Background

This study was funded and led by UNFPA China with technical support from Partners for Prevention (P4P), a UNDP, UNFPA, UN Women and UNV Asia-Pacific Regional Joint Programme for Gender-based Violence Prevention. The study is part of P4P’s Asia and the Pacific regional research project, UN Multi-country Study on Men and Violence, which is being conducted in seven countries in the Asia-Pacific region.

The objectives of this study were:

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

This survey was conducted in Eixian county in May 2011, and included both towns and rural villages. Data was collected through a multi-stage random sampling strategy. With an 84 percent response rate, 1,103 women and 1,017 men aged 18-49 years completed the female and male questionnaires. About 90 percent of respondents were married or divorced when interviewed.

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

---

1 The pseudonym Eixian is used to refer to the study site so as to protect the confidentiality and safety of the participating respondents.
Summary of key findings

Intimate partner violence

Intimate partner violence is pervasive

Among the female respondents who were ever-partnered, 39 percent reported experiencing physical and/or sexual intimate partner violence (IPV). Men reported a higher prevalence rate – 52 percent – than women for physical and/or sexual IPV perpetration. Slightly more than one third (38 percent) of ever-partnered women reported experiencing emotional violence by an intimate partner. Among ever-partnered men, 43 percent reported ever having perpetrated emotional violence against a female partner. Different types of IPV were found to be overlapping, for example, 27 percent of men who reported perpetrating physical IPV also reported perpetrating sexual violence against a partner.

One in ten ever-partnered women reported being raped by a male partner. Among ever-partnered men, 14 percent reported perpetrating rape against a female partner. Women are more at risk of rape from a partner than a non-partner – among women who had experienced rape, 62 percent had been raped by a partner. The corresponding prevalence reported by men was 64 percent.

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

The study found clear associations between IPV and symptoms of women’s physical, mental and reproductive ill-health.

Among women who had experienced physical partner violence, 40 percent had been injured, resulting in their taking leave from work or having to stay in bed.

Violence results not only in injuries but is related to longer-term physical, mental and reproductive health consequences. Compared with women not experiencing IPV, women who experienced IPV were two to three times more likely to have poor overall health, be unsatisfied with their sexual life, have had sexually transmitted infections, miscarriages and/or abortions, be clinically depressed and to consider or attempt suicide.

There was also a clear association between perpetrating IPV and men’s quality of life. Of the men who reported having perpetrated IPV, 57 percent had low satisfaction with their life, compared to 45 percent of men who had not perpetrated IPV. Men who had perpetrated IPV were also 2 ½ times more likely to be clinically depressed and nearly twice as likely to have thought about suicide. However, it is unclear whether perceived low life satisfaction, depression, etc. causes men to use violence or is a result of their use of violence and associated behaviours – more research is required in this area. There is international evidence that suggests it is both and men with better mental health perpetrate IPV less, indicating that investment in men’s mental health is a priority for violence prevention.

Women who experience IPV often don’t tell anyone

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

Men who have alcohol problems are nearly 2 ½ times more likely to perpetrate IPV than those who do not have alcohol problems. Men who were abused as a child, emotionally and/or sexually, are significantly more likely to perpetrate IPV. The frequency of quarrelling in a relationship is also a strong risk factor – compared to men who rarely quarrel with their partners, those who sometimes quarrel are 2 ½ times more likely to use violence and those who quarrel often are nearly nine times more likely to use violence. Men’s number of sexual partners in their lifetime is also a significant risk factor – men who have had multiple sexual partners are more likely to perpetrate violence.

Women who experienced childhood trauma, including physical, sexual and/or emotional abuse, were significantly more likely to experience IPV. In households where men dominated household decision-making, women were also more likely to experience partner violence. Women who were unsure of their partner’s fidelity, that is, their partner was likely having an affair, were nearly two times more likely to experience partner violence. Similar to men’s perpetration of IPV, quarrelling in the relationship increased the likelihood of women to experience violence. Women who reported that they quarreled with their partner sometimes, as compared with rarely, were nearly five times more likely to be abused, and those who reported quarrelling often were approximately 13 times more likely to experience abuse.

Non-partner sexual violence

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

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

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

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

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

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

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

Men experience high levels of trauma and violence

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

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

Gender attitudes and hegemonic masculinity

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

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

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

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

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

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

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

Recommendations

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

Promote gender equality in practice

- Recommendation 1: Promote school-based and community-based gender equality programmes for boys and young men, along with girls
- Recommendation 2: Promote gender-equitable, non-violent masculinities in the mass media
- Recommendation 3: Expand and promote government commitment to gender equality

End impunity for violence against women

- Recommendation 4: Establish and implement a clear legal framework for addressing violence against women
- Recommendation 5: Sensitize and build the capacity of law enforcement and judiciary personnel to effectively and appropriately deal with cases involving gender-based violence

Improving the health sector response

- Recommendation 6: Enhance the capacity of mental health services
- Recommendation 7: Develop a comprehensive health sector response to the impacts of violence against women
- Recommendation 8: Use sexual and reproductive health services as entry points for providing referral and support services to women who experience violence

Summary of key findings
Address men’s health and well-being

- Recommendation 9: Support the availability of counselling services for men
- Recommendation 10: Build the capacity of law enforcement and medical personnel to sensitively and effectively support men who experience violence
- Recommendation 11: Conduct awareness-raising campaigns directed at men to increase their use of health services
- Recommendation 12: Address notions of masculinity associated with toughness and sexual prowess that encourage risky behaviours and prevent men from seeking help

Support women experiencing violence

- Recommendation 13: Strengthen formal support services for women experiencing violence
- Recommendation 14: Strengthen informal support services for women experiencing violence

Address ideologies of male sexual entitlement

- Recommendation 15: Promote safe and consensual sex in the mass media, schools, workplaces and community centers
- Recommendation 16: Institute gender equality and anti-harassment policies in all workplaces
- Recommendation 17: Address notions of masculinity associated with sexual prowess and sexual entitlement

End violence against children

- Recommendation 18: Support positive parenting interventions
- Recommendation 19: Implement non-violence programmes and policies in schools that address abuse, harassment and bullying
- Recommendation 20: Work with at-risk children to try to prevent the cycle of violence

Support further research and evaluations

- Recommendation 21: Enhance capacities for further collection and analysis of data on gender-based violence and masculinities to monitor changes
- Recommendation 22: Support and conduct rigorous evaluations of promising programmes
Executive Summary

Research on Gender-based Violence and Masculinities in China: Preliminary Findings

Published by the United Nations Population Fund, China

Copyright © UNFPA 2013.
All rights reserved.
Cover designed by: Beijing Hangxian Ruisheng Graphic Design Co., Ltd.

The views expressed in this report are those of the author and do not necessarily represent those of UNFPA.

Institute of Sexuality and Gender Studies at Beijing Forestry University (ISGS) devotes to education, research, and social work in the field of sex and gender.

Anti-Domestic Violence Network/Beijing Fan Bao is a NGO and nationwide network in China that devotes to eliminate gender-based violence and create a gender-equal society.

UNFPA, the United Nations Population Fund, is an international development agency that delivers a world where every pregnancy is wanted, every birth is safe, and every young person's potential is fulfilled.

Partners for Prevention, is a UNDP, UNFPA, UN Women and UNV regional joint programme for gender-based violence prevention in Asia and the Pacific.

UNFPA China
1-161 Tayuan Diplomatic Office Building 14 Liangmahe Nanlu,
Beijing 100600, China
Tel: +86-10-65320506
Fax: +86-10-65322510
Email: china.office@unfpa.org