final decision on their own health jointly with their partners is found in the Kyrgyz Republic (62 percent), compared to Azerbaijan at 53.4 percent, followed by Moldova and Tajikistan (45 percent) and Ukraine (nearly 38 percent). Thus, the majority of the respondents in Ukraine (98 percent), Moldova (97 percent), the Kyrgyz Republic (92 percent), and Azerbaijan (71 percent) have the power to make a decision regarding their own health, while in Tajikistan only 58 percent of the respondents participate in decision making process regarding their own health. In Azerbaijan, 23 percent of respondents reported that the decision regarding their health is made by their partners alone, while in Tajikistan nearly 32 percent do not make decisions about their health. Overall, eight percent of respondents in the Kyrgyz Republic, nearly three percent in Moldova, and nearly two percent in Ukraine do not have final say on their own health.

With respect to the respondent's power to make a decision on large household purchases, an overwhelming majority of the respondents in Moldova and Ukraine (about 95 percent) participate in this decision-making process: approximately 18 percent have

final say on making large household purchases alone, and 76 percent of the respondents make this decision collaboratively with their partners. In the Kyrgyz Republic, 85 percent of respondents have a final say on making a decision regarding large household purchases are found in the Kyrgyz Republic (85 percent). Nearly 80 percent of the sample in this country indicates that they make decisions about large household purchases together with their partners and only six percent make such decisions alone. In contrast, in Azerbaijan, 11 percent of the respondents have a final say on making large household purchases alone, and 40 percent collaboratively. In Tajikistan, ten percent of the respondents have a final say on making large household purchases alone, and 50 percent make such a decision jointly. Thus, overall, 50 percent of the respondents in Azerbaijan and 60 percent of the respondents in Tajikistan participate in the decision-making process about large household purchases. The distribution of the decision making power indicates that 38 percent of the respondents in Azerbaijan and 26 percent in Tajikistan report lack of power in making a decision on large household purchases since such decisions are made by their partners alone. In contrast, it is observed that in Moldova, less than four percent of the sample indicated that decisions regarding large household purchases are made by their partners alone, followed by five percent of the sample in Ukraine and six percent in the Kyrgyz Republic.

Finally, turning to the decision-making power regarding money earned by respondents' partners, the descriptive results indicate that once again a larger proportion of respondents in Moldova and Ukraine have a final say on deciding what to do with money their partners earned: almost 15 percent of the respondents in Moldova and 12 percent in Ukraine make this decision alone, and nearly 74 percent in Moldova and

almost 80 percent in Ukraine make this decision on an egalitarian basis. Thus, overall, 88 percent in Moldova and 91 percent in Ukraine have a final say in deciding what to do with their partner's earnings. Interestingly, although in the Kyrgyz Republic only 5.8 percent of the respondents report carrying out their decision alone, 74 percent of the sample stated that this decision is made collaboratively with their partners; thus, almost 80 percent of the Kyrgyz sample confirmed their participation in deciding how to spend money their partners earned. This result is similar to the results found in the Ukrainian sample. A slightly larger percent of the respondents in Azerbaijan (six percent) compared to the respondents in the Kyrgyz Republic reported their ability to make a decision regarding money their partners earned alone. However, the percent of the respondents who make this decision together with their partners is lower (60 percent) compared to the Kyrgyz sample. Overall, in Azerbaijan, 66 percent of the respondents have power to make a decision on their partners' earnings. Finally, in Tajikistan, despite the fact that almost nine percent of the respondents have final say on deciding what to do with their partner's earnings, 49 percent of the sample reported having final say on this decision jointly with their partner, which means that overall only 58 percent of the sample participates in this type of decision making.

The descriptive analysis demonstrates that almost 30 percent of the respondents' partners make decisions about what to do with their earnings alone in Tajikistan. In Azerbaijan, this number is slightly smaller: almost 25 percent. Half as many respondents in the Kyrgyz Republic (12.2 percent) indicated that their partners decide how to spend their money alone. In Ukraine and Moldova the percent of partners deciding what to do

with money they earned alone is less than ten percent: 7.4 percent in Ukraine and 6.2 percent in Moldova.

The final empowerment characteristic index indicating partner's controlling behaviour was created from five variables measuring agreement with the following statements:

- 1). Husband is jealous if his wife/partner talks with other men
- 2). Husband accuses her of unfaithfulness
- 3). Husband does not permit her to meet her girl friends
- 4). Husband tries to limit her contact with family
- 5). Husband insists on knowing where she is

More than half of the samples (approximately 70 percent) agreed with the first statement in the Kyrgyz Republic and Tajikistan. In Ukraine, the first statement was supported by 53 percent of the respondents, in Azerbaijan by 50 percent of the respondents, and in Moldova by 45 percent of the respondents. Similar results were found in regards to the fifth statement. While 74 percent of the respondents in Azerbaijan and almost 70 percent in the Kyrgyz Republic stated that their partners insist on knowing where they are, 50 percent of the sample in Moldova, 47 percent in Ukraine, and almost 40 percent in Tajikistan also said "yes" to this statement. The percentage across the other three statements, which is less than 20 percent in all five countries, is indicative of interesting patterns. More women in Moldova (17.5 percent) and Ukraine (16.3 percent) indicated that their partners accuse them of unfaithfulness compared to 13 percent in Tajikistan, almost ten percent in Kyrgyzstan, and seven percent in Azerbaijan. However, the results for the third statement are the opposite: more women in Tajikistan (almost 17

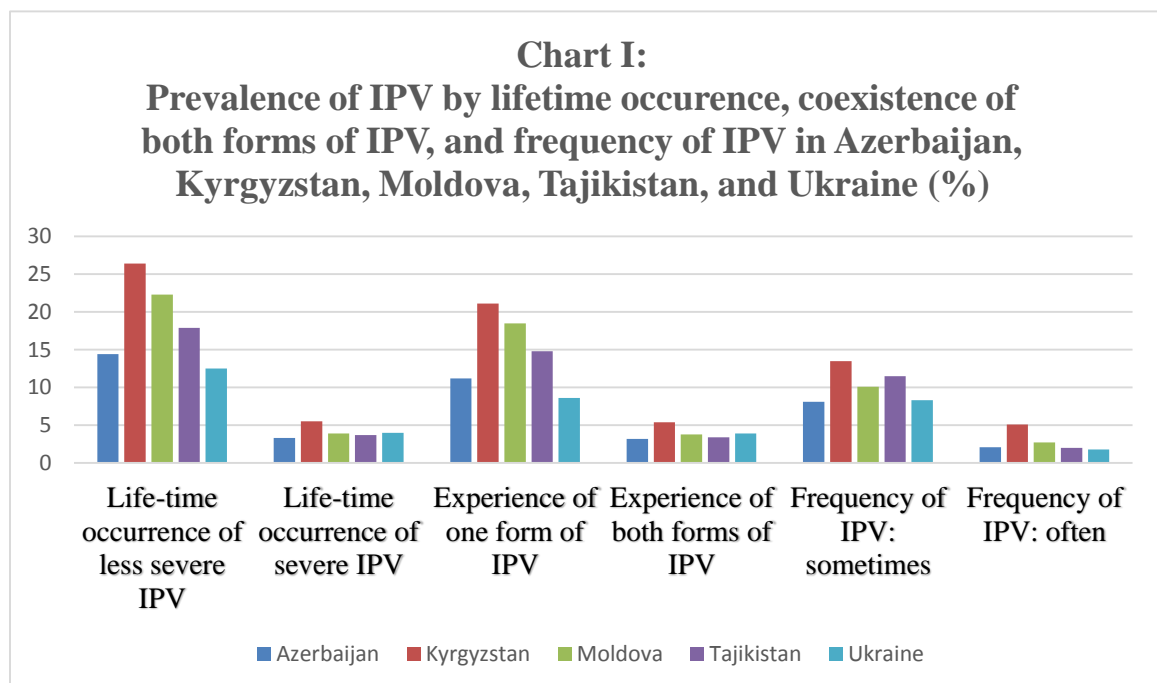
percent), Kyrgyzstan (13.5 percent), and Azerbaijan (13.3 percent) agreed with the statement that their partners does not permit them to meet their girlfriends, while ten percent of respondents agreed with this statement in Ukraine and Moldova. Finally, nearly ten percent of the respondents in Azerbaijan and eight percent of the respondents in Tajikistan said ‘yes’ to the statement that their partners try to limit their contact with their family. In Moldova, this statement was supported by six percent of the respondents while in Ukraine and the Kyrgyz Republic, this statement was supported by four percent of the respondents.

6.3. Prevalence of IPV. For descriptive analysis, a frequency table was created to show the prevalence of IPV in the countries of the FSU (Table 6.3). Over ten percent of the respondents in Azerbaijan, Tajikistan, and Ukraine (14.4 percent, 12.5 percent, and 17.9 percent, respectively), and over 20 percent in Moldova and the Kyrgyz Republic (22.3 percent and 26.4 percent, respectively), have experienced less severe IPV. Severe IPV is experienced by 3-5 percent of the respondents across all five countries. The lowest percentages of women who experience IPV are found in Azerbaijan (3.3 percent) and Tajikistan (3.7 percent). Four percent of the respondents report severe IPV in Moldova and Ukraine, while the highest proportion of respondents who have experienced severe IPV is found in the Kyrgyz Republic at 5.5 percent.

Fewer respondents in Ukraine indicated that they experienced one form (less severe or severe) of IPV (8.6 percent), in contrast to Azerbaijan (11.2 percent), Tajikistan (14.8 percent), Moldova (18.5 percent), and the Kyrgyz Republic (21.1 percent). However, the number of the respondents who reported experiencing both forms (less severe and severe) of IPV is approximately the same in all countries of the FSU (3.2 percent - 3.9 percent),

except in the Kyrgyz Republic where experiencing both forms of IPV was reported by 5.4 percent of the sample.

Similarly, approximately the same proportion of respondents report experiencing IPV frequently in Ukraine (1.8 percent), Tajikistan (two percent), Azerbaijan (2.2 percent), and Moldova (2.7 percent); however, in the Kyrgyz Republic the percent of respondents who experience IPV frequently is twice as high: five percent. The results also show that fewer respondents in Azerbaijan and Ukraine experience IPV occasionally (8.1 percent and 8.3 percent, respectively), while in Moldova, Tajikistan, and the Kyrgyz Republic this number is higher: 10-13 percent of the respondents experience IPV occasionally in these countries (10.1 percent, 11 percent, and 13.5 percent, respectively). Thus, according to the results, the prevalence of IPV in the Kyrgyz Republic is higher compared to the other countries under investigation (see Chart I that indicates prevalence of IPV by lifetime occurrence, coexistence of less severe and severe IPV, and frequency of IPV in Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine below).



6.3.1. Table 6.3.1 indicates the frequency of various acts of violence performed within the last 12 months prior to the interview in the FSU countries under investigation that were included in the index of frequency of IPV (see Table 6.3). Approximately six percent of respondents reported that their partners have pushed, shaken, or thrown something at them, or slapped them occasionally in Azerbaijan. Nearly seven percent occasionally experience these acts in Tajikistan, about eight percent in Ukraine and Moldova, and almost 12 percent in Kyrgyzstan. Approximately one percent of the samples in Tajikistan, Ukraine, and Azerbaijan reported being pushed, shaken or having something thrown at them often, while approximately two percent of respondents in Moldova and almost four percent in Kyrgyzstan reported experiencing these acts often.

A fewer proportion of respondents reported being slapped in Ukraine (5.3 percent occasionally; one percent often) and Azerbaijan (6.5 percent occasionally; 1.7 percent often), followed by Moldova (7.7 percent occasionally; 2.2 percent often), Tajikistan (9.5 percent occasionally; nearly one percent often), and Kyrgyzstan (9.7 percent occasionally; almost two and a half percent often).

Nearly two percent of the respondents in Azerbaijan and nearly three percent in Tajikistan and Ukraine reported being punched by their partners occasionally, while in Moldova and Kyrgyzstan the proportion of women who reported being punched occasionally is higher: almost four percent in Moldova and nearly five percent in Kyrgyzstan. Less than one percent of women reported being punched often in Tajikistan and Ukraine, one percent in Azerbaijan, and 1.5 percent in Moldova and Kyrgyzstan.

Nearly one percent of respondents in Azerbaijan, Moldova, and Tajikistan, and two percent in Kyrgyzstan and Ukraine, reported that their partners have kicked, dragged, and

beaten them up occasionally. One percent of the sample in Moldova and less than one percent of the samples in the other four countries under investigation have experienced these IPV acts often. One percent of respondents in Moldova and less than one percent in the rest of the countries under investigation reported that their partners have tried to strangle or burn them or threatened them with a knife or other weapon occasionally. However, less than a half percent of respondents in all of the five FSU countries reported these acts occurred often.

Finally, approximately two percent in Ukraine and Tajikistan and three percent in Azerbaijan, Moldova, and Kyrgyzstan, said that their partners have twisted their arms or pulled their hair occasionally; nearly a half percent of the respondents in Ukraine and Tajikistan, and approximately one percent in Azerbaijan, Moldova, and Kyrgyzstan have experienced these acts often.

6.4. Multilevel logistic regression results. This section describes the results of multilevel logistic regression for the four models testing the independent variables' effects on the life-time occurrence of less severe IPV (Model 1), life-time occurrence of severe IPV (Model 2), coexistence of less severe and severe IPV (Model 3), and frequency of IPV (Model 4) in the five countries of the FSU. This section is divided into four subsections in accordance with the models used for the regressions.

6.4.1. Regression results for lifetime occurrence of less severe physical IPV.

Table 6.4.1 displays the results from the multivariate multilevel logistic regression (Model 1) to predict the likelihood of less severe physical IPV in five countries of the FSU.

Demographic characteristics. Among the demographic characteristics, the following variables are statistically significant predictors of less severe IPV: *respondent's age*, *number of children*, *having post-secondary education*, *area of residence*, and *household wealth*. However, the results are not consistent and vary among countries. In particular, the *age of women* is a statistically significant predictor of less severe IPV in the Kyrgyz Republic ($p<0.001$; OR=1.03), Moldova ($p<0.01$; OR=1.02), and Ukraine ($p<0.01$; OR=1.05), and increases the likelihood of IPV by 2-5 percent in those countries. The *number of children* is a statistically significant predictor of less severe IPV in Azerbaijan and Moldova ($p<0.05$), as well as in the Kyrgyz Republic and Tajikistan ($p<0.001$) and increases the risk of IPV by 14-18 percent (OR=1.14-1.18). The positive relationship between IPV and *postsecondary education attained by respondents* is found in Moldova ($p<0.001$) only, which indicates that having postsecondary education decreases the likelihood of physical partner's abuse in Moldova by 49 percent (OR=0.51). As shown in the table, a similar negative association is found between *area of residence* and IPV in Tajikistan, where the results show that residing in a rural area is associated with less severe IPV ($p<0.05$). Women who live in *rural areas* are 37 percent less likely to experience IPV in this country (OR=0.63). In terms of *household wealth*, the *poorest quintile* is positively associated with less severe IPV only in Moldova ($p<0.01$), where women who belong to the poorest 20 percent of the population are twice as vulnerable for less severe physical IPV (OR=2.31).

Status characteristics. Similar to *household wealth*, only in the Moldavian sample was a positive association of less severe IPV with *differences in education between partners* ($p<0.01$) found. This indicates that if a woman has an education degree equal or

higher than her partner's, the risk of experiencing less severe IPV increases by over 80 percent (OR=1.81). Contrasting results are found in the Kyrgyz Republic and Moldova in respect to *earning discrepancies between partners*. In particular, while in the Kyrgyz Republic there is a negative association between this independent variable and less severe IPV ($p<0.05$), in Moldova the association is positive ($p<0.01$). While in the Kyrgyz Republic women who have the same or higher income compared to their partners are 30 percent less likely to experience IPV (OR=0.70), in Moldova, women with equal or higher income are almost 50 percent more likely to be victimized by their partners (OR=1.49). Importantly, no significant effects are found for either *the respondents* or *their partners being employed*, which indicates that *employment status* is not associated with less severe IPV in all five countries of the FSU.

Empowerment characteristics. In order to test the Socialist Feminist theory, the effects of empowerment characteristics on lifetime experience of physical IPV were examined in the countries of the FSU. As shown in Table 6.4.1, all three indexes created to measure women's empowerment are significant, with certain exceptions. In particular, *justification of IPV by women* is positively associated with life-time occurrence of less severe IPV in Azerbaijan ($p<0.001$), the Kyrgyz Republic ($p<0.001$), Tajikistan ($p<0.001$), and Moldova ($p<0.01$) but not in Ukraine, and increases the risk of less severe IPV by 11-21 percent (OR varies between 1.11 in Tajikistan and 1.21 in Azerbaijan). *Decision-making power*, to the contrary, is positively associated with less severe IPV in Azerbaijan ($p<0.01$), Moldova ($p<0.01$), and Ukraine ($p<0.05$), but not in the Kyrgyz Republic and Tajikistan; it increases IPV in Azerbaijan by 15 percent (OR=1.15), in Moldova by 40 percent (OR=1.40), and in Ukraine by 66 percent (OR=1.66). However,

partner's controlling behaviour is positively associated with less severe IPV in all five countries of the FSU ($p<0.001$), which means that women whose partners have some control over them have a significantly greater risk of experiencing less severe IPV: 36 percent higher in Tajikistan ($OR=1.36$), 70 percent in Azerbaijan ($OR=1.70$), 90 percent in the Kyrgyz Republic ($OR=1.90$), and two times in Moldova and Ukraine ($OR=2.00$ & 2.70 , respectively).

Experiential characteristics. Both of the experiential characteristics are positively associated with IPV in all five countries of the FSU ($p<0.001$ for *witnessing IPV* and *alcohol consumption*, with the exception in Ukraine where $p<0.05$). That indicates that the likelihood of less severe IPV is significantly higher - multiplied by 2-3 times in families where the partner drinks alcohol compared to families where the partners do not drink alcohol at all across all five countries of the FSU ($OR=1.97$ in Azerbaijan, $OR=2.62$ in Moldova, $OR=2.33$ in Ukraine, and $OR=3.24$ in Kyrgyzstan and Tajikistan). *Witnessing IPV in family-of-origin* increases the risk of IPV by 99 percent in Moldova ($OR=1.99$), by over two times in Azerbaijan ($OR=2.14$), Tajikistan ($OR=2.40$), and Kyrgyzstan ($OR=2.61$), and by 4.5 times in Ukraine ($OR=4.56$).

Community-level characteristics. Multilevel regression results indicate that among the community level characteristics, three are found to be associated with less severe IPV, namely *average education level in community*, *justification of IPV by community*, and *community support of partner's controlling behaviour*. Specifically, the study documents a positive association between the *level of education in the community* ($p<0.001$) and a negative association between *community support of partner's controlling behaviour* and IPV ($p<0.01$) in the Kyrgyz Republic, whereas in Ukraine, there is a

positive association between *community justification of IPV* and less severe IPV ($p<0.05$). In the Kyrgyz Republic, the risk of IPV is 28 percent higher in communities with a higher level of education ($OR=1.28$) but 37 percent lower in communities with higher level of support of partners controlling behaviour. In Ukraine, community IPV justification increases the risk of IPV by almost 30 times ($OR=29.59$). In the other countries under investigation no association between community level characteristics and less severe IPV was found.

Random-effect (rho). Examination of residual intra-class correlation coefficients in Model 1 shows that in all five countries of the FSU intra-class correlations are significant. The ICC is largest in Ukraine (0.228), which means that almost 23 percent of variance in less severe IPV is caused by between-cluster differences (or, in other words, differences between communities). In Tajikistan and Azerbaijan, ICC coefficients are 0.123 and 0.111, respectively, which means that nearly 12 percent of variance in the outcome variable in Tajikistan and 11 percent of variance in outcome variable in Azerbaijan is due to differences between communities. In Moldova and the Kyrgyz Republic eight percent of variation in less severe IPV resides in community-level differences ($ICC=0.085$ in Moldova and $ICC=0.800$ in Kyrgyz Republic).

6.4.2. Regression results for lifetime occurrence of severe form of physical IPV.

Table 6.4.2 displays the results from the multilevel multivariate logistic regression model (Model 2) predicting the likelihood of severe physical IPV in the countries of the FSU.

Demographic characteristics. Among the demographic characteristics, four out of eight variables have significant relationships with severe IPV. The *respondent's age* has a positive association with severe IPV in the Kyrgyz Republic ($p<0.001$), Moldova

($p < 0.01$), and Ukraine ($p < 0.01$). A one year increase in women's age increases the risk of severe IPV in these countries by 5-9 percent (OR varies between 1.05 in Kyrgyzstan and Moldova and 1.09 in Ukraine). *Living in the poorest quintile* is positively associated with severe IPV in Azerbaijan ($p < 0.01$), Tajikistan ($p < 0.05$), and Ukraine ($p < 0.001$), while *living in the poor quintile* is associated with severe IPV in Tajikistan ($p < 0.05$) and Ukraine ($p < 0.01$) only. By contrast, *being situated in the wealthier quintile* is found to be positively associated in Kyrgyz Republic and Tajikistan ($p < 0.05$). These results demonstrate that women who are situated in the poorest quintile are three times more likely to experience severe IPV in Tajikistan (OR=3.20), seven times more likely to experience severe IPV in Azerbaijan (OR=7.80), and over 90 times more likely to experience severe IPV in Ukraine (OR=91.6). Women who are situated in the poor quintile are almost three times at higher risk of severe IPV in Tajikistan (OR=2.76) and 25 times in Ukraine (OR=25.21). Being situated in the wealthier quintile compared to the wealthiest quintile multiplies the likelihood of severe IPV by two times in Kyrgyzstan (OR=2.65) and Tajikistan (OR=2.06).

Status characteristics. Among the status characteristics, two variables are significant in a few countries under investigation. *Being employed* is positively associated with severe IPV in Azerbaijan ($p < 0.05$) and Tajikistan ($p < 0.01$), and multiplies the risk of severe IPV by two times (OR=2.20 & OR=2.00, respectively). *Having a higher education* is associated with severe IPV in Moldova ($p < 0.05$), increasing the likelihood of severe IPV by 13 times (OR=13.47). Thus, according to these results, currently employed women in Azerbaijan and Tajikistan and women who possess higher education than their partners in Moldova are more likely to experience severe IPV.

Empowerment characteristics. Among empowerment characteristics, only *partner's controlling behaviour* is a statistically significant predictor of severe IPV in all five countries under investigation ($p<0.001$), increasing the risk of severe IPV by approximately 60 percent in Azerbaijan and Tajikistan ($OR=1.59$ & $OR=1.65$, respectively) and by 2.5 times in Kyrgyzstan ($OR=2.62$), Moldova ($OR=2.50$), and Ukraine ($OR=2.74$). *Justification of IPV by women* is positively associated with severe IPV in Azerbaijan ($p<0.01$), the Kyrgyz Republic ($p<0.05$), and Moldova ($p<0.05$), and increases the likelihood of severe IPV by 14 percent in the Kyrgyz Republic ($OR=1.14$), by 21 percent in Moldova ($OR=1.21$), and by 27 percent in Azerbaijan ($OR=1.27$). *Decision-making power* has no significant effect on lifetime occurrence of severe IPV at all. In sum, women whose partners demonstrate controlling behaviour are more likely to experience severe IPV in all countries of the FSU, while women who justify IPV are more likely to experience severe IPV in Azerbaijan, Kyrgyzstan, and Moldova but not in Tajikistan and Ukraine.

Experiential characteristics. *Alcohol consumption* is found to be related to severe IPV only in the Kyrgyz Republic and Tajikistan ($p<0.001$), and increases the risk of severe IPV by approximately four times ($OR=4.18$ and 3.92 , respectively). However, *witnessing IPV in the family-of-origin* is strongly associated with severe IPV in all five countries of the FSU ($p<0.001$). The results indicate that childhood exposure to IPV increases the risk of IPV in the subsequent relationships by 83 percent in Kyrgyzstan ($OR=1.84$), 2.5 times in Azerbaijan ($OR=2.74$) and Tajikistan ($OR=2.51$), three times in Moldova ($OR=3.20$), and over six times in Ukraine ($OR=6.43$). Thus, alcohol consumption by partners increases the likelihood of experiencing severe IPV by women

in Kyrgyz Republic and Tajikistan whereas observing fathers beating mothers increases the likelihood of severe IPV across all countries of the FSU.

Community-level characteristics. Community level variables predict severe IPV only in the Kyrgyz Republic. In particular, *one year increase in education in a community* in the Kyrgyz Republic increases the likelihood of severe IPV by 45 percent ($p<0.01$; $OR=1.45$). By contrast, *community support for partner's controlling behaviour* is negatively associated with severe IPV ($p<0.001$) and decreases the risk of IPV by 78 percent ($OR=0.22$). Therefore, women who live in a community with average educational attainment below post-secondary and women who live in a community with high levels of support for controlling behaviour of male partners are less likely to experience severe IPV compared to women who live in a community with higher educational levels and low level of community support for controlling behaviour of male partners.

Random-effect (rho). The findings indicate that intra-class correlations estimated for all countries are significant only in three of them, namely: the Kyrgyz Republic, Moldova, and Tajikistan. ICC in Azerbaijan and Ukraine are not significant. The possible explanation for that finding is that the independent variables of individual level are enough to explain severe IPV in these countries. The results of ICC estimations in the Kyrgyz Republic ($ICC=0.163$), Moldova ($ICC=0.207$), and Tajikistan ($ICC=0.133$) indicate that between 13 and 20 percent of variance in severe IPV in these countries originate in community level differences.

6.4.3. Regression results for coexistence of two forms of physical IPV. Table 6.4.3 reports the results from the multilevel multivariate logistic regressions (Model 3) to

examine the predictors of coexistence of two forms of physical IPV (less severe and severe IPV) in the countries of the FSU²⁰.

Demographic characteristics. Five independent variables are associated with coexistence of two forms of IPV. First, the *respondents' age* has mixed results: while in the Kyrgyz Republic, Moldova, and Ukraine the age of women is positively associated with coexistent IPV ($p < 0.001$ in Kyrgyzstan and $p < 0.01$ in Moldova and Ukraine) and increases its risk by 2-5 percent (OR varies between 1.02 and 1.05), in Tajikistan, they are negatively associated ($p < 0.05$) and reduces the risk of IPV by almost two percent (OR=0.98), and in Azerbaijan they are not associated at all. Thus, according to this result, older women in Kyrgyzstan, Moldova, and Ukraine are more likely to experience both forms of IPV while in Tajikistan, in contrast, older women are less likely to experience both forms of IPV.

The *number of children* is a statistically significant predictor of the coexistence of two forms of IPV in Azerbaijan and Moldova ($p < 0.05$) as well as in the Kyrgyz Republic and Tajikistan ($p < 0.001$), indicating that the greater number of children increases the likelihood of experiencing both forms of physical IPV by 14-17 percent (OR varies between 1.14 and 1.17). *Having a postsecondary education by women* is negatively associated with coexistent IPV in Moldova only ($p < 0.001$) and shows that having a college or university degree decreases the likelihood of experiencing of both forms of IPV in Moldova by 49 percent (OR=0.51). Similarly, negative relationships were found

²⁰ As it was mentioned earlier, the variable '*Coexistence of two forms of IPV*' is an index created of two binominal variables: '*Less severe IPV*' and '*Severe IPV*' and investigates if women experience only one form of IPV (less severe or severe) or they experience both forms (less severe and severe). It was also emphasized that the name of this variable is used interchangeably with '*Coexistent IPV*' or '*Coexistence of two forms of IPV*'.

between *area of residence* and severity of IPV in Tajikistan ($p<0.05$), which signifies that *living in rural areas* also decreases the likelihood of using both forms of IPV by partners in Tajikistan by 35 percent ($OR=0.64$). Finally, *occupying the poorest quintile* increases the likelihood of severity of IPV in Moldova by more than two times ($p<0.01$; $OR=2.28$).

Status characteristics. Two status characteristics are found to be significant predictors of IPV, but both are found in Moldova only. In particular, *having higher or equal education* and *earnings by women compared to men* are positively associated with coexistent IPV in this country ($p<0.01$), which demonstrates that women who have equal or higher education or earnings than their partners are more likely to experience both forms of IPV in Moldova. Educational differences in favour of women multiplies this risk by two times ($OR=2.00$) whereas earnings discrepancies increases it by 45 percent ($OR=1.45$).

Empowerment characteristics. Among empowerment characteristics, only *partner's controlling behaviour* is significant across all countries under investigation ($p<0.001$), which indicates that an increase in partner's controlling behaviour increases the likelihood of coexistent IPV by 39 percent in Tajikistan ($OR=1.39$), 71 percent in Azerbaijan ($OR=1.71$), 98 percent in Kyrgyzstan ($OR=1.98$), and by more than two times in Moldova and Ukraine ($OR=2.05$ & $OR=2.75$, respectively). *Justification of IPV by women* is positively associated in Azerbaijan ($p<0.001$), the Kyrgyz Republic ($p<0.001$), Moldova ($p<0.01$), and Tajikistan ($p<0.001$) but not in Ukraine. Women who justify IPV in more circumstances are more likely to experience both forms of IPV in these countries. Specifically, justification of IPV inflates the risk of coexistent IPV by ten percent in Tajikistan ($OR=1.09$), 14 percent in Moldova ($OR=1.14$), 17 percent in Kyrgyzstan

(OR=1.17), and 21 percent in Azerbaijan (OR=1.21). By contrast, in only two countries of the FSU, Azerbaijan and Moldova, *decision-making power* is associated with coexistence of two forms of IPV ($p<0.01$). Only in these countries are women who possess less decision-making power and whose partners make decisions regarding women's health, large household purchases, and how to spend his earnings more likely to experience both, less severe and severe IPV. In Azerbaijan, the likelihood of coexistent IPV is inflated by 15 percent (OR=1.15) whereas in Moldova, it is increased by almost 40 percent (OR=1.39).

Experiential characteristics. Both experiential characteristics are associated with severity of IPV in the FSU, except Ukraine where no relationship between *alcohol consumption* and severity of IPV is found. In Azerbaijan, the Kyrgyz Republic, Moldova, and Tajikistan *alcohol consumption* is a statistically strong predictor of coexistence of two forms of physical abuse ($p<0.001$). Women whose partners drink alcohol are roughly two to three times more likely to experience both forms of IPV than women whose partners do not consume alcohol at all (OR varies between 1.95 in Azerbaijan and 3.44 in Tajikistan). *Witnessing IPV in family-of-origin* is a strong predictor of coexistent IPV in all five countries ($p<0.001$). The coexistence of less severe and severe IPV is inflated by 4.5 times in Ukraine (OR=4.55) and by over two times in the rest of the countries under investigation (OR varies between 2.05 in Moldova and 2.45 in the Kyrgyz Republic) among women who observed their father beating their mothers as compared to women whose fathers did not beat their mothers.

Community-level characteristics. Only two community characteristics - *community level of education* and *support of partner's controlling behaviour by community* - are

associated with coexistent IPV, and only in the Kyrgyz Republic. An increase in level of education in community in Kyrgyzstan has a positive association with coexistent IPV and increases coexistence of two forms of IPV by 31 percent ($p<0.001$; $OR=1.31$). By contrast, living in a community which supports controlling behavior by male partners is a statistically significant protective factor against experiencing both forms of IPV ($p<0.001$) and decreases the likelihood of the coexistence of less severe and severe IPV by 44 percent ($OR=0.56$).

Random-effect (ρ). The multivariate logistic regression results for Model 3 indicate that intra-class correlation coefficients are significant in all five countries. Less than 10 percent of variance in severity of IPV is found in the Kyrgyz Republic (8.5 percent, $ICC=.085$), Moldova (9 percent, $ICC=.090$), and Tajikistan (9.9 percent, $ICC=.099$), which demonstrates that less than ten percent of variance in coexistence of less severe and severe IPV originate in differences between communities in these countries. The result of estimation of intra-class correlation coefficient in Azerbaijan ($ICC=.113$) indicates that 11.3 percent of variance in severity of IPV is due to between-community differences, while in Ukraine almost 20 percent of variance ($ICC=.197$) in severity of IPV resides in differences among communities.

6.4.4. Regression results for frequency of physical IPV. Table 6.4.4 presents the results of regression model for frequency of physical IPV (Model 4) and the individual- and community level variables.

Demographic characteristics. Among the demographic characteristics, significant associations are found between frequency of IPV and seven variables. First, *the age of respondents* is a statistically significant predictor of frequency of IPV in Tajikistan and

Ukraine ($p<0.05$). Importantly, in Tajikistan, this association is negative, meaning that an increase in respondent's age decreases the frequency of IPV by two percent ($OR=0.98$), whereas in Ukraine this association is positive, meaning that the increase in respondent's age increases the frequency of IPV by four percent ($OR=1.04$). The second independent variable that defines demographic characteristics, *the number of children*, is positively associated with frequency of IPV only in the Kyrgyz Republic ($p<0.01$), where the frequency of IPV is 12 percent higher ($OR=1.12$) in families with more children. The third predictor – *having postsecondary education* – is negatively associated with frequency of IPV in Moldova only ($p<0.01$), which indicates that having higher than high school education decreases the frequency of IPV in Moldova by 48 percent ($OR=0.52$).

The last four demographic characteristics associated with frequency of IPV are variables depicting *household wealth*. In particular, the odds of frequency of IPV are higher for the respondents who live in the first, *poorest wealth quintile* in Moldova ($p<0.001$; $OR=4.01$) and in the second, *poor quintile* in Moldova ($p<0.01$; $OR=2.44$) and Azerbaijan ($p<0.05$; $OR=1.98$). The respondents in the third, *middle quintile* have higher odds of frequency of IPV in Moldova and the Kyrgyz Republic ($p<0.05$; $OR=1.77$ & $OR=1.75$, respectively). Finally, the *wealthier quintile* is associated with the frequency of IPV in Moldova only ($p<0.05$; $OR=1.64$). Thus, women who occupy the poorest, poor, middle, and wealthier quintiles in Moldova, the poor quintile in Azerbaijan, and the middle quintile in Kyrgyzstan have a higher likelihood of experiencing frequent IPV compared to women who occupy the wealthiest quintile (reference category) in these countries. Specifically, in Moldova, the frequency of IPV is multiplied by four times for women who are situated in the poorest quintile, by two times for women who are situated

in the poor quintile, by 77 percent for respondents who are situated in the middle quintile, and by 64 percent for those who are situated in the wealthier quintile. The frequency of IPV is increased by 98 percent among women who are placed in the poor quintile in Azerbaijan and by 75 percent for women from the middle quintile in the Kyrgyz Republic.

Status characteristics. Status characteristics are significant predictors of frequency of IPV in the Kyrgyz Republic and Moldova only. In particular, *women's employment* increases the likelihood of frequent IPV by 31 percent in the Kyrgyz Republic ($p<0.05$; $OR=1.31$). However, *earning equal or more than a partner* is negatively associated with the frequency of IPV in the Kyrgyz Republic ($p<0.05$) and decreases the risk of frequent IPV by 32 percent ($OR=0.68$). Therefore, women who earn equal to or more than their partners are less likely to experience frequent IPV in that country. By contrast, in Moldova, this predictor is associated with frequency of IPV positively ($p<0.01$) and shows that in Moldova women who earn equal or more than their partners are 50 percent more likely to experience frequent physical abuse ($OR=1.50$) compared to women whose earnings are less than their partner's earnings. Finally, women with equal to or higher education compared to their partners are also positively associated with frequency of IPV in Moldova ($p<0.05$), which means that having higher educational level by women compared to their partners increases the likelihood of frequent IPV by 65 percent ($OR=1.65$).

Empowerment characteristics. As before, empowerment characteristics are associated with the frequency of IPV with two exceptions. First, *justification of IPV by women* is associated with the frequency of IPV in Azerbaijan ($p<0.001$), the Kyrgyz

Republic ($p<0.001$), Moldova ($p<0.001$), and Tajikistan ($p<0.01$), but not in Ukraine, and increases its likelihood by 9-18 percent (OR varies between 1.09 in Tajikistan and 1.18 in Azerbaijan). Second, while *decision-making power* is a significant predictor of the frequency of IPV and increases the risk by 20 percent in Azerbaijan ($p<0.01$; OR=1.20), by 63 percent in Moldova ($p<0.001$; OR=1.63), and by 76 percent in Ukraine ($p<0.05$; OR=1.76), it is not associated with frequency of IPV in the Kyrgyz Republic and Tajikistan. However, *partner's controlling behaviour* is strongly associated with the frequency of IPV in all five countries of the FSU ($p<0.001$). These results indicate that women whose partners demonstrate more controlling behaviour are more likely to experience frequent IPV. This risk is increased by 39 percent (OR=1.39) in Tajikistan, by 84 percent in Azerbaijan and Kyrgyzstan (OR=1.84), by two times in Moldova (OR=2.08) and over 2.5 times in Ukraine (OR=2.73).

Experiential characteristics. Experiential characteristics once again are found to be significantly associated with frequency of IPV across all countries of the FSU. The only exception is found with respect to *alcohol consumption* in Moldova, where no association between alcohol use and frequency of IPV was found. Nevertheless, the presence of partner's alcohol consumption in Azerbaijan, the Kyrgyz Republic, Moldova, and Tajikistan increases the likelihood of frequent IPV by two to three times ($p<0.001$; OR varies between 2.00 in Azerbaijan and 3.39 in Kyrgyzstan). Similarly, *witnessing IPV in family-of-origin* is strongly associated with the frequency of IPV ($p<0.001$) in all five countries of the FSU. The risk of frequent IPV is higher by 68 percent in Moldova (OR=1.68), 80 percent in Azerbaijan (OR=1.80), by two times in Tajikistan and

Kyrgyzstan (OR=2.23 and OR=2.65, respectively), and by over three and a half times in Ukraine (OR=3.78) among women who observed IPV in their childhood.

Community-level characteristics. Finally, only two out of four community-level variables are associated with the frequency of IPV in two countries of the FSU. In particular, *community educational level* is positively associated with frequency of IPV in the Kyrgyz Republic ($p<0.001$), which signifies that living in communities where more people have postsecondary education increases the likelihood of experiencing frequent IPV by 29 percent (OR=1.29). On the other hand, *community support for partner's controlling behaviour* has a negative association with frequency of IPV in the Kyrgyz Republic ($p<0.01$) and Tajikistan ($p<0.05$), and decreases the likelihood of experiencing frequent IPV by 39 percent in Kyrgyzstan (OR=0.61) and by 28 percent in Tajikistan (OR=0.72).

Random-effect (rho). Intra-class correlation coefficients estimated for Model 4 are significant in Azerbaijan ($p<0.001$), the Kyrgyz Republic ($p<0.001$), Tajikistan ($p<0.001$), and Ukraine ($p<0.05$), but not in Moldova. As reported in Table 10, the results indicate that 5.8 percent of total variance in frequency of IPV in the Kyrgyz Republic (ICC=.058), 9.5 percent in Tajikistan (ICC=.095), 12.6 percent in Azerbaijan (ICC=.126), and 19.6 percent in Ukraine (ICC=.196) originate in community-level differences.

Summary

The results of the descriptive statistics and regression analyses point to some interesting findings and patterns among the FSU countries. Some variables are indeed strong predictors of IPV in all of the five countries under investigation, while some of the

independent variables are predictors of IPV in only one or two out of five countries. The statistical analysis also indicates that a few independent variables have different effects. For example, in some FSU countries under investigation, certain variables are found to be statistically significant predictors of IPV, while in other studied FSU countries, these variables are found to be protective factors against IPV (e.g., woman's age and earning discrepancies between partners). In the following chapter the findings detailed in this chapter are discussed in connection to the socialist feminist and resource theories and in relation to the existing literature.

CHAPTER VII

Discussion

This chapter interprets the univariate descriptive statistics and the results of the multilevel regression analyses. Based on socialist feminist and resource theories and using supplemental theories such as the intergenerational transmission of violence theory and the proximal effects model, I provide a conceptual analysis of the risk and protective factors for IPV in the FSU. The discussion is divided into two sections based on: the level of analysis (individual or community) and characteristics of respondents (demographic, status, empowerment, or experiential). This type of categorization was used in previous research and was found to be useful way to discuss specific factors associated with IPV and to connect variables and theories. The explanation of the findings of this study linked to each theory is provided in the additional section of this chapter to solidify the connection between these theories and hypotheses. The chapter also discusses study limitations and contributions.

Prevalence of IPV in the FSU Countries under Investigation

IPV is one of the most common but least recognized form of human rights violation (Heise et al., 1999). Although IPV includes not only violence against women but also violent acts performed by women against their male partners, the evidence from research demonstrates that women are more likely to be victimized, and the consequences of such abuse are more damaging. IPV against women affects women in countries across the globe regardless of their age, social or economic status, class, race, ethnicity, and religion.

The purpose of this research was to find the predictors of IPV in the countries of the FSU where IPV has not been seen as a serious social problem. Using samples from five countries of the FSU, this study examines prevalence of IPV in Azerbaijan, the Kyrgyz Republic, Moldova, Tajikistan, and Ukraine and analyzes associations between individual-level and community-level characteristics and lifetime occurrence of IPV, experience of both less severe and severe IPV, and frequency of physical IPV across these FSU countries. Guided by socialist feminist and resource theory, this study aims to explain the phenomenon of IPV in this region. This chapter discusses the results of the multivariate analysis and reviews the tested hypotheses.

The results of this study demonstrate that IPV is not a rare phenomenon in the countries of the FSU. Approximately 18 percent of women in this region have experienced IPV at some point of their lives. The lowest rate of lifetime occurrence of less severe IPV was found in Ukraine (12.5 percent) and the highest rate of lifetime occurrence of less severe IPV was reported in the Kyrgyz Republic (26.4 percent). The less severe IPV rate in Moldova is 22.3 percent, while in Azerbaijan and Tajikistan the rate of life-time occurrence of IPV is 14.4 percent and 17.5 percent, respectively. The severe IPV rate is similar across all five countries and varies between 3-5 percent, with the highest rate found in the Kyrgyz Republic (5.5 percent). These results are similar to findings in some other developing countries, such as South Africa, Cambodia, and Bangladesh. Studies in these countries demonstrate that the lifetime prevalence of IPV varies between 19 and 25 percent, prevalence of severe IPV varies between 0.5 and three percent, and the rate of reported IPV varies between 10 and 20 percent (Jewkes et al., 2002; National Institute of Statistics, Directorate General for Health, & ICF International

2015; Rahman et al., 2011). These results are also consistent with findings in some developed countries. Specifically, research in Canada, the USA, Great Britain, and Japan indicates that the prevalence of life-time IPV in these countries varies from 10 to 26 percent (Garcia-Moreno et al., 2006; 2005; Michalski, 2005).

The FSU countries are a complicated case where cultural and religious²¹ traditions, state socialism and atheism under supervision of the USSR, ethnic diversity, nationalism, civil conflicts, and, finally, significant transformation of political, economic, ideological, and social structures of societies caused by the collapse of the USSR, all interplay and affect the gender norms and women's social status. The findings of this research indicate that the nature of IPV in the FSU is intrinsically linked to the both macro- and micro-level contexts in which such violence occurs. In the next section of this chapter, the specific micro- and macro-level characteristics and their associations with IPV in the FSU countries in accordance with the developed hypotheses are discussed, and theoretical explanations of the findings are provided (a table summarizing the hypotheses and findings can be found in *Appendix G*).

Individual Level Variables

Demographic characteristics. The first group of hypotheses examines the relationships between women/household demographic factors and IPV in the FSU countries. As emphasized earlier, previous research found that women's age, education, number of children, wealth status and areas of residence may be statistically significant indicators of IPV. The results of the present study also document associations between

²¹ Initially, the variable *Religion* was intended to be included in the statistical analysis. However, the DHS does not include religion in its data for the most recent surveys such as those surveys conducted in Tajikistan and the Kyrgyz Republic. Therefore, the variable *Religion* was removed from the regression models to maintain comparability across the countries.

certain demographic characteristics and IPV, which are theoretically explained in the section below (see Figure I for a visual summary of the results for the demographic characteristics among the five countries under investigation).

Figure I
Demographic Characteristics

	Azerbaijan (N=4299)	Kyrgyzstan (N=4831)	Moldova (N=4590)	Tajikistan (N=4401)	Ukraine (N=2416)
Woman's age		↑	↑	↓	↑
Number of children	↑	↑	↑	↑	
Post-secondary education			↓		
Rural area of residence				↓	
Household wealth	↑	↑	↑	↑	↑

Hypothesis 1: The likelihood of less severe and severe IPV, the coexistence of less severe and severe IPV, and frequency of IPV is greater for older women in Azerbaijan, the Kyrgyz Republic, Moldova, Tajikistan, and Ukraine.

The results of this study provide evidence that women's age is a factor associated with IPV. However, some complexities were found. In particular, it was found that an increase in women's age decreases the risk of experiencing both forms of IPV and frequent IPV by approximately two percent in Tajikistan. This finding is consistent with the research in Bangladesh which also shows that older women are at a lower risk of experiencing IPV (Rahman et al., 2011). The results from the other countries of the FSU included in this study indicate that a one year increase in women's age increases the likelihood of life-time occurrence, coexistence, and frequency of IPV by 2-5 percent in

the Kyrgyz Republic, Moldova, and Ukraine. It may be suggested that the results found in Tajikistan are influenced by heavy patriarchal traditions and the Islamic culture of this society, which has strict family hierarchy norms and gender roles, and strong customs of intergenerational family control (Haarr, 2007; Temkina, 2006). In particular, similar to Bangladesh, the attitude to older women in Tajikistan may be determined by the hierarchical structure of Tajik families, traditional Tajik-Islamic culture, and heavily patriarchal norms which emphasize the submission of 'younger' family members to older ones, which may further be aggravated for young women by a tradition of living in a husband's house with his parents (Haarr, 2007; Temkina, 2006). Younger women have low status, are not permitted to argue or express their will and must obey to older women (i.e., husband's mother, older sisters or sisters-in-law). In order to 'teach' young women to be submissive and corroborate men's power (especially in situations when a young man feels his position in a family is not very strong due to the authority of his father), violence may be used as a means of control and domination (Haarr, 2007). Eventually, when a woman becomes a mother and gets older and/or after the death of older women in the family, her position in the family and social status rise. The dominant position of her partner also becomes solidified and is not required to be confirmed by abuse. This explanation corresponds with socialist feminist arguments that status is a significant factor affecting gender and family relations: higher social status may protect women from victimization, whereas women with lower status are more likely to be abused.

The positive relationships between women's age and IPV found in this study (with the exception of Azerbaijan and Tajikistan) provide support for the socialist feminist theory. In the post-Soviet countries, like in other countries world-wide, women are the

primary care-giver for children and elder family members, and this is the primary reason they sacrifice their career (Chernyak & Barrett, 2011; O’Leary et al., 2008; Marsh, 1996; Taraban, 2002). As a result, while getting older, many women may not have a well-paid job, do not have much savings, and cannot rely on their own income.

There are other factors specific to the FSU countries that may impact women, and especially older women. The Soviet era was characterized by a low unemployment rate and greater opportunity for women to find a job that allowed them to earn enough money to ensure their well-being, guaranteed regular payments, child benefits, and pensions. Thus, women were protected by state laws and regulation of the labour market. In addition, the educational system in the USSR supported women’s employment by providing them with affordable (most often free) programs and services for children. In particular, there were a large number of kindergartens opened from 6am until 7pm (some of them were running on a 24-hour-basis, and children were taken home only for weekends and holidays); public schools offered many extracurricular activities and some schools had an extended-day programs; and the government also established and sponsored various sport, artistic, and educational programs for children and youths.

After the collapse of the USSR and the subsequent independence of the former USSR republics, women lost government support and protection in the labour market. Many women lost their jobs, had to obtain another qualification, or received reduced wages. Older women were affected more critically. Some women perceived this as an injustice and did not want to move into another profession (sometimes, low-skilled and less prestigious than they had before) after many years of working experience as professionals. Many women did not have many opportunities to get another profession

due to their home responsibilities or limited mobility because of the lack of transportation or financial resources. Besides, older women have to compete for the job with young women, and in many circumstances their age was a significant disadvantage for prospective employers (Attwood, 1996, Jackson, 1992; Marsh, 1995).

In addition, the FSU countries have a strong patriarchal ideology which results in women's perception of marriage as something very important and necessary. Divorce in these societies is not accepted positively and is not widely supported, which often influences women to stay in abusive relations. Thus, women are more likely to be dependent on their partners financially and socially and thus cannot escape or stop violence against them, which is used by their male partners as a form of instrumental power utilized to create fear and to shape women's behaviour (Walby, 2009). This situation is intensified for older women who have a long-time relationships with their partners and do not want or are afraid of any changes in their life.

Hypothesis 2: An increase in number of children in a household increases the likelihood of less severe and severe IPV, the coexistence of two forms of IPV, and frequency of IPV in the FSU countries.

The results of this study lend modest support to this hypothesis. Whereas an increase in the number of children increases the risk of less severe IPV and coexistence of IPV by 14-18 percent, it is not associated with severe IPV and frequency of IPV in the FSU (except in the Kyrgyz Republic). However, in Ukraine, which has the lowest average number of children per family, an increase in the number of children is not associated with IPV at all. The association of IPV with the increase in the number of children may be explained by the argument that in families with more children men use less severe IPV

as a means to demonstrate authority, shape partner's behaviour, and prove his case but not frequent IPV in order to avoid serious injuries to their female partners that could hamper their main tasks of taking care of them and their children. The results of this research are similar to earlier studies (described in Chapter III and Chapter IV) that included this characteristic in their analyses and indicated that having more children increases the likelihood of experiencing IPV.

According to the socialist feminist theory, children play an essential role in developing family relations and establishing certain marital norms that often results in the subordinated position of women (Armstrong et al., 1985; Vogel, 1995). In particular, having more children may hamper women's employment and educational opportunities, which may lead to their dependency on their partners. The state incentivizes women to choose being stay-home mothers and to have more children through establishing specific policies, developing certain forms of child support programs and family subsidies, and regulating the terms and conditions of employment (e.g., sick days or maternity leaves) in ways that benefit women and families more if women do not work, for example, paying child support or subsidy. Socialist feminist theorists argue that these are mechanisms that the state utilizes to control woman's participation and engagement in the labour and fortify patriarchal family formations and male authority over women in the domestic sphere (Barrett, 1980; Jackson, 1992; Ferguson & Folbre, 1981; Mitchell, 1971; Young, 1990). In addition to that, women with more children are at greater risk of IPV, perhaps because they may not end their violent relationships for the sake of their children, desiring instead to maintain their 'full' family with two parents.

Hypothesis 3: Women who completed post-secondary education are less likely to experience less severe and severe IPV, coexistence of two forms of IPV (less severe and severe), and frequency of IPV in the FSU.

Except for Moldova, post-secondary education is not associated with IPV in the analyzed countries. Similar to previous research discussed in Chapter IV, the current study found that in Moldova, a post-secondary degree, which is possessed by nearly 20 percent of women, is a protective factor against IPV and decreases the likelihood of women's victimization by almost 50 percent. Specifically, women in Moldova with completed post-secondary education are less likely to experience less severe IPV, both forms of IPV, and frequent IPV.

This finding in Moldova corroborates socialist feminist theory, which posits that higher levels of education serve to provide women with more ways for financial independence from their male partners and more alternatives to escape from violent relations. For socialist feminists, education is one of the most essential factors that lead to women's well-being while lack of education, by contrast, is a risk-marker of IPV since it is strongly bound with financial dependency, lower mobility, additional household responsibilities, low self-esteem, and inability to combat patriarchal family norms (Bates et al., 2004; Brownridge, 2009; Choi & Ting, 2008; DeKeseredy, 2011; Walby, 2009).

Hypothesis 4: Living in a rural area will decrease the risk of lifetime occurrence, coexistence of less severe and severe IPV, and frequency of IPV in the FSU.

Similar to the previous hypothesis, this hypothesis was supported only in one out of five countries under investigation. This study found that in Tajikistan, where approximately 60 percent of respondents live in a rural area, rural residence decreases the

likelihood of less severe IPV and experiencing of both forms of IPV by 35-37 percent.

Although some of the previous research on IPV world-wide indicates that living in a rural area increases the risk of IPV (Brownridge, 2008; Haj-Yahia, 2000; Lawoko et al., 2007), results from research in Peru, Zambia, and Bangladesh are consistent with findings of this study in Tajikistan (Flake, 2005; Klomegah, 2008; VanderEnde et al., 2015).

This finding supports resource theory, which emphasizes the direct link between resources and IPV. Guided by the resource centered arguments, I suggest that women who live in a rural area have limited access to various resources, such as education, health care services, transportation, well-paid or more prestigious jobs, recreational activities, mass media, and other sources of information; they often work in the lowest-paid agricultural sector, in particular on farms with wages that are insufficient to live on, or are not employed outside the home. Therefore, they may accept patriarchal traditions and do not challenge the existent social and family norms. As a result, their male partners may not need to utilize violence in order to maintain their power, as suggested by resource theorists, because on the one hand, their authority is not challenged and, on the other hand, there are other resources available to them, for example, a more prestigious job, higher income, or better educational attainment.

This may explain the results of this study, which found an association between a rural area of residence and IPV only in Tajikistan. Tajikistan is a country where the majority of the population live in rural areas and the main economic activity in the country is agriculture, in particular, cotton production (SA, Ministry of Health, & ICF International, 2013). Compared to men living in urban areas, men in rural areas may have more opportunities to demonstrate their dominance, for example through their steady jobs

(even not high paid), higher earnings and occupying more prestigious position compared to their female partners who work on a less prestigious and less paid work (Sharipova & Fabian, 2010; Temkina, 2008). In addition to that, patriarchal traditions and gender norms are more likely to be better preserved in rural areas compared to urban areas, which also supports men's position in a family as 'master of the house'. This argument is supported by the results of the descriptive statistics, according to which the majority of men in Tajikistan are employed (almost 98 percent) and have higher earnings than their female partners (90 percent). It is also reasonable to assume that the high level of migration in Tajikistan concerns more men from urban areas where the situation regarding employment is worse than in rural areas. After a long period of their absence, upon returning men may feel that their status was depreciated while their female partners, in turn, encroached on the head of the household position. Violence in these circumstances may be used as a means for re-establishing men's superiority in their families.

Furthermore, people who live in an urban area may experience more stress, social isolation, alienation, and economic hardship than people from a rural area who may have close or even familial relationships with their neighbours and may have stronger ties with their communities (Klomegah, 2008). These conditions may aggravate family or spousal relations and contribute to IPV as was demonstrated in the results in Tajikistan.

Hypothesis 5: Being situated in the poorest, poor, middle, and wealthier quintiles compared to being situated in the wealthiest quintile increases the likelihood of life-time occurrence less severe and severe IPV, coexistence and frequency of IPV in the FSU compared to being situated in the wealthiest quintile.

This hypothesis was partly supported by the results of the present study, which are consistent with findings from previous research in the FSU and other developing countries discussed in Chapter IV. In Moldova, being situated in the poorest quintile increases the risk of less severe IPV and coexistent IPV by two times. The likelihood of severe IPV is increased by seven times when women are situated in the poorest quintile in Azerbaijan, in Tajikistan by three times, and Ukraine by 91 times. For women who are situated in the poor quintile, the risk of severe victimization is increased by two times in Tajikistan and by 25 times in Ukraine. Frequency of IPV is inflated for women in the poorest quintile in Moldova by four times, in the poor quintile in Azerbaijan by almost two times, and in Moldova by almost 2.5 times, in the middle quintile in Kyrgyzstan and Moldova by over 75 percent, and in the wealthier quintile in Moldova by 64 percent. These findings demonstrate that although the extent of association between IPV and household wealth status varies among countries of the FSU, it is a significant risk factor of IPV in the countries under investigation, except Ukraine.

Drawing on resource theory, there is one explanation for this phenomenon. In the poorest and poor quintiles men are more likely to have a low-paid job or no job at all, a low-prestigious and low-waged job, lower level or lack of education, and overall, low social status. As emphasized by resource theorists, low-income people, especially men, may suffer greater frustration, stress, and anxiety caused by their low prestige and lack of influence in the community (Goode, 1971; Jewkes, 2002). As also suggested by resource theorists, men who have limited or no resources to demonstrate their dominant position and reinforce their authority may use violence as a resource available to them. The partners from the middle or wealthier households may deploy violence to maintain their

superior position if they also feel that their position is weakening and their social status is under threat, for example due to their partners' employment status and/or earnings (Goode, 1971). As a result, some men try to maintain their authority and demonstrate their power men through employing physical violence.

Status characteristics. This group of hypotheses includes characteristics that describe the status of women or their partners, such as employment and differences among partners in regards to their education attainment and earnings. The examination of these characteristics indicates that not all of them are statistically significant predictors of IPV (i.e., partner's employment) and not in all of the FSU countries (see Figure II for a visual representation of the results for status characteristics among the FSU countries).

Figure II
Status Characteristics

	Azerbaijan (N=4299)	Kyrgyzstan (N=4831)	Moldova (N=4590)	Tajikistan (N=4401)	Ukraine (N=2416)
Woman employed	↑	↑		↑	
Partner employed					
Higher/equal education of women			↑		
Women higher/equal earnings		↓	↑		

Hypothesis 6: Women who are employed are more likely to experience less severe and severe IPV, coexistence of less severe and severe IPV, and frequent IPV in the FSU societies.

The findings from the multivariate statistical analyses provide partial, modest support for this hypothesis. Women's employment increases the likelihood of severe IPV

in Azerbaijan and Tajikistan by two times and the frequency of IPV in the Kyrgyz Republic by 31 percent. These findings are consistent with the prior studies described in Chapter III and support the idea that women's employment is not necessarily a protective factor but may be a trigger for partner's violence because it affects power dynamics within heterosexual intimate relationships; more specifically, it gives women more autonomy and challenges or threatens men's authority.

Resource theory can be used to interpret these findings. First of all, women's employment in the above-mentioned FSU countries is not common. More specifically, only 20-30 percent of women in Azerbaijan, Tajikistan, and the Kyrgyz Republic work outside of the home, compared to 66 and 79 percent in Moldova and Ukraine respectively. As mentioned in Chapter III, women's employment in such countries may create a tension between partners and lead to violence due to marital dissatisfaction and failure for both partners to conform to gender-based roles and expectations. Second, as mentioned earlier, women in the post-Soviet countries often occupy low-paid and low-prestige positions, which negatively impact their social status in the family. Even though they are employed, women in the FSU still do not have financial independence and must rely on their partners' income for financial sustenance. In a situation where a woman experiences IPV, not having enough money to financially support herself and her children and not owning any property (which is often a case in the countries of the FSU), a woman cannot escape from the dangerous environment and instead may stay with her abusive partner. Her inability to escape or stop IPV may further aggravate the IPV because her partner realises that his violent behaviour does not have any negative effects on him. As a result, this may lead to more severe and more frequent incidents of IPV.

Third, despite being employed, women still are primarily responsible for children and all of the domestic chores. Women in the FSU are expected to fulfill their 'womanly duties' and, therefore, must balance between their paid-jobs and family. This creates additional tensions in relationships, may cause stress and partner's discontent, which in turn may lead to violence. Finally, women working outside the home may threaten men's masculinity because they occupy positions in the labour market that could be filled by men or traditionally belonged to them (e.g., managerial jobs) and thus have become competition. Furthermore, the results of this study show that women's employment is associated with severe and frequent IPV, which means that women may be injured more seriously as a result of this IPV. The severe violent acts that lead to serious injuries may be used by men with the aim (deliberately or not) to impede woman's work and make her quit her job.

Hypothesis 7: Partner's employment decreases the likelihood of less severe and severe IPV, coexistence of less severe and severe IPV, and frequent IPV in Azerbaijan, the Kyrgyz Republic, Moldova, Tajikistan, and Ukraine.

Guided by resource theory, it was hypothesized that men who are employed are less likely to use violence against their female partners because they have other resources to maintain their authority in a family and their dominant position in their family is not challenged. However, the results of this study documented no relationships between IPV and partner's employment, which may be a result of little variation in this variable. According to the results of the descriptive statistics, the majority of men in the FSU countries (between 89 and 99 percent) are employed. Thus, it may be supposed that men's employment is regarded as typical in these countries and corresponds to traditional family

relations and gender expectations. Under circumstances in which men do not need to support or re-establish their authority, they do not need to utilize physical force because they have other resources (e.g., job or income) to maintain their dominant position in their families, as suggested by resource theorists and was discussed in Chapter IV.

Hypothesis 8: Women who have a higher educational level compared to their partners are more likely to experience less severe and severe IPV, coexistence of two forms of IPV, and frequent IPV in the countries of the FSU.

This hypothesis is partly supported by the findings in this study; more specifically, in Moldova women with higher educational attainment than their partners are 81 percent more likely to experience less severe IPV, 13 times more likely to experience severe IPV, two times more likely to experience coexistent IPV, and over 65 percent more likely to experience frequent IPV. These results are similar to the results documented in a study in Peru (Flake, 2005), where women with a higher level of education compared to their partners were found to be at higher risk of physical IPV.

These results empirically support the resource theory which suggests that when women possess more autonomy and power, and have higher social status, men may feel that women defy men's hegemony and contest the traditional gender expectations. Women with a comparatively higher education than their partners may be more outspoken and able to defy patriarchal societal norms, which, according to resource theory, increases the likelihood of IPV. By contrast, less-educated men may not have access to resources to demonstrate their authority. As a result, some men may ascertain their superior position over their partners using violence. However, since the positive association between IPV and educational level differences was found in Moldova only, it

is reasonable to conclude that this predictor variable is not a significant factor for IPV in the countries of the FSU as a whole.

Hypothesis 9: FSU women who earn equal or more than their partners are at higher risk of experiencing less severe and severe IPV, experiencing both forms of IPV, and experiencing IPV frequently.

The results of this study support this hypothesis only partially and point to an interesting paradox. On the one hand, the findings indicate that women's superior earnings increase the likelihood of women's victimization by approximately 45-50 percent in Moldova, where 33 percent of respondents indicated earnings discrepancies. These findings are congruent with the resource theory and suggest that women's equal or higher earnings relative to their partners' earnings increases exposure to IPV. This is particularly the case in patriarchal societies (Atkinson et al. 2005; Choi & Ting, 2008). As stated earlier in Chapter IV, earnings, as an indicator of a person's social status in many respects, challenge male hegemony and violate traditional gender norms, which may lead to IPV as one of the means for men to reinforce their superior position and maintain a semblance of power (Fox et al., 2002; Jewkes, 2002; Mann & Takyi, 2009). On the other hand, this study also found that in the Kyrgyz Republic, where nearly 14 percent of women have equal or higher earnings compared to their partners, women's superior earning may be a protective factor against IPV as it decreases the risk of less-severe IPV and frequent IPV by approximately 30 percent.

The results of the present study are similar to the results of a study conducted by Choi et al. (2014) in Hong Kong wherein a similar contradiction was found. Choi et al.'s (2014) analysis showed that higher wages by women relative to their partner's increased

the likelihood of IPV. They argue that women report the most violence when both partners are employed and a woman earns more (Choi et al., 2014). The result of Choi et al.'s study is similar to the findings in Moldova, where women reported more violence related to the income discrepancies between partners. While 89 percent of male partners are employed, 66 percent of female partners are employed as well. These results may indicate that in Moldova it is more common that both partners are employed, but when women earn more (33 percent of women reported higher relative income), it threatens male authority and may lead to IPV.

In Kyrgyzstan, the results of the descriptive statistics indicate that while only 34 percent of women are employed, only 14 percent reported equal or higher earnings compared to that of their partners. Thus, it may be suggested that in the Kyrgyz Republic, women's employment is not very typical and more women are financially dependent on their partners having a job, which, according to resource theory, protects them against IPV because they do not challenge hegemonic masculinity. Furthermore, the findings in Kyrgyzstan may also be explained by the argument by Choi et al. (2014) that a woman's economic power may protect her from physical abuse at the hand of her financially dependent partner when her income is essential for family survival. The economic crises caused by the collapse of the Soviet Union and subsequent transition to capitalism resulted in extremely difficult economic conditions with high social and economic costs, massive shut-downs in the industrial sector, unemployment, and poverty. In this context, women's ability to financially contribute to the family budget, especially in a society where women's employment is not very common (i.e., in Kyrgyzstan), can be considered commendable rather than reprehensible and may not be regarded as a threat to men's

status. It is reasonable to assume that in these economic circumstances, women's income is essential for the family or may be the only income (if her partner is unemployed and dependent on his female partner), which may discourage men from using physical abuse because of the possible risk of divorce and loss of partner's income. However, in order to explain these contradictory results, it is necessary to further examine the social and economic contexts and individual and household circumstances.

Empowerment Characteristics. In this section, the group of hypotheses developed for empowerment characteristics are discussed. Variables measuring empowerment characteristics were created as indexes and are based on three sets of questions about women's decision-making power, women's autonomy, and their partner's controlling behaviour. In contrast to the previous two groups of hypotheses, most of the empowerment characteristic hypotheses were supported by the results of this study (see Figure III below for a summary of the results for empowerment characteristics below).

Figure III
Empowerment Characteristics

	Azerbaijan (N=4299)	Kyrgyzstan (N=4831)	Moldova (N=4590)	Tajikistan (N=4401)	Ukraine (N=2416)
Justification of IPV	↑	↑	↑	↑	
Decision-making power	↑		↑		↑
Partner's controlling behaviour	↑	↑	↑	↑	↑

Hypothesis 10: Justification of IPV by women increases the likelihood of life-time occurrence of less severe and severe IPV, coexistence of the both forms of IPV and frequency of IPV in the post-Soviet countries under investigation.

Consistent with the literature described in Chapter III and Chapter IV, the current study demonstrates that justification of IPV by women increases the experience of IPV among women in the countries of the FSU, except Ukraine. It may be speculated that this hypothesis was not supported in Ukraine due to lack of variation in the variable *Justification of IPV by women*, as relatively few women justify IPV in this country compared to the other countries under investigation (see Table 5.2 and 6.2 for descriptive statistics of IPV predictor variables used for indexes). The descriptive results demonstrate that four out of five questions included in the index *Justification of IPV by women* had less than one percent affirmative responses. Thus, IPV is not widely justified in Ukraine and is not associated with increased or decreased IPV, whereas this association was found in the other four countries of the FSU.

In Azerbaijan, justification of IPV by women increases the risk of less severe IPV and coexistent IPV by 21 percent, severe IPV by 27 percent, and frequent IPV by 17 percent. In Kyrgyzstan, Moldova, and Tajikistan justification of IPV increases the likelihood of less severe IPV, coexistence of two forms of IPV, and IPV frequency by 10-16 percent. Justification of IPV increased the lifetime occurrences of severe IPV by 14 percent in Kyrgyzstan and by 21 percent in Moldova.

These results support socialist feminist theory which posits that the patriarchal social structure of society is fundamental in shaping gender roles, women's status, and the position of women in society. Women's justification and, as a result, acceptance of IPV

in certain situations, are based on the patriarchal beliefs about the superior position of men. For socialist feminists, patriarchy is a mode of power relationships and domination (Barrett, 1980; Hartmann & Markusen, 1980; Mitchell, 1971). However, it is not a uniform but rather a complex, multifaceted phenomenon that is embedded in culture, economics, and politics. Patriarchy can manifest itself in different ways, for example, through strict gender roles where men are expected to be breadwinners. Patriarchy encourages the economic and social subordination of women, which is further reinforced by capitalism, under which women experience patriarchy intersected with social inequality caused by a sexual division of labour, unequal wages for equal work, sexual harassment on the job, uncompensated domestic work, and the public-private separation (Armstrong et al., 1985; Jaggar, 1983; Mitchell, 1971).

Patriarchal ideology in the FSU societies is supported by the capitalist economy that creates an environment for women to be dependent on their partners. A combination of patriarchy and capitalism thus provides a strong framework for family/spousal relations with certain gender norms, expectations, and stereotypes, according to which women are subordinated to men and should follow the rules (Armstrong et al., 1985; Jaggar, 1983; Mitchell, 1971). In particular, according to gender expectations, it is a woman's job to take care of children and prepare meals; a woman should not argue with her partner and refuse to have sex when he wants; and she should tell her partner where she goes. These scenarios demonstrate the patriarchal approach to family/spousal relations.

The descriptive results of this study show that almost half of the respondents justify IPV if a woman does not tell her partner where she goes in Azerbaijan and Tajikistan, approximately 30 percent of women accept IPV if they neglect their children in

Azerbaijan, the Kyrgyz Republic, and Tajikistan, and more than a third of the respondents justify physical violence if they argue with their partners. By justifying IPV, women demonstrate not only their acceptance of IPV as a means of punishment for their ‘mistakes’ and misbehaviour, but may implicitly permit their partners to use violence. Thus, these women may not make any efforts to combat violence against them or develop mechanisms or strategies to prevent IPV, but instead blame themselves for the abusive situation.

Hypothesis 11: Decision-making power of women increases the probability of experiencing less and severe IPV, coexistence of less severe and severe IPV, and frequency of IPV in the countries of the FSU.

The findings from the current study indicate that decision-making power of women may indeed increase the risk of women being physically abused by their intimate partners. The results, however, are not uniform. Decision-making power increases the likelihood of less severe IPV and IPV frequency in Azerbaijan by 15-20 percent, in Moldova by 40 and 63 percent respectively, and in Ukraine approximately by 70 percent. However, it is associated with coexistent IPV and increases the likelihood of experiencing both forms of IPV only in Azerbaijan (by 15 percent) and Moldova (by almost 40 percent), but not in Kyrgyzstan, Tajikistan, and Ukraine. Decision-making power is not associated with severe IPV in any of the countries under investigation. Thus, these results partially support the hypothesis and provide modest evidence to support socialist feminist theory.

Socialist feminism explains IPV as a result of men's authority and unequal power relations caused by patriarchy and capitalism. The feminist literature and data from

multiple countries discussed earlier in Chapter III and Chapter IV suggest that decision-making ability is a mark of women's autonomy, which challenges the patriarchal structure and may create tensions and conflicts. In the patriarchal structure, no decision should be made without 'approval' or at least notification of 'the head' of the family (Anderson & Kras, 2005; Kaukinen, 2004; Xu et al., 2011). Whereas a male partner plays a leading role and his female partner is expected to show respect for him, the fact that a woman makes a decision without telling her partner or asking her partner's advice may be perceived as a challenge to his authority and a threat to his power and control. In order to enforce male hegemony and to keep women subservient to comply with the societal norms, men may utilize violence (Barrett, 1980; Dobash & Dobash, 1979; Flake, 2005; Temkina, 2006; Young, 1990). Therefore, women in a male-dominated social environment who have more autonomy and possess more power to make decisions may be at higher risk of IPV, which is supported by the findings of this study in Azerbaijan, Moldova, and Ukraine.

Decision-making power in this study was primarily operationalized based on women's ability to make decisions on their own health and domestic issues (such as making household purchases), which are traditionally regarded as the purview of women and not 'men's business' (Barrett et al., 2012). Thus, in some patriarchal societies women's decision-making ability are viewed as an affirmation of gender traditionalism (i.e., men are not involved in a shopping for food and basic necessities) and not linked to power and autonomy of women and, therefore, are not a marker of IPV as demonstrated by the findings in Tajikistan and Kyrgyzstan.

Hypothesis 12: Women whose partners exhibit more controlling behaviour are more likely to experience less severe and severe IPV, coexistence of the both forms of IPV, and frequent IPV in the countries of the FSU.





The findings from this study provide robust empirical support for this hypothesis. In all of the five countries in the region the partner's controlling behaviour indeed increases the risk of IPV. In particular, in Tajikistan partner's controlling behaviour increases the risk of less severe, severe, coexistent and frequent IPV by 35-65 percent, in Azerbaijan by 60-80 percent, in Kyrgyzstan by 80-90 percent (except for severe IPV where the risk is multiplied by 2.5 times), while in Moldova and Ukraine the risk is multiplied by 2-2.5 times. Therefore, these findings provide empirical validation of socialist feminist theory, which suggests that gender-based violence is an outcome of the dominant position of men exhibited through partner's controlling behaviour in patriarchal society combined with a capitalist economic system that regulates power dynamics in favour of men and establishes a framework in which women are dependent on men (Dobash & Dobash, 1979; Vogel, 1995; Walby, 2009).

The countries of the FSU, as was discussed in Chapter II and Chapter III, operate under a capitalist economy with patriarchal traditions that uphold the submissive status of women and relegates women to the private domain. The idea of women's submissiveness is very pervasive and widely supported in the post-Soviet societies by the FSU governments and religious institutions, which promote patriarchal norms and regulations. As a consequence, this idea of women's subordinate position impacts family relations, influences women's self-perception, hinders women's liberation, and permits men to take total control over women.

The descriptive results of this study indicate a high proportion of the respondents (between 40 and 75 percent) in all FSU countries confirmed that their male partners are jealous when they talk with other men and that their male partners insist on knowing where they are. Men with a high degree of jealousy may be more likely to demonstrate a higher degree of controlling behaviour. Furthermore, it may be speculated that men who exhibit a high degree of control over their female partners do not feel secure in terms of their masculinity and position in the family. In order to make women conform to their traditional gender roles, undermine women's freedom, and exercise their control over women, some men may utilize violence against their female partners. Thus, as the findings of the present study suggest, the partner's controlling behaviours increases the risk of women's victimization.

Experiential characteristics. The experiential characteristics include characteristics which are based on specific practices an individual (i.e., respondents and their partners) experience at some point of their life and which could be linked to the experience of IPV by women during adulthood/current intimate relations. This group of hypotheses examine two factors: alcohol consumption by women's partners and interparental violence observed by women during their childhood. The findings indicate that both of these factors are statistically significant and consistent predictors of the IPV in all of the five countries of the FSU (see Figure IV below for a summary of the results for the experiential characteristics). These results are similar to those in previous studies conducted in other developing countries across the world.

Figure IV
Experiential Characteristics

	Azerbaijan (N=4299)	Kyrgyzstan (N=4831)	Moldova (N=4590)	Tajikistan (N=4401)	Ukraine (N=2416)
Partner's alcohol					
Witnessing IPV in the family-of-origin					

Hypothesis 13: Alcohol consumption is positively associated with less severe and severe forms of IPV, coexistence of the both forms of IPV, and frequency of IPV in Azerbaijan, Kyrgyz Republic, Moldova, Tajikistan, and Ukraine.

The results of the present study demonstrate strong links between drinking alcohol and IPV in the FSU countries. Moreover, this research generated some interesting findings that were not found and discussed in prior research. In Azerbaijan, Moldova, and Ukraine alcohol use by partner inflates the likelihood of lifetime occurrence of less severe IPV, coexistence and frequency of IPV by two times but does not have any relationship with severe IPV. In Kyrgyzstan and Tajikistan, alcohol consumption by partners increases the likelihood of less severe and severe IPV, coexistence and frequency of IPV by 3-4 times.

These results are consistent with findings in studies conducted in developed and developing countries world-wide, including some countries of the FSU in particular, as

discussed in Chapter IV, and provide robust support for socialist feminist theory. While in the FSU societies alcohol consumption and consuming large amounts of alcohol is generally equated with masculinity (Attwood, 1996; Fabian, 2010; Dudwick et al., 2003; Sharipova & Fabian, 2010), masculinity deficiency is often expressed through drinking alcohol and alcohol-related violence, in particular IPV (De Visser & Smith, 2007; Hinote & Webber, 2012; Lemle & Mishkind, 1989; Peralta et al., 2010). Alcohol and alcohol-related IPV can provide a means for compensating for emasculation, complying with patriarchal expectations and norms, reaffirming a masculine image, and reestablishing power and control in the family. This suggestion is especially important in the FSU context where, as described in Chapter II, after the transformation of the economic and political systems from a socialist to a capitalist market system, unemployment became a serious issue for many people. Whereas employment is seen as one of the main contributing factors to men's sense of dignity and satisfaction, unemployment means emasculation (Dudwick et al., 2003; Peralta et al., 2010). It is worth noting, however, that there is debate in the feminist literature over the role that alcohol plays in IPV; that is, does it contribute to IPV? Or are abusive men simply more likely to drink?

Since the results of the present study indicate that alcohol consumption is one of the strongest predictors of IPV in all five countries of the FSU, and has also been found to be a statistically significant predictor of IPV in other countries, it deserves focused theoretical analyses. In addition to feminist theory, it may be useful to consider one of the theoretical models that clearly explains the pharmacological effects of alcohol on

aggressive behaviour²², which may provide a more holistic understanding of the link between the effect of alcohol and IPV. In particular, the proximal effect model suggests that substance abuse directly produces violent and abusive behaviour through pharmacological influences on cognitive processing²³ (Flanzer, 2005; Klostermann & Fals-Stewart, 2006; Woodin & O'Leary, 2009). Research on the impact of alcohol indicates that male violence against female partners is more likely to occur on days of alcohol use which means that alcohol plays the role of a trigger and produces violent behaviour (Fals-Stewart et al., 2003; Thompson & Kingree, 2004). After remission following alcohol treatment, utilization of violence among men decreases as alcohol use decreases (O'Farrell et al., 2003 as cited in Woodin & O'Leary, 2009). It is also suggested that alcohol intoxication increases and activates the violent personal

²² There are two theoretical models that theorize the link between substance abuse and violence: indirect effects models and proximal effects models (Woodin & O'Leary, 2009). According to the indirect effects model, alcohol and other substance use do not directly result in violence but are only associated with violence. Alcohol is conceptualized as a mediator between violence and various social, cultural, and personality factors and not the primary cause of violence (Gelles & Cavanaugh, 2005; Woodin & O'Leary, 2009). More specifically, research demonstrates that low socio-economic status, poor living conditions, unemployment, stress, conflicted relationships, marital dissatisfaction, and negative life events (e.g. death of relatives or friends) can lead to alcohol use or increased alcohol use (Barrett et al., 2012; Hinote et al., 2009; Stickley et al., 2007; Woodin & O'Leary, 2009). Therefore, these factors may also be related to IPV and, then, should be included into analyses of effects of alcohol on IPV. However, this cannot be measured due to limitations of the variables available in the DHS data and was not the aim of this research. Since I am not able to test anything other than whether or not alcohol is related to IPV and the aim of this study was to find out if there is a linear association between alcohol and IPV, the indirect model is not applicable for theorizing IPV in this study.

²³ The proximal effects model is chosen for this research because of the following two reasons. First, this model seems to be more conformable for the understanding of the relationships between IPV and alcohol use in the FSU in accordance with the available DHS data. Second, this model has been supported by significant empirical research on alcohol and IPV that provides robust evidence that proximal effects of alcohol increase the risk of IPV (Barrett et al., 2012; Caetano, Schafer, & Cunradi, 2001; Klostermann & Fals-Stewart, 2006; Thompson & Kingree, 2004).

characteristics of men, who have a tendency for aggressive behaviour even without alcohol (Klostermann & Fals-Stewart, 2006).

According to the proximal effect model, alcohol and violence are linked by two major factors, namely: instigation and disinhibition (Brisibe et al., 2012; Flanzer, 2005). A combination of the situation, alcohol, and the individual's characteristics results in violent behaviour. For example, reaction to stressors (such as conflict with a partner) may cause aggressive behaviour. Flanzer (2005) argues that the imbibing individual is unable "to attend to the ambiguous cues and complexity of behaviours that normally mediate social behaviour" but instead sees only limited and immediate cues that instigate his aggressive behaviour (p. 170). Therefore, alcohol affects the brain and weakens the mechanism that restrains and subdues aggressive behaviour (Field et al., 2004; Flanzer, 2005; Klostermann & Fals-Stewart, 2006). This can lead to aggressive and intimidating behaviour and a likelihood of violence (Brisibe et al., 2012; Field et al., 2004; Flanzer, 2005). Due to the disinhibition, an imbibing individual can do something which he usually does not do. For example, during a family conflict or a quarrel, a man who is not typically violent (and especially a man who does not drink and does not know the effect of alcohol on him and possible consequences of drinking), under alcohol intoxication may become very aggressive and utilize violence to force his 'opponent' (i.e., female intimate partner) to obey and/or agree with him. This may be particularly the case of Tajikistan and Kyrgyzstan where alcohol consumption increases the risk of severe IPV by approximately four times.

Some scholars suggest that the association between alcohol and severe IPV is found in some countries but not others because the association may be influenced by some

cultural factors (Brisibe et al., 2012; Graham et al., 2011). For example, in some cultures alcohol may be an excuse for violence, and thus people who consume alcohol believe that their violent behaviour will not have any serious consequences, and even if it does, alcohol will be an extenuating circumstance (Field et al., 2004). It is also suggested that the association between alcohol and greater IPV is a result of the drinking pattern that involves consuming large amounts of alcohol and is more common in societies where heavy episodic drinking is a common practice (Rehm et al., 2004 as cited in Graham et al., 2011; Rehm et al., 2003). In fact, Moldova, Ukraine, and Azerbaijan are wine-producing countries where wine/alcohol consumption is common (Trade Data and Analysis [TDA], 2015). In these FSU countries, alcohol drinking is a norm and often is considered as an extenuating circumstance for deviant behaviour such as IPV. However, in Tajikistan and Kyrgyzstan, where the majority of the population are Muslim and there is no wine/alcohol production, drinking alcohol is not socially approved, and alcohol consumption is rare (Haar, 2007; NSC, Ministry of Health, & MEASURE DHS ICF International, 2013; SA, Ministry of Health, & ICF International, 2013; TDA, 2015; Temkina, 2008).

In the context where drinking is prohibited, it may be argued that men who are engaged in deviant behaviour in the form of drinking alcohol may be more willing to engage in other forms of deviant behaviour, such as IPV (Field et al., 2004). It may also be theorized that since Tajikistan and the Kyrgyz Republic are among those countries of the FSU where alcohol consumption is not a part of the culture and is not normative, utilization of more severe IPV under the influence of alcohol may be related to a lack of experience in alcohol consumption and skills to control one's actions. Thus, alcohol-

related violence and severity of violence might be influenced by the pharmacological effects of alcohol on a perpetrator, for example making him misjudge the conflicts and consequences of his actions (Graham et al., 2011). According to the proximal effect model, alcohol reduces inhibitions, which results in people's inability to control their own actions, anger, and aggression. Alcohol also results in misjudging conflicts, underestimation of consequences of violent behaviour, and overreacting. This may explain the link between alcohol and a severe form of IPV in societies such as Tajikistan and Kyrgyzstan, where men are not accustomed to drinking alcohol, are not familiar with its effects, and under alcohol intoxication may not control their aggression.

To sum up, the combination of socialist feminism and the proximal effects model provides a robust theoretical explanation of the positive association between alcohol consumption and IPV, which was hypothesized and empirically demonstrated in this study. Based on socialist feminism arguments, I suggest that the link between alcohol and IPV is influenced by: (1) the capitalist system, introduced to the FSU societies after the collapse of the Soviet Union and followed by a significant transformation of the economy and labour market, and notably a dramatic increase of unemployment and underemployment, and (2) dominant patriarchal ideology in the FSU societies that reinforces the gender norms and roles, according to which a man has power and control and a woman has a subordinate position and should obey her partner. Drinking patterns and practices embedded in the context of the transitional countries of the FSU support gender inequality in this region and reinforce hegemonic ideology and patriarchal social structure. In the context of the socio-economic transition associated with financial instability, unemployment, transformation of laws, regulations, and norm, alcohol

became a symbol of masculinity (De Visser & Smith, 2007; Hinote & Webber, 2012). Thus, in situations of masculinity deficiency, when men feel that they are unable to comply with gender norms and expectations, they may tend to reassert their authority through violence²⁴.

Following the proximal effects model, it can be suggested that under alcohol intoxication, men may act the way they usually do not act and that men who are not inclined to violence may be violent against their partners upon their alcohol consumption. Alcohol may play a role as a mediator: feeling stress and dissatisfaction men use alcohol to decrease their level of anxiety and ‘forget about the problems’. Under the influence of alcohol, men may become more emotional and aggressive and are more inclined to demonstrate their power over others, such as their female partners. Having decreased cognitive abilities and impaired conflict-solving mechanisms under the effect of alcohol, men may lose the control over the situation and provoke a conflict, while at the same time being less aware of the level of force they are using, which may lead to more severe violent acts. The above-mentioned factors increase the likelihood of IPV incidents, experiencing of more severe IPV, coexistent and more frequent IPV.

Hypothesis 14: Witnessing IPV in family-of-origin increases the likelihood of life-time occurrence of less severe and severe IPV, coexistence of both forms and frequency of IPV during adulthood in Azerbaijan, the Kyrgyz Republic, Moldova, Tajikistan, and Ukraine.

²⁴ As mentioned earlier, after the collapse of the Soviet Union, the rate of alcoholism has significantly increased, which was explained by a lack of job opportunities and high unemployment (Barrett et al., 2012; Popova et al., 2007; Stickley et al., 2007; Webb et al., 2005).

As predicted, witnessing IPV in family-of-origin is positively associated with physical IPV in all five countries of the FSU. The risk of less severe, severe, coexistent, and frequent IPV increases up to three times in Azerbaijan, Kyrgyzstan, Moldova, and Tajikistan and up to four times in Ukraine for those who report IPV in their family-of-origin. These results are consistent with previous research discussed in Chapter III and Chapter IV demonstrating the significantly higher risk of IPV among women who observed IPV as children in their family-of-origin. Goode's resource theory suggests that a child learns violence during his/her childhood when he/she is punished or observed violent behaviour demonstrated by one or both of his/her parents (Goode, 1971). The argument suggested by Goode is echoed by the intergenerational transmission of violence theory (IGTV theory), which is widely used to study violence against women, particularly IPV.

IGTV theory is based on the social learning theory that posits that children learn aggression through observing their parents (Bandura, 1977; Hines & Saudino, 2002; Mihalic & Elliott, 1997). Similar to resource theory, the IGTV theory emphasizes that children learn to imitate behaviour they observe, including aggression and violence, and shape their own behaviour following the models seen in their childhood (Anderson & Kras, 2005; Hines & Saudino, 2002; Kwong et al., 2003; Murrell, Christoff, & Henning, 2007; Sellers et al., 2005). The integration of the IGTV theory and literature on resource theory to theorize IPV may be beneficial because the IGTV theory literature expands the understanding of the effect of observation of inter-parental violence in childhood on IPV incidents in subsequent intimate relations. Specifically, Goode's resource theory does not emphasize the essential role of parents as models, while focusing on socialization

(Goode, 1971). IGTV theorists, however, suggest that children are more likely to repeat the behaviour of their parents because parents are often the strongest role models for t children. In particular, when children witness one parent slapping, hitting, or abusing the other parent, the children learn that this is how their parents interact with each other. As a result, violence is understood as a normal and acceptable part of family life and type of behaviour (Kernsmith, 2006).

According to resource and IGTV theories, children witnessing violent behaviour in their family-of-origin observe the consequences of that behaviour. Children who experience violence directly (e.g., being physically punished) or indirectly (e.g., by exposure to violence among parents) and observe that violence results in achievement of the goals understand the rationale and benefits of violence and learn that violence is an effective and appropriate method to resolve the conflicts or get what they want and, therefore, can be legitimized (Anderson & Kras, 2005; Goode, 1971; Kerley et al., 2010; Markowitz, 2001; Murrell et al., 2007). Analogically, the girls who observed their mothers being beaten by their fathers or other male partners learn their mother's behaviour as a victim and the acceptance of violence. In their own family, they are more likely to model the passive, victimized behaviour of their mothers they observed in their childhood (Anderson & Kras, 2005; Kernsmith, 2006). Growing up in abusive family relationships teaches children that aggression and violence is one of the ways (and often an effective way) to solve conflicts (Kerley et al., 2010; Kwong et al., 2003; Markowitz, 2001). Thus, children learn how to rationalize abusive behaviour (Kernsmith, 2006).

This attitude toward IPV may be further aggravated by the lack of negative consequences for perpetrators because, on the one hand, IPV in the FSU countries is

often seen as a private matter, which does not require attention from law enforcement (Barrett et al., 2012; Fabian, 2010). On the other hand, many women often do not report IPV and even may find some reasons or ‘explanations’ to justify violence as an act of ‘normal’ family relations. Experience as a witness of abuse during childhood has an emotional impact on a child and may lead to the feelings of fear and powerlessness in subsequent relationships (Kernsmith, 2006). Violence as an acceptable act and an available resource is thus learned in the context of family as any other form of behaviour (Anderson & Kras, 2005; Kerley et al., 2010). The girls who witness IPV in their childhood are more likely to replicate victimhood in adulthood, which is supported by the evidence from the current study as well as other prior studies from many developed and developing countries across the globe.

Community Level Variables

Community characteristics. This group of hypotheses was developed in order to examine the relationships between IPV and community-level factors, such as average level of education in a community, community wealth, if a community justifies IPV, or supports partner’s controlling behaviour. Since a woman lives in a household, which in turn, belongs to the community, it is necessary to examine the relationship between women’s life-experience (particularly, IPV) and community. However, the results of the present study demonstrate that with a few exceptions, community-level characteristics are not statistically significant predictors of IPV (see Figure V below for a summary of the results for community-level characteristics).

Figure V
Community-level Characteristics

	Azerbaijan (N=4299)	Kyrgyzstan (N=4831)	Moldova (N=4590)	Tajikistan (N=4401)	Ukraine (N=2416)
Community level of education		↑			
Community wealth					
Community IPV justification					↑
Community support of partner's controlling behaviour		↓			

Hypothesis 15: Women who live in a community with a higher educational level are at higher risk of less-severe and severe forms of IPV, coexistence of less severe and severe IPV, and frequency of IPV in the countries of the FSU.

This hypothesis was supported only by the results in the Kyrgyz sample that indicate that living in a community with a higher educational level increases the risk of less severe, severe, coexistent, and frequent IPV by 28-45 percent. Descriptive statistics in the Kyrgyz Republic indicate that almost half of the respondents have post-secondary education and the overwhelming majority of them (almost 90 percent) have education greater than their partners. At the same time, the analysis demonstrates that on the individual level, neither post-secondary education of women nor having higher education compared to partner's were found to be indicators of IPV in Kyrgyzstan, meaning that the high level of women's education plays a significant role only at the community level, indicating perhaps that it challenges men's authority only on a macro level (within communities). These results provide some support for resource theory, which argues that

IPV is an outcome of power imbalance within patriarchal society, as was discussed in Chapter IV. It is reasonable to suggest that women's education in the Kyrgyz Republic within its specific cultural context may be regarded as a threat to patriarchal ideology and norms accepted and maintained in this society. The Kyrgyz Republic is the only country among other FSU countries under investigation where the proportion of women with post-secondary education is relatively high: 45 percent of women obtained postsecondary education and 88 percent have degrees greater than their partners (see table 2.1 and 6.1 for more details). As more women have a high level of education in the community, they may gain more control and power, which endangers patriarchal ideology and may lead to the transformation of patriarchal society into a more egalitarian one. All of these factors impact existent power relations and threaten men's superior position. Under these circumstances, men may utilize coercive tactics, including violence, to uphold their dominant position and demonstrate their power over women.

Hypothesis 16: Women who live in a wealthier community are less likely to experience less severe and severe IPV, coexistence of two forms of IPV, and frequent IPV in Azerbaijan, the Kyrgyz Republic, Moldova, Tajikistan, and Ukraine.

Based on resource theory, it was hypothesized that women who live in wealthier communities are at a lower risk of IPV because men may have more resources to assert their power and authority (e.g., they may be better educated, have prestigious jobs). The results of this study, however, found no association between community wealth level and IPV in the FSU countries under investigation. Thus, at the community level, wealth does not play a role in contributing to IPV. These findings corroborate results from other studies where no significant relationships between IPV and living standards were found

(VanderEnde et al., 2015). Based on these results, it may be suggested that the relationships between IPV and wealth mainly operate at the household level, as men with limited resources may utilize violence as a means to re-establish male supremacy.

Hypothesis 17: Higher level of justification of IPV in the community will increase the likelihood of less severe and severe IPV, coexistence of two forms of IPV, and frequent IPV in the countries of the FSU.

This study lends modest support to this hypothesis. Community justification of IPV indeed increases the risk of less severe IPV and frequency of IPV by over 20 times in Ukraine. The feminist literature suggests that women who accept violence are more accepting of traditional gender roles and patriarchal tenets upheld in their communities, such as a belief that men have a right to punish them for behaviour that does not conform to traditional patriarchal norms (Haj-Yahia, 2000; Kishor & Johnson, 2004; Klomegah, 2008). For feminist theories, the patriarchal structure of society (and capitalism, for socialist feminists) fosters these beliefs, which are strengthened by support of religious, political, and economic institutions (Attwood, 1999; Dobash & Dobash, 1979; Horne, 1999; Temkina & Rotkirh, 2003; Walby, 2009). Hence, as more women in a community justify violence against them perpetrated by their partners, the more violence will occur in this community. In these communities, the fact that IPV is justified by women permits and condones men to use violence against their female partners in certain circumstances.

However, the findings in this study indicate some idiosyncrasies regarding acceptance of IPV among communities in Ukraine. First, according to the descriptive statistics, justification of IPV by women in Ukrainian communities is the lowest of the FSU countries under investigation, which indicates that justification of IPV is not typical

in Ukraine. Second, Ukraine is the only FSU country where there is no association between individual justification of IPV and the outcome variables. It is reasonable to assume that these findings are the result of significant differences and variations among Ukrainian communities caused by their geographical location and the influence which the neighbouring countries have on them.

Ukraine is the only FSU country that has a sharp internal division. Communities that are located in western Ukraine are influenced by the European culture (i.e., Poland, Slovakia, Hungary, and Romania) and norms of Catholic Christianity, whereas eastern Ukraine is under significant influence of Russia and the Ukrainian Orthodox Church (Moscow Patriarchate), which is a self-governing church under the jurisdiction of the Russian Orthodox Church. Different historical background and geopolitical and demographic trajectories between Eastern and Western Ukraine (e.g., primary language spoken, relationships with Western Europe and the USA, agricultural West and industrial East) affect social, cultural, and economic conditions and shape gender ideology in these Ukrainian regions which, in turn, influences attitudes about violence against women (Bilaniuk, 2003; Demchuk & Zelenyuk, 2009; Taraban, 2002; Yakushko, 2005). Therefore, the results at the community level may be determined by the difference between western and eastern Ukraine and their dissimilarities caused by the impact of European and Russian traditions, norms, and gender ideology. This argument is supported by the evidence of community-level effects (ρ), which demonstrate that in Ukraine, the variance in outcome variables that originated at the community level is the highest among FSU countries under investigation. Thus, the results at the community level in Ukraine may be caused by the specific context and circumstances of this country.

Hypothesis 18: Higher level of community support of male-partner's controlling behaviour will increase the likelihood of less severe and severe IPV, coexistence of the both forms of IPV, and frequency of IPV in the countries of the FSU.

Counter to this hypothesis, the results of this study demonstrate that community support of partner's controlling behaviour decreases the risk of IPV. Specifically, in the Kyrgyz Republic it decreases the risk of less severe by almost 37 percent, the risk of severe IPV by 77 percent, the risk of coexistence of less severe and severe IPV by 44 percent, and IPV frequency by 39 percent. In Tajikistan, the frequency of physical violence is 72 percent lower in a community with higher support of partner's controlling behaviour.

The theoretical explanation of these results is complex. Although socialist feminist theory suggests that in a patriarchal society women are more vulnerable to IPV, which is used by their partners as a disciplinary act to maintain male-dominance and control over female partners, at the community level this may have the opposite effect. As emphasized earlier, according to feminist theories, men tend to utilize violence as a coercive tactic when they feel insecure in terms of their social status and superior position in family and society (Dobash & Dobash, 1979; Michalski, 2005; Yodanis, 2004). However, when men's status and position are not threatened but supported by the community, men may be less likely to utilize violence. By supporting men in their control over their female partners, communities may provide social support to families and thus help to reduce some triggers that may lead to violence perpetrated by male partners. In addition to that, it may be assumed that women who live in communities with a higher level of support of

partner's controlling behaviour are well-aware of these 'rules' and try not to violate them, thus perhaps avoiding conflicts and reducing their victimization.

Community-level effects on IPV: variance in outcome variables originating in community-level differences. The development literature suggests that IPV may be an issue for certain communities and may be impacted not only by individual-level factors but community-level factors as well (Ismayilova, 2009; Koenig et al., 2006; VanderEnde et al., 2015; VanderEnde, Yount, Dynes, & Sibley, 2012). For example, although this study did not find any relationships between IPV and community economic status, some previous research indicated that high levels of community poverty elevate rates of IPV (e.g., Benson, Fox, DeMaris, & Van Wyk, 2003; Cunradi, Caetano, Clark, & Schafer, 2000 as cited in Ismayilova, 2009). However, similar to prior research, in this study a community's attitude toward IPV is found to be positively associated with greater likelihood of IPV (Ismayilova, 2009; Koenig, et al., 2006).

Estimation of random-effect and the intra-class correlation coefficient used in this study demonstrated that a significant proportion of the total variation in life-time occurrence of less severe and severe IPV, coexistence and frequency of IPV can be explained by differences at the community level. As discussed in Chapter VI, the proportion of the total variation at the community level is between six and 23 percent. The highest community variations in life-time occurrence of IPV, coexistence of forms of IPV, and frequency of IPV were found in Ukraine (between 19 and 23 percent). This means that almost 23 percent of unobserved predictors of less severe IPV and 19 percent of unobserved predictors for coexistence of forms and frequency of IPV are grounded in differences among communities in Ukraine. This finding is relevant to another finding

discovered in the regression models in Ukraine, where a very large effect was documented in relationships between community-level justification of IPV and less severe IPV and frequency of IPV (29.59 and 22.20 percent, respectively), meaning that communities in Ukraine vary in terms of their acceptance of IPV or, in other words, that in some communities the prevalence of women who justify IPV is much higher than in some other Ukrainian communities.

This study found some interesting dissimilarities among the countries of the FSU. In particular, while in Ukraine almost 23 percent of variance in less severe IPV originates at the community level, in Tajikistan and Azerbaijan variance of less severe IPV originated at community level is lower: 12 and 11 percent, respectively, whereas in the Kyrgyz Republic and Moldova the variance is eight percent. Thus, the highest level of the variance at the community level was observed in Ukraine, and the lowest in Kyrgyzstan and Moldova, which means that variation among communities in Ukraine is two times greater than in communities in Kyrgyzstan and Moldova.

However, the situation changes in regard to variations in severe IPV among communities in the FSU countries. Whereas in Tajikistan the variance among communities increased by one percent, in the Kyrgyz Republic it increased by two times, from eight to 16 percent, and in Moldova the variance in severe IPV increased even more, from eight to 20 percent. This result indicates that between 13 and 20 percent of communities' characteristics in the FSU countries associated with severe IPV remain unobserved.

The results for coexistence of forms of IPV and frequency of IPV are fairly similar among the countries under investigation. While in Kyrgyzstan, Moldova, and Tajikistan,

the variance in outcome variables among communities is less than ten percent, in Azerbaijan it is slightly higher than ten percent (11 and 12 percent, respectively), in Ukraine the variance in outcome variables among communities is almost 20 percent, which is twice as higher than in the other countries under investigation. It again demonstrates that there is a larger proportion of variation in IPV among Ukrainian communities compared to the communities in Azerbaijan, Kyrgyzstan, Moldova, and Tajikistan.

Overall, the significant and robust effect at the community level that is found in this study signals that a large proportion of variation in IPV in the countries under investigation is rooted in differences between communities, which may be caused by the economic, cultural/religious, or geographical differences among them. As mentioned in Chapter III, regardless of the common history of being part of the Soviet Union, all former republics that were transformed into independent states after the collapse of the USSR in 1991 have some peculiarities, for example, geographic location, access to natural resources, internal and external political and social conflicts, revival and reinforcement of specific cultural religious traditions, and relationships between the countries and Russian Federation, European Union, and the USA. However, the peculiarities were found not only among countries, but among communities within the countries as well, which are impacted by their geographic locations that affect activities of those communities (e.g., agriculture, oil/gas industry, services, etc.), access to various resources (e.g., education, jobs, social services and programs, infrastructure, etc.), population sizes, community ethnic enclaves and dominant religion, stronger or weaker patriarchal traditions and gender norms, and the influence of neighbouring countries (e.g.,

Russia and Poland for Ukraine, Afghanistan and China for Tajikistan, Armenia and Georgia for Azerbaijan, Romania and Ukraine for Moldova).

Understanding the Theoretical Implications

In light of the multifaceted findings discussed above, it is worth explicating here how they can be reconciled with the socialist feminist and resource theories. I discuss both of the theories in turn below.

Socialist feminist theory. Some of the results of this study provide empirical support for a socialist feminist theory of IPV. As was hypothesized, women's empowerment characteristics that incorporate three predictors of IPV - (1) justification of IPV by women, (2) decision-making autonomy, and (3) partner's controlling behaviour - are indeed strong predictors of IPV in the countries of the FSU. As discussed in Chapter III, according to socialist feminism, high levels of marital control and low levels of women's autonomy are indications of patriarchy, which in turn contributes to women's victimization, including IPV. Further, women's attitudes toward IPV are shaped by patriarchal gender tenets that emphasize women's role within society as a 'home-maker' wife (private domain) rather than a worker (public domain).

Feminist scholars argue that women historically have been taught about traditional gender roles and patriarchal norms, including men's right to punish women for misbehaviour and not performing 'women's work' at home properly, which contributes to women's acceptance of IPV (Flake, 2005; Haarr, 2007; Jackson, 1992). The results of this study demonstrate that in the FSU countries, approximately 30-50 percent of women justify IPV. These results are indicative of a strong patriarchal hierarchy and a sexist ideology within which IPV is perceived as a legitimate method to discipline women. As

argued by socialist feminists, while men's role within a patriarchal system is to support their family financially, women are responsible for the domestic realm. When women do not meet expectations (e.g., do not prepare food) they may be punished for their 'misbehaviour,' and such punishment is normalized. Women who live in a community which supports patriarchal traditions and approves of the utilization of violence as a punishment for disobedience and breaking gender-based expectations may experience more IPV, as found in this study in Ukraine.

Capitalism further strengthens the sexist status quo and deteriorates women's position by lowering their social status as workers in the labour market, hindering high-wage employment and professional careers, and creating the conditions under which women become dependent on their partners. This study found that while the overwhelming majority of women in the FSU countries under investigation possess the same or higher level of education compared to their partners, wages in the FSU countries are gendered and women are discriminated against in the post-Soviet labour market, which makes women dependent on their male partners. Socialist feminists suggest that a woman's dependence on her partner results in higher risk of victimization at home. Indeed, the results of this study demonstrate that older women and women with more children are more likely to experience IPV in the FSU countries. As emphasized in Chapter IV, older women and women with more children are more likely to have low or no income because of maternity or sick leave, lost professional skills, and caring responsibilities.

Socialist feminists also argue that when men's feel that their masculinity is deficient because they are not able to comply with gender-based expectations to be a 'bread-

winner', they may try to compensate for perceived emasculation by engaging in hypermasculine activities, such as alcohol consumption and aggression. The findings of the present study indicate that there is a strong relationship between alcohol consumption by male partners and IPV in all five countries under investigation, which provides robust support for socialist feminist theory, which suggests that alcohol and alcohol-related IPV are strongly linked to the construction of masculinity.

Socialist feminists recommend education for women to protect against IPV. Education allows women to get a better-paid job and to be more financially independent from their partners. Women with completed college or university degrees may also have a better ability to prevent or resolve the conflict, renegotiate gender roles, and create egalitarian family relations. The findings of this study in Moldova provide support for this argument by demonstrating that postsecondary educational attainment by women indeed lowers their risk of IPV in the FSU societies.

The findings, however, did not support socialist feminist theorizing uniformly in all of the countries examined. For instance, while increase in women's age increases the risk of IPV in the Kyrgyz Republic, Moldova and Ukraine as discussed earlier, it decreases the risk of IPV in Tajikistan. Both findings are consistent with previous research, which suggests that certain cultural peculiarities may differentiate one country from the other and affect women's positions in these countries differently. In particular, in Tajikistan, the status of older women increases due to women's prominent role as a mother. In addition, older women may not challenge men's authority as much as younger women and are more likely to follow patriarchal norms and regulations (Haarr, 2007; Sharipova & Fabian, 2010; Temkina, 2006). This line of reasoning may also explain the findings of

this study that indicate that community support for partner's controlling behaviour decreases the risk of IPV in Kyrgyzstan and Tajikistan, which also runs counter to socialist feminist theorizing. As mentioned in Chapter II, Kyrgyzstan and Tajikistan are societies with firm Muslim traditions and patriarchal regulations and norms regarding family and social life. Women in these countries held strong pro-patriarchal attitudes, most specifically support for men's rights to control them. It is also reasonable to suppose that women in Kyrgyz and Tajik communities try to follow the rules of behaviour accepted by patriarchal society because otherwise they will be condemned by their community (Haarr, 2007; Sharipova & Fabian, 2010; Temkina 2008; 2006). According to feminist theorists, men are more likely to use violence when they feel that they have lost control over women and their authority has been threatened by women (Armstrong et al., 1985; Barrett, 1980; Dobash & Dobash, 1979; Michalski, 2005; Yodanis, 2004). However, when men's superiority is supported by women and the broader community, and when women comply with gender norms and expectations of patriarchal society, violence may not be needed.

Resource theory. The findings of the present study also provide evidence to support resource theory, which posits that power within families derives from the value and accessibility of the resources (material or non-material) that each person brings to the relationship. In particular, it was hypothesized that rural area of residence would decrease the risk of IPV. This hypothesis was supported by the findings in Tajikistan. According to resource theory, it may be suggested that women who live in rural areas in Tajikistan are most likely engaged in non-prestigious, low-skilled agricultural work, lacking access to resources (such as high income and education), and thus are less likely to challenge

men's authority and patriarchal gender norms. As a result, in these circumstances, men who may have more access to resources (such as more prestigious jobs, higher income, and respect) do not need to reinforce their power and superiority by using violence. In addition, living in a rural area may create less stressful living conditions, while people who reside in urban areas may experience more stress, alienation, depression, and life dissatisfaction that in turn may cause aggression and violence against intimate partners (Goode, 1971; Klomegah, 2008).

Force and violence are the ultimate resources that can be used by men to resolve conflicts and re-establish their dominant position in a family. Men with higher income, better education, who possess greater status in the family and community have access to a variety of resources through which to construct their masculinity, whereas for men with limited or no wealth, education, and social status, physical violence may be the most accessible resource to establish and maintain their superiority. Indeed, this study found that status characteristics are markers for IPV in some of the FSU countries. In particular, women's employment increases the risk of women's victimization in Azerbaijan, Tajikistan, and Kyrgyzstan, as does having relatively equal or higher income and educational attainment compared to their partners in Moldova.

Furthermore, this study finds that female partners in communities where more women have post-secondary education are more likely to experience IPV in Kyrgyzstan. Employing resource theorists' arguments, it may be suggested that since a greater number of women pursue post-secondary education and as a result surpass men in their educational attainment (as was found in this study), it depreciates men's achievements, impairs men's authority and social status, and challenges traditional gender roles in such

communities, which threatens patriarchal ideology and may induce the development of an egalitarian one. While gender relations are challenged in the public sphere (e.g., due to women's education), patriarchal relations in the private sphere may become more deeply entrenched, and as a result, women may experience more violence (Anderson, 2005; Jewkes, 2002; Lawson, 2012; Temkina, 2008; 2006). Consistent with their theorizing, the findings also indicate that in Kyrgyz communities where more women have post-secondary education, there is a greater the risk of IPV, presumably because men perceive threats to patriarchal tenets and the need to reinforce power dynamics and traditional gender norms.

Extending this argument further, Goode (1971) suggests that violence is an outcome of experiences and knowledge that people acquire as children in their family of-origin. The family-of-origin is the first source of information and knowledge about interpersonal and familial relationships. Children who observe their father abusing their mother to successfully obtain compliance learn the appropriateness of the utilization of violence as a resource to gain what one wants. This understanding of violence as a resource may be carried forward in to their relationships as an adult. The results of the current study, which indicate that witnessing IPV in the family-of-origin increases the risk of women's victimization in all five countries of the FSU, provide robust support to this aspect of resource theory, and the intergenerational transmission of violence theory in particular.

Also consistent with the resource theory, low household wealth was found to be a significant risk factor for IPV in the FSU countries. Being situated in poorest and poor quintiles is associated with low-paid jobs or no job at all, low education, and low social status. As discussed above, resource theorists argue that men with lower income lack

alternate resources and may use violence to protect their power in the family. In contrast to resource-based theorising, however, community wealth is not associated with IPV in the FSU countries. This suggests that low economic status is a marker for IPV only at the micro level in the countries under examination.

Finally, the results of the current study in Kyrgyzstan do not support resource theory theorizing that women with earnings greater than or equal to their partners' are at greater risk of victimization. While this hypothesis was supported by the findings in Moldova, the results in the Kyrgyz Republic are contradictory and indicate that women with equal or higher income are less likely to experience IPV there. Using comparative analyses, it may be suggested that in the countries where female employment is not common, such as Kyrgyzstan, women's economic power may protect them from physical abuse at the hand of their financially dependent partner (Choi et al., 2014). This argument is linked to the socialist feminist position, according to which financial independence of women may be a protective factor against IPV. However, since financial independence is not always a protective factor but instead may be a risk factor, as indicated in the findings in Moldova mentioned above, the association between women's earnings and IPV and the circumstances in which earnings play a protective or aggravating role require further examination.

To sum up, transition from the socialist system to capitalism, and financial and political crises caused by the collapse of the Soviet Union, resulted in significant social changes and transformation of most aspects of people's lives. Combined with the reinforcement of patriarchal tenets due to the revival of religion, this transition resulted in the alteration of family relations and intensification of traditional gender roles. Patriarchal

gender norms and inequality aggravated after the collapse of the Soviet Union created a specific socio-cultural context in which violence against female partners was one of the effective ways to re-establish and maintain men's superiority and control over women in the family and society.

The results of the current study indicate that among other factors associated with IPV, alcohol consumption by partner and witnessing of IPV in the family-of-origin, which were grouped together in this study as experiential characteristics, and justification of IPV and controlling behaviour by one's partner, categorized as empowerment characteristics in this study, are the strongest and most consistent predictors of IPV in all FSU countries under investigation here. The findings of this research mostly support socialist feminist and resource theories and underscore the importance of the socio-economic and empowerment characteristics as significant factors associated with IPV at the individual and community-levels. Although both theories assert that violence is used by men to control and dominate women, they treat the phenomenon of violence differently. Socialist feminism posits that IPV is rooted in patriarchal ideology reinforced by capitalism, patriarchal values, and traditional norms and gender roles and focuses on the unequal power relations between partners in the public and private spheres. Supported by patriarchy, male superiority is displayed through the utilization of violence to demonstrate or reinstate their masculinity, authority, and control over women.

Furthermore, in accordance with feminist perspectives in general, and socialist feminism in particular, IPV is located within the social context. Feminist theorists argue that IPV is more likely to occur when men are permitted by society, their communities, and families to use violence in close relationships, maintain hostile attitudes toward

women, and adopt traditional conceptualizations of masculinity. In patriarchal societies (such as countries of the FSU) where men have more economic, political, and social power, women are more vulnerable to gender-based violence. As was found in this study, lack of women's empowerment and dependence of women on men (e.g., due to increased number of children or older age) exacerbates women's victimization. Thus, in order to combat IPV, socialist feminists advocate for changing the social context, specifically eliminating patriarchy and inequitable power relationships between men and women through empowering women, such as through education, which indeed was found to be a protective factor against IPV in this study.

By contrast to socialist feminism, for which gender is paramount, resource theorists do not specifically focus on gender. Resource theory suggests a relationship between resources (material or social) and violence, and focuses on the distribution of resources in intimate relationships. For resource theorists, violence is used as the ultimate resource (akin to money, prestige, or status) to obtain the obedience of and gain power and control over others. In their discussions of IPV, scholars who employed resource theory suggests that IPV is more likely to be utilized by men as an alternative resource to dominate their female partners in the absence of other material or social sources of power (e.g., income, educational attainment, occupational prestige). This argument is supported by the findings of the current study which indicate that a man who lacks prestige, lives in poverty or whose status is lower than his female partners (due to woman's higher education or earnings compared to his ones) is more likely to use physical violence against his partner. Therefore, the empowerment and independence of women may escalate the conflict and violate the resource balance between partners in favor of the

female partners, leading to an increase in IPV. Possible solutions to decrease IPV in the FSU based on the findings and theoretical insights of the present study are discussed below in the *Study Contributions* section.

Study Limitations

Like any study, this research has several limitations. First of all, the DHS data were collected from heterosexual couples and does not include same-sex couples, which makes an examination of IPV in same-sex relationships using this data impossible. Second, the data for the current study are derived from only female respondents. Thus, men's views are not taken into consideration, which limits the analyses of this study especially at the community levels. Third, in order to collect comparable data across multiple countries, the DHS established a uniform set of questions on violence. However, the attempted universality of the questionnaire could impact women's responses because peculiarities of the cultural context of a country or community and cultural appropriateness of the questions, especially with the sensitive topic of IPV, were not taken into consideration. This may result in misunderstandings of the concept of IPV and factors related to IPV occurrence, which may cause under- or over-reporting of IPV, and distortion of the relationships between IPV and independent variables. Related to this, the fourth limitation of this study that must be noted in regards to the data collection procedure is that interviews with women were conducted in the respondents' homes. Although necessary arrangements to maintain confidentiality of the collected information were made, forthright disclosure and honesty of the respondents cannot be guaranteed. For example, some women may not be willing to disclose the information about IPV because

they may feel a sense of shame of being abused or think that they disgrace or betray their families. This may lead to underreporting cases of IPV.

Fifth, some of the socio-demographic characteristics, which may be useful for IPV analysis, could not be taken into consideration because these characteristics were not included in survey. In particular, the dataset does not have information about the number of children women had when they were experiencing IPV; their marital status (i.e. married or common-in-law partnership) at the time of the occurrence of IPV; and whether IPV has occurred during the current relationship or if women experienced IPV in former relationships. No questions were included in the DHS survey regarding women's or partner's religiosity and religious activities. Respondents were also not asked if they or their partners drank alcohol while the IPV incidents occurred. The answers to these questions would provide researchers with more information about possible risk-markers and protective factors for IPV.

Furthermore, because the data did not include community-level variables, the findings at the community level (using a few variables created using individual cases) do not make a thorough analysis of community-level characteristics possible. The analyses of random effects (ρ) documented fairly high values of ρ , which indicates that there are unobserved characteristics associated with IPV originating from community-level differences that were not included in this analysis. It is also necessary to mention that due to underdetermination of the data, the findings of this study could potentially be analyzed using other theories, whereas the findings were interpreted here using socialist feminist and resource theories.

Lastly, since this study is based on a cross-sectional dataset, it was only possible to analyze associations between independent and dependent variables, but not examine causal inference between IPV and IPV risk-markers.

Considering the limitations of the previous studies and the current one, future research on IPV should include three levels of analyses to take into account not only unobserved characteristics among communities, which was done in this study, but among households as well. It may also be useful to consider men's responses to the separate questions asked of them. This would provide an understanding of IPV from the men's point of view and demonstrate men's attitudes toward IPV, which would help to address IPV issues in the FSU more holistically. Furthermore, whereas quantitative analyses investigated and found factors associated with IPV, research on IPV will benefit from examining causal effects. Future qualitative research would grant more insight into whether these factors are in fact casual mechanisms. Qualitative research could also be used to improve measurements in terms of more appropriate and culturally sensitive approaches to data collection.

Study Contributions

Although there are a number of studies on IPV conducted across the globe, including some of the FSU countries, the current research makes a significant contribution to the literature on IPV, and more specifically to cross-cultural and feminist studies. First, the current research analyzed the predictors of IPV against women in the FSU region using multilevel regression models based on an up-to-date high-quality nationally-representative dataset. With extremely few exceptions (e.g., Ismayilova, 2009), much of the previous research on IPV in the countries of the FSU either used non-representative

samples or was based on a fairly outdated data set from the 1990s (e.g. Cubbins & Vannoy, 2005; Gorshkova & Shurygina, 2003; Joshi, 2011).

Second, this study utilizes the most recent data received from the surveys in all of the countries of the FSU where information regarding domestic violence was collected. As of today, the surveys have been conducted in Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine. Thus, this is the first study on IPV that examines IPV in the five FSU countries, while most of the extant research on IPV was only conducted in one country (e.g., Barrett et al., 2012; Kerley et al., 2010; O'Leary et al., 2008; Rocca et al., 2008; Stickley et al., 2008b; Xu et al., 2011) and does not compare the results to other countries.

Third, by contrast to many previous studies on IPV, in order to provide more profound analyses of IPV in the post-Soviet context, the present study not only describes the prevalence of IPV in the FSU countries and examines the association between predictors and IPV, but also compares results across FSU countries. Despite their common historical experience (i.e., being a republic of the Soviet Union with significant influence and economic support of Russia), the FSU countries differ from each other due to their geographical locations and historical, cultural, and religious features. For example, Ukraine and Moldova are influenced by European culture and Christian traditions while Azerbaijan, Tajikistan, and Kyrgyzstan are located in Asia and based on Islamic traditions and norms. Indeed, comparison of the findings documented some variation in the risk markers and protective factors, which may be caused by specific features of the country and, therefore, may not be 'typical' for other countries.

The fourth contribution is that, in contrast to the previous studies on IPV, this study links theoretically grounded factors to IPV and provides a more detailed and holistic theoretical explanation of prevalence and risk factors of IPV in the post-Soviet region, which may have implications for other developing countries world-wide. The previous research conducted in the FSU, and most of the research of IPV in other developing countries which utilized the DHS, was limited theoretically. In particular, these studies were descriptive and did not provide a theoretical framework (Stickley et al., 2008a) or used only one theoretical model, such as resource-based (Choi & Ting, 2008; Cubbins & Vannoy, 2005; Mann & Takyi, 2009) and oppression dynamics models (Nagae & Dancy, 2010), or were based on an ecological framework without deep theorizing of prevalence and risk factors of IPV (Barrett et al., 2012; Brownridge et al., 2008; Flake, 2005; Gage, 2005; Ismayilova, 2009; Kimuna & Djamba, 2008; Okenwa et al., 2009). In contrast, this study uses two theoretical perspectives: socialist feminism and resource theories. For socialist feminists, the roots of women's oppression and victimization are in both capitalism and patriarchy. While focusing on private and public domains, they suggest that IPV is a product of power differentials between men and women, and IPV may be eliminated through women's empowerment and liberation. Resource theory focuses on socio-economic resources and power. Resource theorists suggest that when men do not have other resources to uphold their dominance, they may utilize violence as a means (or resource) to preserve and re-affirm their power within relationships. Utilizing these theoretical perspectives, this study makes an important contribution to IPV literature by focusing on several significant aspects of human experience, such as: gender, economic, interpersonal, social, and environmental.

Finally, this is the first study to take into account unobserved characteristics in communities in Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine. Since the findings of this study document an association between some of the community-level factors and IPV, and demonstrates significant variation in life-time occurrence of IPV, coexistence of IPV and frequency of IPV that originate from community-level differences, future research on IPV should consider this and include more variables that reflect community characteristics. For example, the mean age in the community or the level of unemployment in communities might be useful variables to include in the IPV analysis.

Some practice and policy implications can be drawn based on the study findings. At the micro-level, programs that intend to prevent IPV should be focused on increasing women's education because, as it was found, better educated women are at lower risk of experiencing IPV. This is particularly important for the post-Soviet societies where, after the collapse of the Soviet Union, the policy of mandatory basic education (which is equal to North America grade 9) is not strictly followed by some communities, especially in rural areas where the young girls are involved in household and agricultural work at a very young age (ADB, 2006). As a result, many girls do not complete even a primary school education. Therefore, in order to increase the rate of female school attendance, there is a need to develop policies and practices that would help facilitate girls' school attendance, and induce families to enroll their daughters in school and not to hinder them from participation in school activities. The cost of formal school education after the collapse of the Soviet Union also places a severe burden on low-income families, which results in the growing non-attendance rates (ADB, 2006). Since a lack of material

resources and the need to fulfill domestic and farm work are the main reasons for not attending schools, it is necessary to develop social programs that will provide resources to these families, such as additional subsidies, school stipends and scholarships, which would motivate families to get their children involved in school. Families who live in rural areas should be also provided with school transportation because another reason for high non-attendance is the remoteness of homes from schools and the lack of affordable transportation. Therefore, control of school attendance and developing services and programs for the families in need will help to combat IPV.

Furthermore, in order to increase the level of female education, girls should be encouraged to get a post-secondary education, which was found to be a protective factor against IPV. This can be done through special scholarships and grants for the girls and their families, creating secure living and studying conditions for the girls, and providing the girls from the rural areas with affordable transportation. It is also essential to promote the idea of getting post-secondary education in the early stages at school because girls should understand the benefits of education and be able to receive all necessary information about resources available to them.

As emphasized earlier, after the collapse of the Soviet Union, the governments of the FSU countries relegated the responsibilities for the material conditions of families and their well-being onto the families themselves and significantly cut-off the programs that provided financial support for low-income families (Pascall & Manning, 2000). Since women with children are at higher risk of IPV and more often do not have enough material resources to support themselves, they become dependent on men and cannot leave their abusive partners. Governments should, therefore, reconsider their current

family policies to make sure that women and their children can survive without their partners' support, and receive legal protection and help if needed (e.g., in regards to daycare and medical costs). This argument, however, has an implication on the macro level. Governments of the FSU societies do not recognize IPV as a serious issue (Barrett et al., 2012; Hrycak, 2012; Sharipova & Fabian, 2010), which results in a limited number of services or programs (which are most often non-governmental) available for women who experience domestic violence. The only exception is Ukraine, which enacted national domestic violence legislation in 2001 (Barret et al., 2012; Johnston, 2007; The Advocated for Human Rights, 2010). Two years later, the Cabinet of Ministers issued a decree that provided a standard administrative protocol for authorities to receive and review reports of acts or threats of domestic violence (The Advocated for Human Rights, 2010). This allows victims of violence to file a civil report of domestic violence and apply for a protection order. In order to successfully combat IPV, it is necessary to remove the 'taboo' from the public discussion of this social issue, bring more attention to IPV by using mass media, and engage the governments of these countries and non-government organizations and individuals in the struggle to eliminate IPV. Reducing the instances of IPV may also have some economic benefits for the governments of the FSU countries, such as reducing costs for medical expenses/services and medical leaves due to injuries caused by IPV, decreasing mental health problems and costs related to mental illnesses triggered by IPV experience, and overall increasing of family well-being, which in turn may contribute to work productivity.

The findings also indicated that girls from families with abusive fathers are at a higher risk of IPV in their subsequent intimate relations. Therefore, in order to prevent

IPV in the subsequent generation, children should learn various strategies and tactics of how to obviate conflicts which can possibly end in violent acts. It may be useful to create mandatory courses in schools that would teach children and teenagers basic knowledge about human behaviour (such as provocative actions, possible reactions, etc.) and help them develop conflict resolution, decision making, effective communication and other life skills. These courses may assist potential victims and abusers with safety planning and coping with stress strategies which will help them learn how to diminish quarrels and to avoid many situations that may lead to IPV.

Similar to other studies on IPV, the current study found that alcohol increases the risk of IPV. The results of the research also indicated that alcohol utilization by men increases severity of IPV in countries where alcohol consumption is not common, such as in Kyrgyzstan and Tajikistan. Providing services that assist individuals and families with drinking problems, for example substance abuse treatment, which are not very common in the FSU, or programs focusing on responsible alcohol consumption, may be useful as a means to reduce IPV in the FSU countries. These services must be affordable and accessible for people, especially those living in rural areas, and should guarantee confidentiality. For example, these services may be provided by mobile teams that would arrive from outside of an area or arrange meetings in places where identification of individuals would not be possible. Information about these services along with 'hot-line' telephone numbers should be disseminated among all households.

Finally, the findings of this study indicate that on a micro-level, women's empowerment does not decrease but instead increases women's vulnerability to violence perpetrated by their male partners. Therefore, empowering women and fighting for

women's rights and power (e.g., in decision-making processes) at the individual level may only escalate family conflict and increase IPV. In order to combat IPV, it is necessary to make changes on a macro-level to diminish patriarchal gender norms that view women as subordinates to men in societies. As this research found, women living in communities with greater social support for men's controlling behaviour are at higher risk of IPV. While men feel social support for their superior position and power over women and their violent behaviour is justified in communities, men perceive that they have rights to punish women and to demonstrate their power through violence with impunity. IPV should be viewed not as a part of 'family relations' (sometimes even as 'normal relations') but as an unacceptable behaviour and a criminal act. The first step must involve changing the legal systems in these countries, which will include prosecution of violent partners. Secondly, in the era of the internet and advanced mass media, domestic violence issues must be discussed more openly and vigorously in order to increase awareness about the issue, its causes, and possible prevention. Thirdly, family counseling should be more accessible. Working with both partners and changing men's perceptions of their masculinity and power from patriarchal views toward more egalitarian ones may change the family dynamics and gender relations.

CHAPTER VIII

Conclusion

Violence against women is a sufficiently serious social issue in the countries of the FSU to warrant focused attention and sociological research. IPV can negatively impact the health, social, and economic well-being of individuals, families, communities, and society as a whole. Similar to other countries world-wide, one of the most common forms of violence against women in the FSU is violence performed by women's intimate partners (Fawcett, 2007; WHO, 2002). Studies indicate that over 50% of women experience violence perpetrated by their present or former partners world-wide (Garcia-Moreno et al., 2006; Ismayilova & El-Bassel, 2013; Tenkorang et al., 2013; WHO, 2015). The current study provides evidence that a significant number of women (up to 26 percent) are physically abused by their intimate partners in Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine.

The collapse of the Soviet Union resulted in the transition from socialism to capitalism, transformation of the economic, legal, and political systems, and had a serious impact on gender relations and the position and social status of women (Bauer et al., 1997; Ganguli & Terrell, 2006; Habibov, 2010; Stickley et al., 2008; Taraban, 2002; World Bank, 2005; Yegidis et al., 2005). Due to significant changes in the economic system of the FSU, fewer jobs and/or low wages, women have been forced to return to a more domestic mode of life, which resulted in the transformation of gender relations to more patriarchal, accompanied by increased dependence of women on their male partners and a revitalized position of men as 'breadwinner' of the family (Atwood, 1996; Conway-Turner & Cherrin, 1998; Heyat, 2006; Sabi, 1999; Webb et al., 2005; Yakushko, 2005).

The superior position of men and the patriarchal structure of the family and society was further reinforced by religion, which since the collapse of the Soviet Union, has become one of the dominant sources to support the revival of patriarchal ideology and played a major role in the formation of traditional family models in the FSU (Chernyak & Barrett, 2011; Jarvik, 2006; Marsh, 1996). In the context of the significant structural changes and the strengthening of patriarchal ideology, an examination of the risk factors of IPV in this region is well-timed and important for understanding of gender relations and gender-based violence.

Drawing on socialist feminist and resource theories, I explored IPV in the FSU societies through a comprehensive set of hypotheses predicated on the assumption that the roots of violence against women are based in the unequal power relations between men and women and the normative use of violence in society. Socialist feminists posit that women's vulnerability is an outcome of social and gender inequality rooted in the socio-economic structure, where women are oppressed not only as women but as workers, and not only in a family but in society (Hartmann, 1996; Vogel, 1995; Walby, 2009; Young, 1990). Violence in this context is used to control less powerful female partners and maintain men's dominant position (Choi & Ting, 2008; Dobash & Dobash, 1979; Eswaran & Malhotra, 2011; Yodanis, 2004). Resource theorists point out that family is a power system founded on force or its threat used by a dominant family member to move others to serve their needs (Goode, 1971). According to resource-based explanation, IPV is a coercive tactic utilized by men in situations when they lack other resources (e.g., money, education, prestige, job, etc.) to preserve their superiority, control

women, and induce desired behaviour (Atkinson et al., 2005; Choi & Ting, 2008; Goode, 1971; Mann & Takyi, 2009).

The findings of this study lend support to the hypotheses that age, number of children, and household wealth are risk-markers for IPV in the countries of the FSU. However, having a postsecondary education and living in rural areas may be protective factors against IPV, since these variables decrease physical IPV incidents in certain regions of the FSU by 50-60 percent. The findings also support the hypotheses regarding status characteristics. In particular, women who are employed or have higher education compared to their partners are at higher risk of being physically abused than women who are unemployed (up to two times) or have lower educational attainment (up to 13 times). An interesting contradiction was noted in regards to the earnings discrepancies between partners. In particular, while in Moldova, equal or higher earnings compared to partner's increases the risk of IPV by 45-48 percent, in the Kyrgyz Republic, earnings equal or more than the partners decreases the likelihood of IPV by 70 percent.

Between 20 and 55 percent of women in Azerbaijan, Kyrgyzstan, and Tajikistan justify IPV in some situations; up to 70 percent of women in all of the five FSU countries under investigation report that their partners exhibit controlling behaviour; and 25-35 percent of women in Azerbaijan and Tajikistan do not make decisions about their health, household purchases, or spending money. These findings provide evidence that the FSU societies have strong patriarchal norms and values. Furthermore, the multivariate analyses demonstrate that justification of IPV by women, woman's decision-making autonomy and partner's controlling behaviour, which were indicators of women's empowerment, are also strongly associated with IPV in these countries of the FSU.

Justification of IPV increases the likelihood of IPV up to 17 percent; decision-making power increases the risk of IPV by 75 percent; and partner's controlling behaviour multiplies the risk of IPV by over two times.

The findings of this study demonstrate that experiential characteristics (alcohol consumption by partners and witnessing IPV in the family-of-origin) are the most significant and unequivocal risk factors for IPV, which is consistent with the results obtained in other developing and developed countries. While alcohol use by partners increases the likelihood of IPV by 2-4 times, the risk of IPV multiplies by 2-6 times for women who witnessed IPV in their family-of-origin.

Finally, at the community level it was found that the higher level of education in a community increases the risk of IPV in the Kyrgyz Republic by 28-45 percent, while at the same time community support of partner's controlling behaviour decreases the likelihood of women's victimization by up to 62 percent. In Ukraine, justification of IPV by community is found to be a risk factor since it increases the risk of women's IPV experience by 22-29 times.

In sum, most findings of this study support socialist feminist and resource theories. This has an important implication for understanding IPV in the developing countries of the FSU and contributes to IPV literature. In particular, based on the findings, it may be suggested that a patriarchal system (patriarchal ideology, values, and norms), which is dominant in the FSU countries, by underscoring men power and control over women significantly contributes to IPV. The findings are consistent with the hypothesis that when men's authority is threatened by women (for example, women have higher education or earnings) and they do not have much in the way of resources to draw on to

compensate for that threat, violence may be used to re-establish their power within the patriarchal system.

In the FSU societies, similar to many other countries around the world, for a long period of time IPV was considered a private matter and was denied as a significant social issue that required special attention (Anderson & Kras, 2005; Fawcett, 2007; Rights, 2000; Vannoy et al., 1999). Although since the late 1990s public attention to IPV has increased in the post-Soviet countries, this issue is still not recognized as a serious social problem affecting a large number of women in the FSU (Anderson & Kras, 2005; Barrett et al., 2012; Johnson, 2007; Stickley et al., 2008b). In countries of the FSU, due to relatively low levels of awareness about IPV, the consequences of violence are underestimated and not perceived as serious unless they cause a woman's death or severe harm (Barrett et al., 2012; Cubbins & Vannoy, 2005; Horne, 1999; Stickley et al., 2008a, 2008b; Yunus et al., 2004). The long-lasting effects of IPV as well as its psychological impacts on women are most often denied (Stickley et al., 2008a, 2008b; Yunus et al., 2004).

The social taboos against discussion of IPV in public and denial of IPV as a social problem impedes the development of preventive programs and possible solutions that could eliminate violence against women. Public and governmental denial of the existence of this social issue further leads to weak or complete lack of sanctions against violent behaviour performed by women's intimate partners. In particular, because IPV is regarded as a family or private matter, even if reported, the police frequently dismiss cases of violent behaviour (Fabian, 2010; Horne, 1999). However, findings from the current and previous studies of IPV conducted in the FSU demonstrate that this issue

needs to be addressed through economic, political, and legal commitments. These commitments ought to include government collaboration and partnership with women's organizations and human rights groups and providing financial and non-material support for organizations and agencies which assist the victims of IPV and are working on prevention. In order to increase public awareness about IPV and its consequences for women, it is necessary to publicly discuss this social issue and educate people about IPV risk and protective factors by using media resources and involving medical institutions (e.g., hospitals, medical centers, clinics, etc.) and schools. Finally, governments of the FSU countries should reconsider a legal approach to IPV, pass gender equality legislation, and implement laws and policies which will recognize IPV not as a family or private matter but as a criminal act that should have strict consequences for perpetrators. Ignoring and concealing IPV does not improve the situation and does not heal the society but instead worsens and degrades it by increasing acceptance and further justification of IPV that, as found in the present and previous studies, contributes to IPV. Therefore, studying IPV in the countries of the FSU is very important in order to investigate IPV risk-markers in order to effectively combat IPV in this region.

This systematic examination of specific demographic and socio-economic factors that contribute to IPV in the FSU on the micro and macro level increases awareness about IPV in this region and helps identify useful targets for effective interventions aimed at reducing IPV in the post-Soviet societies, where this violent behaviour is reflected in the common proverbs: “Beat the wife for better cabbage soup” and “A beating man is a loving man” (Benninger-Budel & O'Hanlon, 2004; Cubbins & Vannoy, 2005).

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Appendices

Appendix A

Map of the Countries of the Former Soviet Union



Source: *Commonwealth of independent states*
http://www.lib.utexas.edu/maps/commonwealth/commonwealth_pol_97.jpg

Appendix B
Theoretical Framework and Independent Variables

Individual Level Variables	Theory
<i>Demographic Characteristics</i>	
Women's age	<i>Socialist Feminist</i>
Number of children	<i>Socialist Feminist</i>
Women with postsecondary education	<i>Socialist Feminist</i>
Area of residence	<i>Resource</i>
Household wealth	<i>Resource</i>
<i>Status Characteristics</i>	
Woman employed	<i>Resource</i>
Partner's employed	<i>Resource</i>
Educational differences (i.e., woman with equal or higher education compared to her partner's)	<i>Resource</i>
Earnings discrepancies (i.e., women earns equal or more than partner)	<i>Resource</i>
<i>Empowerment Characteristics</i>	
Justification of IPV by women (i.e., if a woman justifies IPV under certain circumstances)	<i>Socialist Feminist</i>
Decision-making power (i.e., if a woman can make a decision)	<i>Socialist Feminist</i>
Partner's controlling behaviour (i.e., if a partner exhibits signs of control over his partner)	<i>Socialist Feminist</i>
<i>Experiential Characteristics</i>	
Has witnessed IPV in the family of origin	<i>Resource</i>
Alcohol use by partner	<i>Socialist Feminist</i>
<i>Community Characteristics</i>	
Average level of education in community	<i>Resource</i>
Community level of poverty	<i>Resource</i>
Justification of IPV in community (i.e., if a community justifies IPV under certain circumstances)	<i>Socialist Feminist</i>
Support of partner's controlling behaviour by community (i.e., if a community supports control over female partners)	<i>Socialist Feminist</i>

Appendix C

Hypotheses

Independent Variable	Relationships with life-time occurrence of IPV (less & severe)	Relationships with higher degree of severity of IPV	Relationships with frequency of IPV
<i>Individual level</i>			
Increase in year of women's age	Positively associated	Positively associated	Positively associated
Increase in number of children	Positively associated	Positively associated	Positively associated
Having post-secondary education by women	Negatively associated	Negatively associated	Negatively associated
Living in rural (vs. urban) area of residence	Negatively associated	Negatively associated	Negatively associated
Situating in the poorest, poor, middle, and rich quintiles	Positively associated	Positively associated	Positively associated
Being employed	Positively associated	Positively associated	Positively associated
Partner's being employed	Negatively associated	Negatively associated	Negatively associated
Women have equal or higher education than partners	Positively associated	Positively associated	Positively associated
Women earn equal or more than partner	Positively associated	Positively associated	Positively associated
Justification of IPV by women	Positively associated	Positively associated	Positively associated
Decision-making power	Positively associated	Positively associated	Positively associated
Partner's controlling behaviour	Positively associated	Positively associated	Positively associated
Alcohol use by partner	Positively associated	Positively associated	Positively associated
Has witnessed IPV in the family of origin	Positively associated	Positively associated	Positively associated
<i>Community level</i>			
Higher level of education in community	Positively associated	Positively associated	Positively associated
Community wealth	Positively associated	Positively associated	Positively associated
Higher level of justification of IPV in community	Positively associated	Positively associated	Positively associated
Higher level of community support of partner's controlling behaviour	Positively associated	Positively associated	Positively associated

Appendix D
Demographic and Health Surveys

Country	Year of survey	DHS original sampling size	Reduced sampling size used in the study
Azerbaijan	2006	8,444	4,299
The Kyrgyz Republic	2012	8,208	4,831
Moldova	2005	7,440	4,590
Tajikistan	2012	9,656	4,401
Ukraine	2007	6,841	2,416

Appendix E
Independent Variables on Individual Level

Variable	Description of variable	Type of variable
Woman's age	Age of women in years	Continuous
Number of children	Number of children from 0 to 10	Continuous
Women with post-secondary education	Variable = 1 if a woman has post-secondary education (e.g., college or university degree) and = 0 if otherwise	Binominal
Area of residence	Variable = 1 if women resides in rural area and = 0 if otherwise	Binominal
Household wealth	Set of five binomial variables divided into five quintiles: the poorest; the poor; the middle; the rich, the richest (reference category). Binomial variables equals 1 if women resides in the poorest/poor/middle/rich/richest 20% of households and equals 0 if otherwise	Binominal
Woman's employment	Variable = 1 if a woman is employed and = 0 if otherwise	Binominal
Partner's employment	Variable = 1 if a partner is employed and = 0 if otherwise	Binominal
Women with equal or higher education	Partners' educational differences. Variable = 1 if woman has equal or higher education compared to her partner and = 0 if otherwise	Binominal
Woman earns equal or more than partner	Partners' income differential. Variable = 1 if woman earns equal or more as compared to her partner and = 0 if otherwise	Binominal
Justification of IPV by woman	Index based on "yes" or "no" answers to set of five questions. Variable = 1 if a woman justifies IPV and = 0 if otherwise	Continuous
Woman's decision-making power	Index based on "yes" or "no" answers to set of three questions. Variable = 1 if a woman make a decision and = 0 if otherwise	Continuous
Partner's controlling behaviour	Index based on "yes" or "no" answers to set of five questions. Variable = 1 if a partner controls his partner and = 0 if otherwise	Continuous
Witnessing IPV	Variable = 1 if women observed how father beat mother and = 0 if otherwise	Binominal
Alcohol use by partner	Variable = 1 partner often gets drunk and = 0 if otherwise	Binominal

Appendix F

Independent Variables on Community Level

Variable	Description of variable	Type of variable
Higher level of education in community	Mean of community education in year. The higher the mean, the more educated community is.	Continuous
Community wealth	Mean of community wealth index. Higher value of mean indicates more community wealth.	Continuous
Level of justification of IPV in community	Percentage of people in a community who justifies IPV. Higher percentage reflects community high acceptance of physical IPV.	Continuous
Higher level of community support of partner's controlling behaviour	Percentage of people in a community who accept woman's ability to refuse sex. Higher percentage reflects community tolerance to refusing sex.	Continuous

Appendix G
Hypotheses and Findings

Independent Variable	Associated with:			
	life-time occurrence of less severe IPV	life-time occurrence of severe IPV	coexistence of less severe and severe IPV	frequency of IPV
<i>Individual level</i>				
Increase in year of women's age	Positively: Kyrgyzstan, Moldova, Ukraine	Positively: Kyrgyzstan, Moldova, Ukraine	Positively: Kyrgyzstan, Moldova, Tajikistan, Ukraine	Positively: Ukraine Negatively: Tajikistan
Increase in number of children	Positively: Azerbaijan, Kyrgyzstan, Moldova, Tajikistan	Positively: No association	Positively: Azerbaijan, Kyrgyzstan, Moldova, Tajikistan	Positively: Kyrgyzstan
Having post-secondary education by women	Negatively: Moldova	Negatively: No association	Negatively: Moldova	Negatively: Moldova
Living in rural (vs. urban) area of residence	Negatively: Tajikistan	Negatively: No association	Negatively: Tajikistan	Negatively: No association
Situating in the poorest, poor, middle, and rich quintiles	Positively: Moldova	Positively: Azerbaijan, Kyrgyzstan, Tajikistan, Ukraine	Positively: Moldova	Positively: Azerbaijan, Kyrgyzstan, Moldova
Woman being employed	Positively: No association	Positively: Azerbaijan, Tajikistan	Positively: No association	Positively: Kyrgyzstan
Partner being employed	Negatively: No association	Negatively: No association	Negatively: No association	Negatively: No association
Women have equal or higher education than partners	Positively: Moldova	Positively: Moldova	Positively: Moldova	Positively: Moldova
Women earn equal or more than partner	Positively: Moldova Negatively: Kyrgyzstan	Positively: No association	Positively: Moldova	Positively: Moldova Negatively: Kyrgyzstan

Independent Variable	Associated with:			
	life-time occurrence of less severe IPV	life-time occurrence of severe IPV	coexistence of less severe and severe IPV	frequency of IPV
Justification of IPV by women	Positively: All countries	Positively: Azerbaijan, Kyrgyzstan, Moldova	Positively: Azerbaijan, Kyrgyzstan, Moldova, Tajikistan	Positively: Azerbaijan, Kyrgyzstan, Moldova, Tajikistan
Decision-making power	Positively: Azerbaijan, Moldova, Ukraine	Positively: No association	Positively: Azerbaijan, Moldova	Positively: Azerbaijan, Moldova, Ukraine
Partner's controlling behaviour	Positively: All countries	Positively: All countries	Positively: All countries	Positively: All countries
Alcohol use by partner	Positively: All countries	Positively: Kyrgyzstan, Tajikistan	Positively: Azerbaijan, Kyrgyzstan, Moldova, Tajikistan	Positively: Azerbaijan, Kyrgyzstan, Moldova, Tajikistan
Has witnessed IPV in the family-of-origin	Positively: All countries	Positively: All countries	Positively: All countries	Positively: All countries
<i>Community level</i>				
Higher level of education in community	Positively: Kyrgyzstan	Positively: Kyrgyzstan	Positively: Kyrgyzstan	Positively: Kyrgyzstan
Community wealth	Positively: No association	Positively: No association	Positively: No association	Positively: No association
Higher level of justification of IPV in community	Positively: Ukraine	Positively: No association	Positively: No association	Positively: Ukraine
Higher level of community support of partner's controlling behaviour	Positively: No association (Negatively: Kyrgyzstan)	Positively: No association (Negatively: Kyrgyzstan)	Positively: No association (Negatively: Kyrgyzstan)	Positively: No association (Negatively: Kyrgyzstan, Tajikistan)

Tables

Table 1.1. Descriptive statistics of IPV predictor variables in the sample of ever-married women in Azerbaijan (N=4299)

<i>Demographic characteristics</i>	Mean (SD)
Woman's age	34.85 (8.278)
Number of children	2.10 (1.129)
	N (%)
Woman with postsecondary education	479 (11.1)
<i>Area of residence</i>	
Rural	2026 (47.1)
Urban	2273 (52.9)
<i>Household wealth</i>	
Poorest quintile	913 (21.2)
Poor quintile	927 (21.6)
Middle quintile	959 (22.3)
Rich quintile	815 (19.0)
Richest quintile	685 (15.9)
<i>Status characteristics</i>	
Women employed	961 (22.4)
Partner employed	3994 (94.4)
Women with higher education than partners'	2790 (64.9)
Women earns equal/more than partners	453 (11.9)
<i>Empowerment characteristics</i>	Mean (SD)
Justification of IPV by women (five questions about IPV justification)	1.688 (1.767)
Decision-making power (three questions about woman's rights to make decision)	1.049 (1.136)
Partner's controlling behaviour (five questions about partner's control over women)	1.578 (1.199)
<i>Experiential characteristics</i>	N (%)
Alcohol consumption by partner	2481 (57.7)
Woman has witnessed IPV in the family-of-origin	749 (17.4)
<i>Community level characteristics</i>	Mean (SD)
Community level of education	10.637 (1.170)
Community wealth	2.883 (1.122)
Community IPV justification (mean of the responses in community about IPV justification)	0.581 (0.214)
Community support of partner's controlling behaviour (if a community supports control over female partners)	1.577 (0.388)

Table 1.2. Descriptive statistics of IPV predictor variables used for index of empowerment characteristics in Azerbaijan (N=4299)

	N (%)
<i>Justification of IPV by women</i>	
IPV is justified if she goes out without telling him	
No	2114 (49.2)
Yes	2068 (48.1)
Don't know	116 (2.7)
IPV is justified if she neglects children	
No	2501 (58.2)
Yes	1644 (38.3)
Don't know	152 (3.5)
IPV is justified if she argues with him	
No	2654 (61.7)
Yes	1470 (34.2)
Don't know	174 (4.0)
IPV is justified if she refuses to have sex	
No	3354 (78.0)
Yes	707 (16.4)
Don't know	237 (5.5)
IPV is justified if she burns food	
No	3606 (83.9)
Yes	564 (13.1)
Don't know	127 (3.0)
<i>Decision-making power</i>	
Who has final say on own health	
Respondent alone	694 (17.7)
Respondent & partner	2093 (53.4)
Partner alone	901 (23.0)
Someone else/other	234 (6.0)
Who has final say on making large household purchases	
Respondent alone	440 (11.2)
Respondent & partner	1597 (40.7)
Partner alone	1523 (38.8)
Someone else/other	362 (9.9)
Who has final say on deciding how to spend money her partner earns	
Respondent alone	235 (6.1)
Respondent & partner	2339 (60.6)
Partner alone	952 (24.7)
Someone else/other	116 (3.0)
<i>Partner's controlling behaviour</i>	
Partner is jealous if she talks with other men	
No	2077 (48.4)
Yes	2145 (49.9)
Don't know	73 (1.7)

Table 1.2 (cont.). Descriptive statistics of IPV predictor variables used for index of empowerment characteristics in Azerbaijan (N=4299)

Partner accuses her of unfaithfulness	
No	3977 (92.6)
Yes	304 (7.1)
Don't know	15 (0.3)
Partner does not permit her to meet her girlfriends	
No	3698 (86.1)
Yes	572 (13.3)
Don't know	26 (0.6)
Partner tries to limit her contact with family	
No	3859 (89.8)
Yes	423 (9.8)
Don't know	13 (0.3)
Partner insists on knowing where she is	
No	1092 (25.4)
Yes	3182 (74.1)
Don't know	22 (0.5)

Table 1.3. Descriptive statistics of IPV outcome variables used for Azerbaijan (N=4299)

	N (%)
Occurrence of lifetime IPV	
Less severe IPV	19 (14.4)
Severe IPV	142 (3.3.)
Coexistence of IPV	
No violence at all	3677 (85.6)
One form of IPV (less severe or severe IPV)	482 (11.2)
Both forms of IPV (less severe and severe IPV)	139 (3.2)
Frequency of IPV	Mean (SD)
	0.122 (0.386)
	N(%)
Sometimes	347 (8.1)
Often	89 (2.1)

Table 1.3.1. Descriptive statistics of IPV frequency index in Azerbaijan (N=4299)

	N (%)
Spouse ever pushed, shook or threw something	
Not at all	3980 (92.8)
Sometimes	239 (5.6)
Often	70 (1.6)
Spouse ever slapped	
Not at all	3929 (91.8)
Sometimes	278 (6.5)
Often	74 (1.7)
Spouse ever punched her with his fist or something harmful	
Not at all	4165 (97.1)
Sometimes	82 (1.9)
Often	42 (1.0)
Spouse ever kicked, dragged, or beaten her up	
Not at all	4206 (98.0)
Sometimes	46 (1.1)
Often	38 (0.9)
Spouse ever tried to strangle or burn her	
Not at all	4272 (99.4)
Sometimes	16 (0.4)
Often	9 (0.2)
Spouse ever threatened her with knife, gun, or other weapon	
Not at all	4287 (99.7)
Sometimes	7 (0.2)
Often	4 (0.1)
Spouse ever twisted her arm or pull her hair	
Not at all	4097 (95.6)
Sometimes	141 (3.3)
Often	49 (1.1)

Table 1.4. Multilevel regression estimates (odds ratios and standard errors).

Azerbaijan (N=4299)	Model 1: Less severe IPV	Model 2 Severe IPV	Model 3 Severity of IPV	Model 4: Frequency of IPV
<i>Demographic characteristics</i>				
Woman's age	1.004 (0.009)	1.015 (0.019)	1.004 (0.009)	0.995 (0.009)
Number of children	1.154*(0.069)	1.215 (0.162)	1.160*(0.069)	1.078 (0.071)
Woman's postsecondary education	0.828 (0.217)	1.351 (0.772)	0.836 (0.219)	0.675 (0.208)
Rural area of residence	0.883 (0.18)	1.574 (0.666)	0.898 (0.182)	0.909 (0.204)
<i>Household wealth</i>				
Poorest quintile	1.229 (0.409)	7.805** (6.146)	1.372 (0.458)	1.502 (0.559)
Poor quintile	1.529 (0.458)	3.517 (2.545)	1.638 (0.493)	1.985*(0.661)
Middle quintile	1.252 (0.337)	1.608 (1.078)	1.314 (0.357)	1.415 (0.423)
Rich quintile	1.296 (0.315)	2.751 (1.532)	1.395 (0.34)	1.425 (0.383)
<i>Status characteristics</i>				
Women employed	1.23 (0.239)	2.200* (0.847)	1.282 (0.246)	1.166 (0.261)
Partner employed	0.949 (0.404)	0.55 (0.703)	0.894 (0.375)	1.123 (0.527)
Women higher education	1.053 (0.136)	1.222 (0.373)	1.078 (0.139)	1.04 (0.149)
Women earns equal/more	1.011 (0.295)	0.188 (0.173)	0.935 (0.27)	1.209 (0.397)
<i>Experiential characteristics</i>				
Alcohol consumption	1.996*** (0.258)	1.47 (0.425)	1.954*** (0.251)	2.004*** (0.287)
Witnessing IPV	2.141*** (0.28)	2.736*** (0.757)	2.216*** (0.285)	1.804*** (0.261)
<i>Empowerment characteristics</i>				
Justification of IPV by women	1.212*** (0.045)	1.269** (0.108)	1.214** (0.045)	1.177*** (0.049)
Decision-making power	1.153** (0.062)	1.166 (0.14)	1.154** (0.062)	1.204** (0.071)
Partner's controlling behaviour	1.701*** (0.088)	1.592*** (0.168)	1.710** (0.087)	1.836*** (0.103)
<i>Community level characteristics</i>				
Community level of education	0.946 (0.079)	1.085 (0.177)	0.957 (0.081)	0.859 (0.078)
Community wealth	0.987 (0.134)	1.814 (0.527)	1.014 (0.138)	1.159 (0.174)
Community IPV Justification	1.173 (0.521)	0.673 (0.62)	1.129 (0.499)	0.729 (0.352)
Community support of partner's controlling behaviour	0.839 (0.17)	1.676 (0.696)	0.852 (0.172)	0.9 (0.2)
<i>Level 2 Variance</i>				
Intra-class correlation	0.1117***	0.0965	0.1131***	0.1261***

*p< .05; **p< .01; ***p< .001

Table 2.1. Descriptive statistics of IPV predictor variables in the samples of ever-married women in Kyrgyz Republic (N=4831)

<i>Demographic characteristics</i>	Mean (SD)
Woman's age	33.36 (8.471)
Number of children	2.52 (1.488)
	N (%)
Woman with postsecondary education	2188 (45.3)
<i>Area of residence</i>	
Rural	3341 (69.2)
Urban	1490 (30.8)
<i>Household wealth</i>	
Poorest quintile	1004 (20.8)
Poor quintile	996 (20.6)
Middle quintile	1009 (20.9)
Rich quintile	943 (19.5)
Richest quintile	879 (18.2)
<i>Status characteristics</i>	
Women employed	1641 (34.1)
Partner employed	4762 (99.1)
Women with higher education than partners'	4275 (88.5)
Women earns equal/more than partners	603 (14.4)
<i>Empowerment characteristics</i>	Mean (SD)
Justification of IPV by women (five questions about IPV justification)	1.223 (1.572)
Decision-making power (three questions about woman's rights to make decision)	0.415 (0.851)
Partner's controlling behaviour (five questions about partner's control over women)	1.711 (1.102)
<i>Experiential characteristics</i>	N (%)
Alcohol consumption by partner	2095 (43.4)
Woman has witnessed IPV in the family-of-origin	682 (14.1)
<i>Community level characteristics</i>	Mean (SD)
Community level of education	11.749 (1.005)
Community wealth	2.919 (1.162)
Community IPV justification (mean of the responses in community about IPV justification)	0.491 (0.243)
Community support of partner's controlling behaviour (if a community supports control over female partners)	1.712 (0.408)

Table 2.2. Descriptive statistics of IPV predictor variables used for index of empowerment characteristics in Kyrgyzstan (N=4831)

	N (%)
<i>Justification of IPV by women</i>	
IPV is justified if she goes out without telling him	
No	3251 (67.3)
Yes	1442 (29.8)
Don't know	136 (2.8)
IPV is justified if she neglects children	
No	3181 (65.9)
Yes	1479 (30.6)
Don't know	169 (3.5)
IPV is justified if she argues with him	
No	3500 (72.5)
Yes	1103 (22.8)
Don't know	225 (4.7)
IPV is justified if she refuses to have sex	
No	4007 (83.0)
Yes	514 (10.6)
Don't know	306 (6.3)
IPV is justified if she burns food	
No	4294 (88.9)
Yes	408 (8.5)
Don't know	126 (2.6)
<i>Decision-making power</i>	
Who has final say on own health	
Respondent alone	1301 (29.9)
Respondent & partner	2697 (62.1)
Partner alone	176 (4.1)
Someone else/other	170 (3.9)
Who has final say on making large household purchases	
Respondent alone	261 (6.0)
Respondent & partner	3456 (79.6)
Partner alone	271 (6.2)
Someone else/other	356 (8.2)
Who has final say on deciding how to spend money her partner earns	
Respondent alone	249 (5.8)
Respondent & partner	3207 (74.1)
Partner alone	526 (12.2)
Someone else/other	306 (7.1)
<i>Partner's controlling behaviour</i>	
Partner is jealous if she talks with other men	
No	1288 (26.7)
Yes	3469 (71.8)
Don't know	74 (1.5)

Table 2.2 (cont.). Descriptive statistics of IPV predictor variables used for index of empowerment characteristics in Kyrgyzstan (N=4831)

Partner accuses her of unfaithfulness	
No	4360 (90.3)
Yes	464 (9.6)
Don't know	5 (0.1)
Partner does not permit her to meet her girlfriends	
No	4168 (86.3)
Yes	654 (13.5)
Don't know	7 (0.1)
Partner tries to limit her contact with family	
No	4609 (95.5)
Yes	214 (4.4)
Don't know	5 (0.1)
Partner insists on knowing where she is	
No	1450 (30.0)
Yes	3353 (69.4)
Don't know	27 (0.6)

Table 2.3. Descriptive statistics of IPV outcome variables used for Kyrgyzstan (N=4831)

Occurrence of lifetime IPV	N (%)
Less severe IPV	1277 (26.4)
Severe IPV	265 (5.5)
Coexistence of IPV	
No violence at all	3551 (73.5)
One form of IPV (less severe or severe IPV)	1021 (21.1)
Both forms of IPV (less severe and severe IPV)	259 (5.4)
Frequency of IPV	Mean (SD)
	0.237 (0.532)
	N(%)
Sometimes	651 (13.5)
Often	246 (5.1)

Table 2.3.1. Descriptive statistics of IPV frequency index in Kyrgyzstan (N=4831)

	N (%)
Spouse ever pushed, shook or threw something	
Not at all	4070 (84.3)
Sometimes	573 (11.9)
Often	186 (3.9)
Spouse ever slapped	
Not at all	4242 (87.8)
Sometimes	469 (9.7)
Often	118 (2.4)
Spouse ever punched her with his fist or something harmful	
Not at all	4513 (93.4)
Sometimes	236 (4.9)
Often	81 (1.7)
Spouse ever kicked, dragged, or beaten her up	
Not at all	4697 (97.3)
Sometimes	95 (2.0)
Often	37 (0.8)
Spouse ever tried to strangle or burn her	
Not at all	4800 (99.4)
Sometimes	23 (0.5)
Often	7 (0.1)
Spouse ever threatened her with knife, gun, or other weapon	
Not at all	4810 (99.6)
Sometimes	15 (0.3)
Often	5 (0.1)
Spouse ever twisted her arm or pull her hair	
Not at all	4605 (95.3)
Sometimes	167 (3.5)
Often	58 (1.2)

Table 2.4. Multilevel regression estimates (odds ratios and standard errors)

Kyrgyz Republic (N=4831)	Model 1: Less severe IPV	Model 2 Severe IPV	Model 3 Severity of IPV	Model 4: Frequency of IPV
<i>Demographic characteristics</i>				
Woman's age	1.027*** (0.007)	1.057*** (0.014)	1.031***(0.007)	1.004 (0.007)
Number of children	1.184***(0.045)	1.098 (0.085)	1.171***(0.043)	1.124** (0.044)
Woman's postsecondary education	1.089 (0.114)	0.721 (0.157)	1.026 (0.105)	0.819 (0.089)
Rural area of residence	0.786 (0.167)	1.166 (0.487)	0.828 (0.175)	0.79 (0.168)
<i>Household wealth</i>				
Poorest quintile	1.119 (0.296)	1.718 (1.037)	1.087 (0.281)	1.373 (0.381)
Poor quintile	1.183 (0.31)	1.787 (1.074)	1.158 (0.298)	1.584 (0.435)
Middle quintile	1.348 (0.342)	2.004 (1.164)	1.332 (0.332)	1.750* (0.462)
Rich quintile	1.16 (0.227)	2.650* (1.271)	1.196 (0.231)	1.292 (0.265)
<i>Status characteristics</i>				
Women employed	1.195 (0.154)	0.863 (0.26)	1.176 (0.147)	1.311* (0.175)
Partner employed	0.553 (0.364)	2.033 (2.553)	0.671 (0.419)	0.577 (0.381)
Women higher education	1.087 (0.158)	1.395 (0.438)	1.119 (0.158)	1.331 (0.204)
Women earns equal/more	0.700* (0.112)	2.176 (0.719)	0.8 (0.124)	0.679* (0.115)
<i>Experiential characteristics</i>				
Alcohol consumption	3.244*** (0.292)	4.186*** (0.902)	3.303*** (0.294)	3.395*** (0.328)
Witnessing IPV	2.631*** (0.29)	1.838** (0.38)	2.454*** (0.256)	2.655*** (0.283)
<i>Empowerment characteristics</i>				
Justification of IPV by women	1.165*** (0.0346)	1.142* (0.068)	1.167*** (0.034)	1.111*** (0.034)
Decision-making power	1.037 (0.059)	1.167 (0.146)	1.06 (0.059)	1.035 (0.060)
Partner's controlling behaviour	1.905***(0.090)	2.622*** (0.24)	1.977*** (0.09)	1.843*** (0.088)
<i>Community level characteristics</i>				
Community level of education	1.283*** (0.086)	1.449** (0.202)	1.312*** (0.088)	1.288*** (0.086)
Community wealth	0.868 (0.083)	0.824 (0.158)	0.859 (0.082)	0.968 (0.093)
Community IPV Justification	1.189 (0.347)	2.551 (1.51)	1.297 (0.376)	1.604 (0.46)
Community support of partner's controlling behaviour	0.626** (0.099)	0.223*** (0.072)	0.558*** (0.088)	0.611** (0.095)
<i>Level 2 Variance</i>				
Intra-class correlation	0.0800***	0.1639**	0.0857***	0.0586***

*p< .05; **p< .01; ***p< .001

Table 3.1. Descriptive statistics of IPV predictor variables in the samples of ever-married women in Moldova (N=4590)

<i>Demographic characteristics</i>	Mean (SD)
Woman's age	34.91 (8.757)
Number of children	1.67(1.053)
	N (%)
Woman's postsecondary education	1022 (22.3)
<i>Area of residence</i>	
Rural	1960 (42.7)
Urban	2630 (57.3)
<i>Household wealth</i>	
Poorest quintile	597 (13.0)
Poor quintile	643 (14.0)
Middle quintile	855 (18.6)
Rich quintile	1152 (25.1)
Richest quintile	1343 (29.3)
<i>Status characteristics</i>	
Women employed	3041 (66.4)
Partner employed	4060 (89.3)
Women higher education	4221 (92.0)
Women earns equal/more	1287 (33.5)
<i>Empowerment characteristics</i>	Mean (SD)
Justification of IPV by women	0.5084 (1.129)
Decision-making power	0.132 (0.423)
Partner's controlling behaviour	1.320 (1.320)
<i>Experiential characteristics</i>	N (%)
Alcohol consumption	3604 (78.6)
Witnessing IPV	1517 (33.1)
<i>Community level characteristics</i>	Mean (SD)
Community level of education	11.423 (1.104)
Community wealth	3.445 (1.177)
Community IPV justification	0.239 (0.153)
Community support of partner's controlling behaviour	1.320 (0.493)

Table 3.2. Descriptive statistics of IPV predictor variables used for index of empowerment characteristics in Moldova (N=4590)

	N (%)
<i>Justification of IPV by women</i>	
IPV is justified if she goes out without telling him	
No	4167 (90.8)
Yes	321 (7.0)
Don't know	100 (2.2)
IPV is justified if she neglects children	
No	3640 (79.4)
Yes	770 (16.8)
Don't know	177 (3.9)
IPV is justified if she argues with him	
No	4189 (91.3)
Yes	228 (5.0)
Don't know	170 (3.7)
IPV is justified if she refuses to have sex	
No	4299 (93.7)
Yes	125 (2.7)
Don't know	163 (3.6)
IPV is justified if she burns food	
No	4304 (93.8)
Yes	171 (3.7)
Don't know	113 (2.5)
<i>Decision-making power</i>	
Who has final say on own health	
Respondent alone	2123 (52.6)
Respondent & partner	1803 (44.7)
Partner alone	100 (2.5)
Someone else/other	7 (0.2)
Who has final say on making large household purchases	
Respondent alone	735 (18.2)
Respondent & partner	3133 (77.5)
Partner alone	152 (3.8)
Someone else/other	13 (0.3)
Who has final say on deciding how to spend money her partner earns	
Respondent alone	570 (14.6)
Respondent & partner	2895 (73.9)
Partner alone	241 (6.2)
Someone else/other	9 (0.2)
<i>Partner's controlling behaviour</i>	
Partner is jealous if she talks with other men	
No	2455 (53.5)
Yes	2078 (45.3)
Don't know	57 (1.2)

Table 3.2 (cont.). Descriptive statistics of IPV predictor variables used for index of empowerment characteristics in Moldova (N=4590)

Partner accuses her of unfaithfulness	
No	3766 (82.0)
Yes	803 (17.5)
Don't know	20 (0.4)
Partner does not permit her to meet her girlfriends	
No	4094 (89.2)
Yes	487 (10.6)
Don't know	7 (0.2)
Partner tries to limit her contact with family	
No	4305 (93.8)
Yes	278 (6.1)
Don't know	4 (0.1)
Partner insists on knowing where she is	
No	2253 (49.1)
Yes	2327 (50.7)
Don't know	6 (0.1)

Table 3.3. Descriptive statistics of IPV outcome variables used for Moldova (N=4590)

Occurrence of lifetime IPV	N (%)
Less severe form of IPV	1023 (22.3)
Severe form of IPV	178 (3.9)
Severity of IPV	
No violence at all	3566 (77.7)
One form of IPV	848 (18.5)
Both forms of IPV	176 (3.8)
Frequency of IPV	Mean (SD)
	0.155 (0.431)
	N (%)
Sometimes	457 (10.1)
Often	123 (2.7)

Table 3.3.1. Descriptive statistics of IPV frequency index in Moldova (N=4590)

	N (%)
Spouse ever pushed, shook or threw something	
Not at all	4052 (89.3)
Sometimes	386 (8.5)
Often	101 (2.2)
Spouse ever slapped	
Not at all	4083 (90.1)
Sometimes	349 (7.7)
Often	98 (2.2)
Spouse ever punched her with his fist or something harmful	
Not at all	4302 (94.6)
Sometimes	174 (3.8)
Often	70 (1.5)
Spouse ever kicked, dragged, or beaten her up	
Not at all	4444 (97.3)
Sometimes	75 (1.6)
Often	46 (1.0)
Spouse ever tried to strangle or burn her	
Not at all	4511 (98.6)
Sometimes	47 (1.0)
Often	16 (0.3)
Spouse ever threatened her with knife, gun, or other weapon	
Not at all	4505 (98.6)
Sometimes	52 (1.1)
Often	12 (0.3)
Spouse ever twisted her arm or pull her hair	
Not at all	4336 (95.2)
Sometimes	155 (3.4)
Often	62 (1.4)

Table 3.4. Multilevel regression estimates (odds ratios and standard errors)

Moldova (N=4590)	Model 1: Less severe IPV	Model 2 Severe IPV	Model 3 Severity of IPV	Model 4: Frequency of IPV
<i>Demographic characteristics</i>				
Woman's age	1.019** (0.007)	1.048** (0.019)	1.020** (0.007)	0.998 (0.008)
Number of children	1.142* (0.066)	1.19 (0.149)	1.157* (0.066)	1.127 (0.070)
Woman's postsecondary education	0.512*** (0.084)	0.449 (0.244)	0.509*** (0.083)	0.524** (0.104)
Rural area of residence	1.304 (0.264)	0.88 (0.409)	1.287 (0.259)	1.202 (0.247)
<i>Household wealth</i>				
Poorest quintile	2.312** (0.698)	2.526 (1.91)	2.276** (0.671)	4.019*** (1.353)
Poor quintile	1.503 (0.414)	1.161 (0.811)	1.458 (0.392)	2.442** (0.745)
Middle quintile	1.353 (0.325)	2.012 (1.179)	1.394 (0.329)	1.772* (0.473)
Rich quintile	1.258 (0.228)	1.121 (0.523)	1.254 (0.224)	1.638* (0.33)
<i>Status characteristics</i>				
Women employed	1.03 (0.13)	1.27 (0.413)	1.055 (0.13)	0.973 (0.137)
Partner employed	0.903 (0.174)	0.632 (0.282)	0.917 (0.172)	0.943 (0.2)
Women higher education	1.813** (0.413)	13.47* (15.74)	2.001** (0.453)	1.655* (0.425)
Women earns equal/more	1.486** (0.2)	1.055 (0.355)	1.453** (0.191)	1.502** (0.228)
<i>Experiential characteristics</i>				
Alcohol consumption	2.619*** (0.412)	1.61 (0.661)	2.663*** (0.418)	2.779*** (0.526)
Witnessing IPV	1.988*** (0.21)	3.205*** (0.907)	2.054*** (0.212)	1.682*** (0.198)
<i>Empowerment characteristics</i>				
Justification of IPV by women	1.129** (0.048)	1.211* (0.11)	1.138** (0.046)	1.169*** (0.052)
Decision-making power	1.396** (0.156)	1.532 (0.337)	1.397** (0.148)	1.629*** (0.176)
Partner's controlling behaviour	2.002*** (0.089)	2.496*** (0.258)	2.047*** (0.087)	2.082*** (0.098)
<i>Community level characteristics</i>				
Community level of education	0.917 (0.077)	0.742 (0.138)	0.905 (0.075)	0.965 (0.083)
Community wealth	1.122 (0.145)	1.089 (0.342)	1.125 (0.144)	1.181 (0.162)
Community IPV Justification	2.046 (0.959)	0.342 (0.389)	1.617 (0.749)	0.684 (0.326)
Community support of partner's controlling behaviour	0.976 (0.127)	1.211 (0.381)	1.003 (0.129)	1.009 (0.136)
<i>Level 2 Variance</i>				
Intra-class correlation	0.0855***	0.2071*	0.0901***	0.0954

*p< .05; **p< .01; ***p< .001

Table 4.1. Descriptive statistics of IPV predictor variables in the samples of ever-married women in Tajikistan (N=4401)

<i>Demographic characteristics</i>	Mean (SD)
Woman's age	33.20 (8.246)
Number of children	2.74 (1.682)
	N (%)
Woman's postsecondary education	879 (20.0)
<i>Area of residence</i>	
Rural	2681 (60.9)
Urban	1720 (39.1)
<i>Household wealth</i>	
Poorest quintile	705 (16.0)
Poor quintile	667 (15.2)
Middle quintile	745 (16.9)
Rich quintile	847 (19.2)
Richest quintile	1437 (32.7)
<i>Status characteristics</i>	
Women employed	1390 (31.6)
Partner employed	4281 (97.7)
Women higher education	3071 (69.8)
Women earns equal/more	322 (8.4)
<i>Empowerment characteristics</i>	Mean (SD)
Justification of IPV by women	2.292 (1.991)
Decision-making power	1.211 (1.266)
Partner's controlling behaviour	1.573 (1.363)
<i>Experiential characteristics</i>	
Alcohol consumption	833 (18.9)
Witnessing IPV	489 (11.1)
<i>Community level characteristics</i>	
Community level of education	10.114 (1.454)
Community wealth	3.399 (1.230)
Community IPV justification	0.693 (0.195)
Community support of partner's controlling behaviour	1.572 (0.516)

Table 4.2. Descriptive statistics of IPV predictor variables used for index of empowerment characteristics in Tajikistan (N=4401)

	N (%)
<i>Justification of IPV by women</i>	
IPV is justified if she goes out without telling him	
No	1870 (42.5)
Yes	2351 (53.5)
Don't know	176 (4.0)
IPV is justified if she neglects children	
No	2140 (48.7)
Yes	2061 (46.9)
Don't know	196 (4.5)
IPV is justified if she argues with him	
No	2294 (52.2)
Yes	1831 (41.7)
Don't know	271 (6.2)
IPV is justified if she refuses to have sex	
No	2709 (61.6)
Yes	1305 (29.7)
Don't know	381 (8.7)
IPV is justified if she burns food	
No	2894 (65.8)
Yes	1225 (27.9)
Don't know	278 (6.3)
<i>Decision-making power</i>	
Who has final say on own health	
Respondent alone	672 (16.5)
Respondent & partner	1722 (42.2)
Partner alone	1299 (31.8)
Someone else/other	392 (9.5)
Who has final say on making large household purchases	
Respondent alone	422 (10.3)
Respondent & partner	2044 (50.1)
Partner alone	1073 (26.3)
Someone else/other	543 (13.3)
Who has final say on deciding how to spend money her partner earns	
Respondent alone	355 (8.7)
Respondent & partner	2002 (49.2)
Partner alone	1214 (29.9)
Someone else/other	419 (10.3)
<i>Partner's controlling behaviour</i>	
Partner is jealous if she talks with other men	
No	1254 (28.5)
Yes	3070 (69.8)
Don't know	76 (1.7)

Table 4.2 (cont.). Descriptive statistics of IPV predictor variables used for index of empowerment characteristics in Tajikistan (N=4401)

Partner accuses her of unfaithfulness	
No	3737 (84.9)
Yes	572 (13.0)
Don't know	89 (2.0)
Partner does not permit her to meet her girlfriends	
No	3566 (81.1)
Yes	738 (16.8)
Don't know	95 (2.2)
Partner tries to limit her contact with family	
No	3948 (89.8)
Yes	366 (8.3)
Don't know	83 (1.9)
Partner insists on knowing where she is	
No	2561 (58.2)
Yes	1750 (39.8)
Don't know	87 (2.0)

Table 4.3. Descriptive statistics of IPV outcome variables used for Tajikistan (N=4401)

Occurrence of lifetime IPV	N (%)
Less severe form of IPV	787 (17.9)
Severe form of IPV	164 (3.7)
Severity of IPV	
No violence at all	3601 (81.8)
One form of IPV	652 (14.8)
Both forms of IPV	148 (3.4)
Frequency of IPV	Mean (SD)
	0.155 (0.375)
	N (%)
Sometimes	507 (11.5)
Often	87 (2.0)

Table 4.3.1. Descriptive statistics of IPV frequency index in Tajikistan (N=4401)

	N (%)
Spouse ever pushed, shook or threw something	
Not at all	4054 (92.2)
Sometimes	301 (6.8)
Often	40 (0.9)
Spouse ever slapped	
Not at all	3926 (89.3)
Sometimes	416 (9.5)
Often	55 (1.3)
Spouse ever punched her with his fist or something harmful	
Not at all	4244 (96.5)
Sometimes	120 (2.7)
Often	35 (0.8)
Spouse ever kicked, dragged, or beaten her up	
Not at all	4280 (97.3)
Sometimes	78 (1.8)
Often	40 (0.9)
Spouse ever tried to strangle or burn her	
Not at all	4360 (99.1)
Sometimes	23 (0.5)
Often	16 (0.4)
Spouse ever threatened her with knife, gun, or other weapon	
Not at all	4385 (99.7)
Sometimes	8 (0.2)
Often	7 (0.2)
Spouse ever twisted her arm or pull her hair	
Not at all	4262 (96.9)
Sometimes	110 (2.5)
Often	26 (0.6)

Table 4.4. Multilevel regression estimates (odds ratios and standard errors)

Tajikistan (N=4401)	Model 1: Less severe IPV	Model 2 Severe IPV	Model 3 Severity of IPV	Model 4: Frequency of IPV
<i>Demographic characteristics</i>				
Woman's age	0.984 (0.008)	0.983 (0.017)	0.982* (0.008)	0.977* (0.009)
Number of children	1.141*** (0.045)	1.064 (0.093)	1.141*** (0.044)	1.087 (0.047)
Woman's postsecondary education	0.941 (0.149)	0.748 (0.242)	0.91 (0.14)	0.724 (0.126)
Area of residence	0.627* (0.121)	0.641 (0.221)	0.645* (0.118)	0.798 (0.155)
<i>Household wealth</i>				
Poorest quintile	1.081 (0.295)	3.202* (1.89)	1.142 (0.305)	1.012 (0.301)
Poor quintile	1.443 (0.342)	2.766* (1.408)	1.49 (0.344)	1.47 (0.37)
Middle quintile	1.121 (0.231)	1.8 (0.783)	1.132 (0.227)	1.128 (0.246)
Rich quintile	1.085 (0.189)	2.064* (0.709)	1.115 (0.188)	1.13 (0.207)
<i>Status characteristics</i>				
Women employed	1.158 (0.157)	2.002** (0.528)	1.201 (0.158)	1.107 (0.163)
Partner employed	1.321 (0.737)	0.427 (0.378)	1.241 (0.68)	1.196 (0.726)
Women higher education	0.972 (0.114)	1.324 (0.346)	1.016 (0.116)	1.182 (0.149)
Women earns equal/more	0.652 (0.161)	0.57 (0.291)	0.648 (0.158)	0.686 (0.191)
<i>Experiential characteristics</i>				
Alcohol consumption	3.324*** (0.396)	3.920*** (0.9)	3.441*** (0.396)	3.241*** (0.406)
Witnessing IPV	2.398*** (0.331)	2.513*** (0.631)	2.442*** (0.326)	2.237*** (0.322)
<i>Empowerment characteristics</i>				
Justification of IPV by women	1.107*** (0.032)	1.052 (0.066)	1.099*** (0.031)	1.087** (0.034)
Decision-making power	0.98 (0.042)	1.076 (0.098)	0.992 (0.041)	1.016 (0.046)
Partner's controlling behaviour	1.358*** (0.052)	1.647*** (0.13)	1.387*** (0.053)	1.391*** (0.058)
<i>Community level characteristics</i>				
Community level of education	1 (0.055)	1.137 (0.127)	1.009 (0.053)	0.984 (0.055)
Community wealth	1.002 (0.103)	1.416 (0.299)	1.032 (0.102)	1.117 (0.119)
Community IPV Justification	0.844 (0.32)	2.286 (1.648)	0.902 (0.322)	0.766 (0.291)
Community support of partner's controlling behaviour	0.896 (0.116)	0.965 (0.236)	0.894 (0.11)	0.723* (0.096)
<i>Level 2 Variance</i>				
Intra-class correlation	0.1239***	0.1331*	0.0996***	0.0950***

*p< .05; **p< .01; ***p< .001

Table 5.1. Descriptive statistics of IPV predictor variables in the samples of ever-married women in Ukraine (N=2416)

<i>Demographic characteristics</i>	Mean (SD)
Woman's age	35.87 (7.996)
Number of children	1.47 (.884)
	N (%)
Woman's postsecondary education	1443 (59.7)
<i>Area of residence</i>	
Rural	919 (38.0)
Urban	1497 (62.0)
<i>Household wealth</i>	
Poorest quintile	364 (15.1)
Poor quintile	590 (24.4)
Middle quintile	500 (20.7)
Rich quintile	459 (19.0)
Richest quintile	503 (20.8)
<i>Status characteristics</i>	N (%)
Women employed	1906 (79.3)
Partner employed	1837 (97.1)
Women higher education	2172 (89.9)
Women earns equal/more	492 (26.4)
<i>Empowerment characteristics</i>	Mean (SD)
Justification of IPV by women	0.155 (0.669)
Decision-making power	0.151 (0.470)
Partner's controlling behaviour	1.366 (1.311)
<i>Experiential characteristics</i>	N (%)
Alcohol consumption	1965 (81.4)
Witnessing IPV	394 (16.4)
<i>Community level characteristics</i>	
Community level of education	13.519 (1.467)
Community wealth	3.0459 (1.231)
Community IPV justification	0.083 (0.102)
Community support of partner's controlling behaviour	1.365 (0.683)

Table 5.2. Descriptive statistics of IPV predictor variables used for index of empowerment characteristics in Ukraine (N=2416)

	N (%)
<i>Justification of IPV by women</i>	
IPV is justified if she goes out without telling him	
No	2352 (97.5)
Yes	14 (0.6)
Don't know	46 (1.9)
IPV is justified if she neglects children	
No	2263 (93.8)
Yes	76 (3.2)
Don't know	73 (3.0)
IPV is justified if she argues with him	
No	2342 (97.1)
Yes	21 (0.9)
Don't know	49 (2.0)
IPV is justified if she refuses to have sex	
No	2352 (97.5)
Yes	20 (0.8)
Don't know	40 (1.7)
IPV is justified if she burns food	
No	2376 (98.5)
Yes	5 (0.2)
Don't know	30 (1.2)
<i>Decision-making power</i>	
Who has final say on own health	
Respondent alone	1159 (60.7)
Respondent & partner	719 (37.7)
Partner alone	26 (1.4)
Someone else/other	5 (0.3)
Who has final say on making large household purchases	
Respondent alone	344 (18.0)
Respondent & partner	1453 (76.0)
Partner alone	100 (5.2)
Someone else/other	14 (0.8)
Who has final say on deciding how to spend money her partner earns	
Respondent alone	226 (11.9)
Respondent & partner	1513 (79.8)
Partner alone	141 (7.4)
Someone else/other	3 (0.2)
<i>Partner's controlling behaviour</i>	
Partner is jealous if she talks with other men	
No	1076 (44.5)
Yes	1282 (53.1)
Don't know	58 (2.4)

Table 5.2 (cont.). Descriptive statistics of IPV predictor variables used for index of empowerment characteristics in Ukraine (N=2416)

Partner accuses her of unfaithfulness	
No	1990 (82.4)
Yes	393 (16.3)
Don't know	33 (1.4)
Partner does not permit her to meet her girlfriends	
No	2136 (88.4)
Yes	259 (10.7)
Don't know	16 (0.7)
Partner tries to limit her contact with family	
No	2292 (95.2)
Yes	106 (4.4)
Don't know	10 (0.4)
Partner insists on knowing where she is	
No	1257 (52.1)
Yes	1140 (47.3)
Don't know	14 (0.6)

Table 5.3. Descriptive statistics of IPV outcome variables used for Ukraine (N=2416)

Occurrence of lifetime IPV	N (%)
Less severe form of IPV	303 (12.5)
Severe form of IPV	96 (4.0)
Severity of IPV	
No violence at all	2114 (87.5)
One form of IPV	207 (8.6)
Both forms of IPV	95 (3.9)
Frequency of IPV	Mean (SD)
	0.118 (0.375)
	N (%)
Sometimes	198 (8.3)
Often	43 (1.8)

Table 5.3.1. Descriptive statistics of IPV frequency index in Ukraine (N=2416)

	N (%)
Spouse ever pushed, shook or threw something	
Not at all	2180 (90.8)
Sometimes	190 (7.9)
Often	30 (1.3)
Spouse ever slapped	
Not at all	2251 (93.8)
Sometimes	127 (5.3)
Often	23 (1.0)
Spouse ever punched her with his fist or something harmful	
Not at all	2321 (96.5)
Sometimes	68 (2.8)
Often	17 (0.7)
Spouse ever kicked, dragged, or beaten her up	
Not at all	2342 (97.2)
Sometimes	52 (2.2)
Often	15 (0.6)
Spouse ever tried to strangle or burn her	
Not at all	2402 (99.6)
Sometimes	6 (0.2)
Often	3 (0.1)
Spouse ever threatened her with knife, gun, or other weapon	
Not at all	2409 (99.8)
Sometimes	4 (0.2)
Often	1 (0.0)
Spouse ever twisted her arm or pull her hair	
Not at all	2337 (97.1)
Sometimes	57 (2.4)
Often	14 (0.6)

Table 5.4. Multilevel regression estimates (odds ratios and standard errors)

Ukraine (N=2416)	Model 1: Less severe IPV	Model 2 Severe IPV	Model 3 Severity of IPV	Model 4: Frequency of IPV
<i>Demographic characteristics</i>				
Woman's age	1.053** (0.019)	1.093** (0.032)	1.055** (0.018)	1.038* (0.018)
Number of children	1.227 (0.185)	1.446 (0.274)	1.286 (0.183)	1.197 (0.176)
Woman's postsecondary education	0.742 (0.239)	1.869 (0.942)	0.872 (0.267)	0.827 (0.268)
Area of residence	0.998 (0.422)	0.83 (0.499)	1.078 (0.432)	1.194 (0.492)
<i>Household wealth</i>				
Poorest quintile	3.233 (2.754)	91.66*** (123.5)	3.927 (3.22)	3.081 (2.686)
Poor quintile	2.305 (1.723)	25.21** (30.37)	2.468 (1.763)	3.502 (2.669)
Middle quintile	1.403 (0.902)	4.321 (5.165)	1.494 (0.928)	2.045 (1.352)
Rich quintile	0.815 (0.441)	4.841 (4.721)	0.708 (0.373)	1.057 (0.608)
<i>Status characteristics</i>				
Women employed	1.806 (0.667)	0.435 (0.219)	1.361 (0.469)	1.673 (0.598)
Partner employed	1.284 (0.892)	0.769 (0.701)	1.02 (0.65)	0.777 (0.504)
Women higher education	1.638 (0.743)	0.913 (0.626)	1.811 (0.819)	1.546 (0.709)
Women earns equal/more	1.175 (0.358)	1.653 (0.825)	1.319 (0.386)	1.055 (0.329)
<i>Experiential characteristics</i>				
Alcohol consumption	2.333* (0.981)	1.187 (0.698)	1.988 (0.794)	2.235 (0.951)
Witnessing IPV	4.596*** (1.364)	6.430*** (2.616)	4.551*** (1.25)	3.779*** (1.084)
<i>Empowerment characteristics</i>				
Justification of IPV by women	1.193 (0.177)	1.343 (0.279)	1.217 (0.173)	1.185 (0.171)
Decision-making power	1.660* (0.398)	0.29 (0.183)	1.316 (0.293)	1.756* (0.395)
Partner's controlling behaviour	2.696*** (0.361)	2.741*** (0.437)	2.755*** (0.337)	2.734*** (0.347)
<i>Community level characteristics</i>				
Community level of education	0.962 (0.138)	0.885 (0.181)	0.943 (0.13)	0.871 (0.126)
Community wealth	1.345 (0.387)	2.079 (0.836)	1.387 (0.383)	1.433 (0.415)
Community IPV justification	29.59* (40.36)	0.0496 (0.117)	8.869 (11.61)	22.20* (29.4)
Community support of partner's controlling behaviour	1 (0.226)	1.246 (0.405)	0.952 (0.207)	0.84 (0.191)
<i>Level 2 Variance</i>				
Intra-class correlation	0.2282*	8.42	0.1977*	0.1968*

*p< .05; **p< .01; ***p< .001

Table 6.1. Descriptive statistics of IPV predictor variables in the samples of ever-married women in Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine

	Azerbaijan (N=4299)	Kyrgyzstan (N=4831)	Moldova (N=4590)	Tajikistan (N=4401)	Ukraine (N=2416)
<i>Demographic characteristics</i>					
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Woman's age	34.85 (8.278)	33.36 (8.471)	34.91 (8.757)	33.20 (8.246)	35.87 (7.996)
Number of children	2.10 (1.129)	2.52 (1.488)	1.67(1.053)	2.74 (1.682)	1.47 (.884)
	N (%)	N (%)	N (%)	N (%)	N (%)
Woman with postsecondary education	479 (11.1)	2188 (45.3)	1022 (22.3)	879 (20.0)	1443 (59.7)
<i>Area of residence</i>					
Rural	2026 (47.1)	3341 (69.2)	1960 (42.7)	2681 (60.9)	919 (38.0)
Urban	2273 (52.9)	1490 (30.8)	2630 (57.3)	1720 (39.1)	1497 (62.0)
<i>Household wealth</i>					
Poorest quintile	913 (21.2)	1004 (20.8)	597 (13.0)	705 (16.0)	364 (15.1)
Poor quintile	927 (21.6)	996 (20.6)	643 (14.0)	667 (15.2)	590 (24.4)
Middle quintile	959 (22.3)	1009 (20.9)	855 (18.6)	745 (16.9)	500 (20.7)
Rich quintile	815 (19.0)	943 (19.5)	1152 (25.1)	847 (19.2)	459 (19.0)
Richest quintile	685 (15.9)	879 (18.2)	1343 (29.3)	1437 (32.7)	503 (20.8)
<i>Status characteristics</i>					
Women employed	961 (22.4)	1641 (34.1)	3041 (66.4)	1390 (31.6)	1906 (79.3)
Partner employed	3994 (94.4)	4762 (99.1)	4060 (89.3)	4281 (97.7)	1837 (97.1)
Women with higher/equal education	2790 (64.9)	4275 (88.5)	4221 (92.0)	3071 (69.8)	2172 (89.9)
Women earns equal/more	453 (11.9)	603 (14.4)	1287 (33.5)	322 (8.4)	492 (26.4)
<i>Empowerment characteristics</i>					
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Justification of IPV by women	1.688 (1.767)	1.223 (1.572)	0.5084 (1.129)	2.292 (1.991)	0.155 (0.669)
Decision-making power	1.049 (1.136)	0.415 (0.851)	0.132 (0.423)	1.211 (1.266)	0.151 (0.470)
Partner's controlling behaviour	1.578 (1.199)	1.711 (1.102)	1.320 (1.320)	1.573 (1.363)	1.366 (1.311)

Table 6.1 (cont.). Descriptive statistics of IPV predictor variables in the samples of ever-married women in Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine

<i>Experiential characteristics</i>					
	N (%)	N (%)	N (%)	N (%)	N (%)
Alcohol use	2481 (57.7)	2095 (43.4)	3604 (78.6)	833 (18.9)	1965 (81.4)
Has witnessed IPV	749 (17.4)	682 (14.1)	1517 (33.1)	489 (11.1)	394 (16.4)
<i>Community level characteristics</i>					
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Community level of education	10.637 (1.170)	11.749 (1.005)	11.423 (1.104)	10.114 (1.454)	13.519 (1.467)
Community wealth	2.883 (1.122)	2.919 (1.162)	3.445 (1.177)	3.399 (1.230)	3.045 (1.231)
Community IPV justification	0.581 (0.214)	0.491 (0.243)	0.239 (0.153)	0.693 (0.195)	0.083 (0.102)
Community support of partner's controlling behaviour	1.577 (0.388)	1.712 (0.408)	1.320 (0.493)	1.572 (0.516)	1.365 (0.683)

Table 6.2. Descriptive statistics of IPV predictor variables used for index in Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine

	Azerbaijan (N=4299)	Kyrgyzstan (N=4831)	Moldova (N=4590)	Tajikistan (N=4401)	Ukraine (N=2416)
	N (%)	N (%)	N (%)	N (%)	N (%)
<i>Justification of IPV by women: IPV is justified if she</i>					
goes out without telling him					
No	2114 (49.2)	3251 (67.3)	4167 (90.8)	1870 (42.5)	2352 (97.5)
Yes	2068 (48.1)	1442 (29.8)	321 (7.0)	2351 (53.5)	14 (0.6)
Don't know	116 (2.7)	136 (2.8)	100 (2.2)	176 (4.0)	46 (1.9)
neglects children					
No	2501 (58.2)	3181 (65.9)	3640 (79.4)	2140 (48.7)	2263 (93.8)
Yes	1644 (38.3)	1479 (30.6)	770 (16.8)	2061 (46.9)	76 (3.2)
Don't know	152 (3.5)	169 (3.5)	177 (3.9)	196 (4.5)	73 (3.0)
argues with him					
No	2654 (61.7)	3500 (72.5)	4189 (91.3)	2294 (52.2)	2342 (97.1)
Yes	1470 (34.2)	1103 (22.8)	228 (5.0)	1831 (41.7)	21 (0.9)
Don't know	174 (4.0)	225 (4.7)	170 (3.7)	271 (6.2)	49 (2.0)
refuses to have sex					
No	3354 (78.0)	4007 (83.0)	4299 (93.7)	2709 (61.6)	2352 (97.5)
Yes	707 (16.4)	514 (10.6)	125 (2.7)	1305 (29.7)	20 (0.8)
Don't know	237 (5.5)	306 (6.3)	163 (3.6)	381 (8.7)	40 (1.7)
burns food					
No	3606 (83.9)	4294 (88.9)	4304 (93.8)	2894 (65.8)	2376 (98.5)
Yes	564 (13.1)	408 (8.5)	171 (3.7)	1225 (27.9)	5 (0.2)
Don't know	127 (3.0)	126 (2.6)	113 (2.5)	278 (6.3)	30 (1.2)
<i>Decision-making power: Who has final say</i>					
on own health					
Respondent alone	694 (17.7)	1301 (29.9)	2123 (52.6)	672 (16.5)	1159 (60.7)
Respondent & partner	2093 (53.4)	2697 (62.1)	1803 (44.7)	1722 (42.2)	719 (37.7)
Partner alone	901 (23.0)	176 (4.1)	100 (2.5)	1299 (31.8)	26 (1.4)
Someone else/other	234 (6.0)	170 (3.9)	7 (0.2)	392 (9.5)	5 (0.3)
on making large household purchases					
Respondent alone	440 (11.2)	261 (6.0)	735 (18.2)	422 (10.3)	344 (18.0)
Respondent & partner	1597 (40.7)	3456 (79.6)	3133 (77.5)	2044 (50.1)	1453 (76.0)
Partner alone	1523 (38.8)	271 (6.2)	152 (3.8)	1073 (26.3)	100 (5.2)
Someone else/other	362 (9.9)	356 (8.2)	13 (0.3)	543 (13.3)	14 (0.8)

Table 6.2 (cont.). Descriptive statistics of IPV predictor variables used for index in Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine

on deciding how to spend money her partner earns					
Respondent alone	235 (6.1)	249 (5.8)	570 (14.6)	355 (8.7)	226 (11.9)
Respondent & partner	2339 (60.6)	3207 (74.1)	2895 (73.9)	2002 (49.2)	1513 (79.8)
Partner alone	952 (24.7)	526 (12.2)	241 (6.2)	1214 (29.9)	141 (7.4)
Someone else/other	116 (3.0)	306 (7.1)	9 (0.2)	419 (10.3)	3 (0.2)
<i>Partner's controlling behaviour</i>					
Partner is jealous if she talks with other men					
No	2077 (48.4)	1288 (26.7)	2455 (53.5)	1254 (28.5)	1076 (44.5)
Yes	2145 (49.9)	3469 (71.8)	2078 (45.3)	3070 (69.8)	1282 (53.1)
Don't know	73 (1.7)	74 (1.5)	57 (1.2)	76 (1.7)	58 (2.4)
Partner accuses her of unfaithfulness					
No	3977 (92.6)	4360 (90.3)	3766 (82.0)	3737 (84.9)	1990 (82.4)
Yes	304 (7.1)	464 (9.6)	803 (17.5)	572 (13.0)	393 (16.3)
Don't know	15 (0.3)	5 (0.1)	20 (0.4)	89 (2.0)	33 (1.4)
Partner does not permit her to meet her girlfriends					
No	3698 (86.1)	4168 (86.3)	4094 (89.2)	3566 (81.1)	2136 (88.4)
Yes	572 (13.3)	654 (13.5)	487 (10.6)	738 (16.8)	259 (10.7)
Don't know	26 (0.6)	7 (0.1)	7 (0.2)	95 (2.2)	16 (0.7)
Partner tries to limit her contact with family					
No	3859 (89.8)	4609 (95.5)	4305 (93.8)	3948 (89.8)	2292 (95.2)
Yes	423 (9.8)	214 (4.4)	278 (6.1)	366 (8.3)	106 (4.4)
Don't know	13 (0.3)	5 (0.1)	4 (0.1)	83 (1.9)	10 (0.4)
Partner insists on knowing where she is					
No	1092 (25.4)	1450 (30.0)	2253 (49.1)	2561 (58.2)	1257 (52.1)
Yes	3182 (74.1)	3353 (69.4)	2327 (50.7)	1750 (39.8)	1140 (47.3)
Don't know	22 (0.5)	27 (0.6)	6 (0.1)	87 (2.0)	14 (0.6)

Table 6.3. Descriptive statistics of IPV outcome variables used for Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine

	Azerbaijan (N=4298)	Kyrgyzstan (N=4828)	Moldova (N=4590)	Tajikistan (N=4400)	Ukraine (N=2416)
	N (%)	N (%)	N (%)	N (%)	N (%)
Occurrence of lifetime IPV					
Less severe of IPV	619 (14.4)	1277 (26.4)	1023 (22.3)	787 (17.9)	303 (12.5)
Severe type of IPV	142 (3.3.)	265 (5.5)	178 (3.9)	164 (3.7)	96 (4.0)
Severity of IPV					
No violence at all	3677 (85.6)	3551 (73.5)	3566 (77.7)	3601 (81.8)	2114 (87.5)
One type of IPV	482 (11.2)	1021 (21.1)	848 (18.5)	652 (14.8)	207 (8.6)
Both types of IPV	139 (3.2)	259 (5.4)	176 (3.8)	148 (3.4)	95 (3.9)
Frequency of IPV	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
	0.122 (0.386)	0.237 (0.532)	0.155 (0.431)	0.155 (0.375)	0.118 (0.375)
	% (N)	% (N)	% (N)	% (N)	% (N)
Sometimes	8.1 (347)	13.5 (651)	10.1 (457)	11.5 (507)	8.3 (198)
Often	2.1 (89)	5.1 (246)	2.7 (123)	2.0 (87)	1.8 (43)

Table 6.3.1. Descriptive statistics of IPV frequency index in Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine

	Azerbaijan (N=4298)	Kyrgyzstan (N=4828)	Moldova (N=4590)	Tajikistan (N=4400)	Ukraine (N=2415)
	N (%)	N (%)	N (%)	N (%)	N (%)
Spouse ever pushed, shook or threw something					
Not at all	3980 (92.8)	4070 (84.3)	4052 (89.3)	4054 (92.2)	2180 (90.8)
Sometimes	239 (5.6)	573 (11.9)	386 (8.5)	301 (6.8)	190 (7.9)
Often	70 (1.6)	186 (3.9)	101 (2.2)	40 (0.9)	30 (1.3)
Spouse ever slapped					
Not at all	3929 (91.8)	4242 (87.8)	4083 (90.1)	3926 (89.3)	2251 (93.8)
Sometimes	278 (6.5)	469 (9.7)	349 (7.7)	416 (9.5)	127 (5.3)
Often	74 (1.7)	118 (2.4)	98 (2.2)	55 (1.3)	23 (1.0)
Spouse ever punched her with his fist or something harmful					
Not at all	4165 (97.1)	4513 (93.4)	4302 (94.6)	4244 (96.5)	2321 (96.5)
Sometimes	82 (1.9)	236 (4.9)	174 (3.8)	120 (2.7)	68 (2.8)
Often	42 (1.0)	81 (1.7)	70 (1.5)	35 (0.8)	17 (0.7)
Spouse ever kicked, dragged, or beaten her up					
Not at all	4206 (98.0)	4697 (97.3)	4444 (97.3)	4280 (97.3)	2342 (97.2)
Sometimes	46 (1.1)	95 (2.0)	75 (1.6)	78 (1.8)	52 (2.2)
Often	38 (0.9)	37 (0.8)	46 (1.0)	40 (0.9)	15 (0.6)
Spouse ever tried to strangle or burn her					
Not at all	4272 (99.4)	4800 (99.4)	4511 (98.6)	4360 (99.1)	2402 (99.6)
Sometimes	16 (0.4)	23 (0.5)	47 (1.0)	23 (0.5)	6 (0.2)
Often	9 (0.2)	7 (0.1)	16 (0.3)	16 (0.4)	3 (0.1)

Table 6.3.1 (cont.). Descriptive statistics of IPV frequency index in Azerbaijan, Kyrgyzstan, Moldova, Tajikistan, and Ukraine

Spouse ever threatened her with knife, gun, or other weapon					
Not at all	4287 (99.7)	4810 (99.6)	4505 (98.6)	4385 (99.7)	2409 (99.8)
Sometimes	7 (0.2)	15 (0.3)	52 (1.1)	8 (0.2)	4 (0.2)
Often	4 (0.1)	5 (0.1)	12 (0.3)	7 (0.2)	1 (0.0)
Spouse ever twisted her arm or pull her hair					
Not at all	4097 (95.6)	4605 (95.3)	4336 (95.2)	4262 (96.9)	2337 (97.1)
Sometimes	141 (3.3)	167 (3.5)	155 (3.4)	110 (2.5)	57 (2.4)
Often	49 (1.1)	58 (1.2)	62 (1.4)	26 (0.6)	14 (0.6)

Table 6.4.1. Model 1: Multilevel logistic regression for less severe IPV (odds ratios and standard errors)

	Azerbaijan (N=4299)	Kyrgyzstan (N=4831)	Moldova (N=4590)	Tajikistan (N=4401)	Ukraine (N=2416)
<i>Demographic characteristics</i>					
Woman's age	1.004 (0.009)	1.027*** (0.007)	1.019** (0.007)	0.984 (0.008)	1.053** (0.019)
Number of children	1.154* (0.069)	1.184*** (0.045)	1.142* (0.066)	1.141*** (0.045)	1.227 (0.185)
Woman's postsecondary education	0.828 (0.217)	1.089 (0.114)	0.512*** (0.084)	0.941 (0.149)	0.742 (0.239)
Area of residence	0.883 (0.18)	0.786 (0.167)	1.304 (0.264)	0.627* (0.121)	0.998 (0.422)
<i>Household wealth</i>					
Poorest quintile	1.229 (0.409)	1.119 (0.296)	2.312** (0.698)	1.081 (0.295)	3.233 (2.754)
Poor quintile	1.529 (0.458)	1.183 (0.31)	1.503 (0.414)	1.443 (0.342)	2.305 (1.723)
Middle quintile	1.252 (0.337)	1.348 (0.342)	1.353 (0.325)	1.121 (0.231)	1.403 (0.902)
Wealthier quintile	1.296 (0.315)	1.16 (0.227)	1.258 (0.228)	1.085 (0.189)	0.815 (0.441)
<i>Status characteristics</i>					
Women employed	1.23 (0.239)	1.195 (0.154)	1.03 (0.13)	1.158 (0.157)	1.806 (0.667)
Partner employed	0.949 (0.404)	0.553 (0.364)	0.903 (0.174)	1.321 (0.737)	1.284 (0.892)
Women higher education	1.053 (0.136)	1.087 (0.158)	1.813** (0.413)	0.972 (0.114)	1.638 (0.743)
Women earns equal/more	1.011 (0.295)	0.700* (0.112)	1.486** (0.2)	0.652 (0.161)	1.175 (0.358)
<i>Empowerment characteristics</i>					
Justification of IPV by women	1.212*** (0.045)	1.165*** (0.0346)	1.129** (0.048)	1.107*** (0.032)	1.193 (0.177)
Decision-making power	1.153** (0.062)	1.037 (0.059)	1.396** (0.156)	0.98 (0.042)	1.660* (0.398)
Partner's controlling behaviour	1.701*** (0.088)	1.905*** (0.090)	2.002*** (0.089)	1.358*** (0.052)	2.696*** (0.361)
<i>Experiential characteristics</i>					
Alcohol consumption	1.996*** (0.258)	3.244*** (0.292)	2.619*** (0.412)	3.324*** (0.396)	2.333* (0.981)
Witnessing IPV	2.141*** (0.28)	2.631*** (0.29)	1.988*** (0.21)	2.398*** (0.331)	4.596*** (1.364)
<i>Community level characteristics</i>					
Community level of education	0.946 (0.079)	1.283*** (0.086)	0.917 (0.077)	1 (0.055)	0.962 (0.138)
Community wealth	0.987 (0.134)	0.868 (0.083)	1.122 (0.145)	1.002 (0.103)	1.345 (0.387)
Community IPV justification	1.173 (0.521)	1.189 (0.347)	2.046 (0.959)	0.844 (0.32)	29.59* (40.36)
Community support of partner's controlling behaviour	0.839 (0.17)	0.626** (0.099)	0.976 (0.127)	0.896 (0.116)	1 (0.226)
<i>Level 2 Variance</i>					
Intra-class correlation	0.1117***	0.0800***	0.0855***	0.1239***	0.2282*

*p< .05; **p< .01; ***p< .001

Table 6.4.2. Model 2: Multilevel logistic regression for severe IPV (odds ratios and standard errors)

	Azerbaijan (N=4299)	Kyrgyzstan (N=4831)	Moldova (N=4590)	Tajikistan (N=4401)	Ukraine (N=2416)
<i>Demographic characteristics</i>					
Woman's age	1.015 (0.019)	1.057*** (0.014)	1.048** (0.019)	0.983 (0.017)	1.093** (0.032)
Number of children	1.215 (0.162)	1.098 (0.085)	1.19 (0.149)	1.064 (0.093)	1.446 (0.274)
Woman's postsecondary education	1.351 (0.772)	0.721 (0.157)	0.449 (0.244)	0.748 (0.242)	1.869 (0.942)
Area of residence	1.574 (0.666)	1.166 (0.487)	0.88 (0.409)	0.641 (0.221)	0.83 (0.499)
<i>Household wealth</i>					
Poorest quintile	7.805** (6.146)	1.718 (1.037)	2.526 (1.91)	3.202* (1.89)	91.66*** (123.5)
Poor quintile	3.517 (2.545)	1.787 (1.074)	1.161 (0.811)	2.766* (1.408)	25.21** (30.37)
Middle quintile	1.608 (1.078)	2.004 (1.164)	2.012 (1.179)	1.8 (0.783)	4.321 (5.165)
Wealthier quintile	2.751 (1.532)	2.650* (1.271)	1.121 (0.523)	2.064* (0.709)	4.841 (4.721)
<i>Status characteristics</i>					
Women employed	2.200* (0.847)	0.863 (0.26)	1.27 (0.413)	2.002** (0.528)	0.435 (0.219)
Partner employed	0.55 (0.703)	2.033 (2.553)	0.632 (0.282)	0.427 (0.378)	0.769 (0.701)
Women higher education	1.222 (0.373)	1.395 (0.438)	13.47* (15.74)	1.324 (0.346)	0.913 (0.626)
Women earns equal/more	0.188 (0.173)	2.176 (0.719)	1.055 (0.355)	0.57 (0.291)	1.653 (0.825)
<i>Empowerment characteristics</i>					
Justification of IPV by women	1.269** (0.108)	1.142* (0.068)	1.211* (0.11)	1.052 (0.066)	1.343 (0.279)
Decision-making power	1.166 (0.14)	1.167 (0.146)	1.532 (0.337)	1.076 (0.098)	0.29 (0.183)
Partner's controlling behaviour	1.592*** (0.168)	2.622*** (0.24)	2.496*** (0.258)	1.647*** (0.13)	2.741*** (0.437)
<i>Experiential characteristics</i>					
Alcohol consumption	1.47 (0.425)	4.186*** (0.902)	1.61 (0.661)	3.920*** (0.9)	1.187 (0.698)
Witnessing IPV	2.736*** (0.757)	1.838** (0.38)	3.205*** (0.907)	2.513*** (0.631)	6.430*** (2.616)
<i>Community level characteristics</i>					
Community level of education	1.085 (0.177)	1.449** (0.202)	0.742 (0.138)	1.137 (0.127)	0.885 (0.181)
Community wealth	1.814 (0.527)	0.824 (0.158)	1.089 (0.342)	1.416 (0.299)	2.079 (0.836)
Community IPV justification	0.673 (0.62)	2.551 (1.51)	0.342 (0.389)	2.286 (1.648)	0.0496 (0.117)
Community support of partner's controlling behaviour	1.676 (0.696)	0.223*** (0.072)	1.211 (0.381)	0.965 (0.236)	1.246 (0.405)
<i>Level 2 Variance</i>					
Intra-class correlation	0.096	0.1639***	0.2071*	0.1331*	0.499

*p< .05; **p< .01; ***p< .001

Table 6.4.3. Model 3: Multilevel logistic regression for coexistence of less severe and severe IPV (OR and standard errors)

	Azerbaijan (N=4299)	Kyrgyzstan (N=4831)	Moldova (N=4590)	Tajikistan (N=4401)	Ukraine (N=2416)
<i>Demographic characteristics</i>					
Woman's age	1.004 (0.009)	1.031*** (0.007)	1.020** (0.007)	0.982* (0.008)	1.055** (0.018)
Number of children	1.160* (0.069)	1.171*** (0.043)	1.157* (0.066)	1.141*** (0.044)	1.286 (0.183)
Woman's postsecondary education	0.836 (0.219)	1.026 (0.105)	0.509*** (0.083)	0.91 (0.14)	0.872 (0.267)
Area of residence	0.898 (0.182)	0.828 (0.175)	1.287 (0.259)	0.645* (0.118)	1.078 (0.432)
<i>Household wealth</i>					
Poorest quintile	1.372 (0.458)	1.087 (0.281)	2.276** (0.671)	1.142 (0.305)	3.927 (3.22)
Poor quintile	1.638 (0.493)	1.158 (0.298)	1.458 (0.392)	1.49 (0.344)	2.468 (1.763)
Middle quintile	1.314 (0.357)	1.332 (0.332)	1.394 (0.329)	1.132 (0.227)	1.494 (0.928)
Wealthier quintile	1.395 (0.34)	1.196 (0.231)	1.254 (0.224)	1.115 (0.188)	0.708 (0.373)
<i>Status characteristics</i>					
Women employed	1.282 (0.246)	1.176 (0.147)	1.055 (0.13)	1.201 (0.158)	1.361 (0.469)
Partner employed	0.894 (0.375)	0.671 (0.419)	0.917 (0.172)	1.241 (0.68)	1.02 (0.65)
Women higher education	1.078 (0.139)	1.119 (0.158)	2.001** (0.453)	1.016 (0.116)	1.811 (0.819)
Women earns equal/more	0.935 (0.27)	0.8 (0.124)	1.453** (0.191)	0.648 (0.158)	1.319 (0.386)
<i>Empowerment characteristics</i>					
Justification of IPV by women	1.214*** (0.045)	1.167*** (0.034)	1.138** (0.046)	1.099*** (0.0315)	1.217 (0.173)
Decision-making power	1.154** (0.062)	1.06 (0.059)	1.397** (0.148)	0.992 (0.041)	1.316 (0.293)
Partner's controlling behaviour	1.710*** (0.087)	1.977*** (0.09)	2.047*** (0.087)	1.387*** (0.053)	2.755*** (0.337)
<i>Experiential characteristics</i>					
Alcohol consumption	1.954*** (0.251)	3.303*** (0.294)	2.663*** (0.418)	3.441*** (0.396)	1.988 (0.794)
Witnessing IPV	2.216*** (0.285)	2.454*** (0.256)	2.054*** (0.212)	2.442*** (0.326)	4.551*** (1.25)
<i>Community level characteristics</i>					
Community level of education	0.957 (0.081)	1.312*** (0.088)	0.905 (0.075)	1.009 (0.053)	0.943 (0.13)
Community wealth	1.014 (0.138)	0.859 (0.082)	1.125 (0.144)	1.032 (0.102)	1.387 (0.383)
Community IPV justification	1.129 (0.499)	1.297 (0.376)	1.617 (0.749)	0.902 (0.322)	8.869 (11.61)
Community support of partner's controlling behaviour	0.852 (0.172)	0.558*** (0.088)	1.003 (0.129)	0.894 (0.11)	0.952 (0.207)
<i>Level 2 Variance</i>					
Intra-class correlation	0.1131***	0.0857***	0.0901***	0.0996***	0.1977*

*p< .05; **p< .01; ***p< .001

Table 6.4.4. Model 4: Multilevel logistic regression for frequency of IPV (odds ratios and standard errors)

	Azerbaijan (N=4299)	Kyrgyzstan (N=4831)	Moldova (N=4590)	Tajikistan (N=4401)	Ukraine (N=2416)
<i>Demographic characteristics</i>					
Woman's age	0.995 (0.009)	1.004 (0.007)	0.998 (0.008)	0.977* (0.009)	1.038* (0.018)
Number of children	1.078 (0.071)	1.124** (0.044)	1.127 (0.070)	1.087 (0.047)	1.197 (0.176)
Woman's postsecondary education	0.675 (0.208)	0.819 (0.089)	0.524** (0.104)	0.724 (0.126)	0.827 (0.268)
Area of residence	0.909 (0.204)	0.79 (0.168)	1.202 (0.247)	0.798 (0.155)	1.194 (0.492)
<i>Household wealth</i>					
Poorest quintile	1.502 (0.559)	1.373 (0.381)	4.019*** (1.353)	1.012 (0.301)	3.081 (2.686)
Poor quintile	1.985* (0.661)	1.584 (0.435)	2.442** (0.745)	1.47 (0.37)	3.502 (2.669)
Middle quintile	1.415 (0.423)	1.750* (0.462)	1.772* (0.473)	1.128 (0.246)	2.045 (1.352)
Wealthier quintile	1.425 (0.383)	1.292 (0.265)	1.638* (0.33)	1.13 (0.207)	1.057 (0.608)
<i>Status characteristics</i>					
Women employed	1.166 (0.261)	1.311* (0.175)	0.973 (0.137)	1.107 (0.163)	1.673 (0.598)
Partner employed	1.123 (0.527)	0.577 (0.381)	0.943 (0.2)	1.196 (0.726)	0.777 (0.504)
Women higher education	1.04 (0.149)	1.331 (0.204)	1.655* (0.425)	1.182 (0.149)	1.546 (0.709)
Women earns equal/more	1.209 (0.397)	0.679* (0.115)	1.502** (0.228)	0.686 (0.191)	1.055 (0.329)
<i>Empowerment characteristics</i>					
Justification of IPV by women	1.177*** (0.049)	1.111*** (0.034)	1.169*** (0.052)	1.087** (0.034)	1.185 (0.171)
Decision-making power	1.204** (0.071)	1.035 (0.060)	1.629*** (0.176)	1.016 (0.046)	1.756* (0.395)
Partner's controlling behaviour	1.836*** (0.103)	1.843*** (0.088)	2.082*** (0.098)	1.391*** (0.058)	2.734*** (0.347)
<i>Experiential characteristics</i>					
Alcohol consumption	2.004*** (0.287)	3.395*** (0.328)	2.779*** (0.526)	3.241*** (0.406)	2.235 (0.951)
Witnessing IPV	1.804*** (0.261)	2.655*** (0.283)	1.682*** (0.198)	2.237*** (0.322)	3.779*** (1.084)
<i>Community level characteristics</i>					
Community level of education	0.859 (0.078)	1.288*** (0.086)	0.965 (0.083)	0.984 (0.055)	0.871 (0.126)
Community wealth	1.159 (0.174)	0.968 (0.093)	1.181 (0.162)	1.117 (0.119)	1.433 (0.415)
Community IPV Justification	0.729 (0.352)	1.604 (0.46)	0.684 (0.326)	0.766 (0.291)	22.20* (29.4)
Community support of partner's controlling behaviour	0.9 (0.2)	0.611** (0.095)	1.009 (0.136)	0.723* (0.096)	0.84 (0.191)
<i>Level 2 Variance</i>					
Intra-class correlation	0.1261***	0.0586***	0.0282	0.0950***	0.1968*

*p<0.05; **p<0.01; ***p<0.001

VITA AUCTORIS

Elena Chernyak was born in 1975 in Saint-Petersburg, USSR/Russia. She received her first combined Bachelor/Master of Art (Journalism) in 1996 from Saint-Petersburg State University in Russia. In 2003, she came to Windsor, Ontario, Canada to study theology in Assumption University from which she graduated in 2007 with Master of Religious Education. In 2010, Elena graduated from the University of Windsor with a Master of Social Work degree. Elena is currently a candidate for the Doctoral degree in Sociology with a Specialization in Social Justice at the University of Windsor, with an anticipated graduation of June 2016.