



Administrative data systems versus prevalence surveys: Are they equally suited to give us data on the prevalence of violence against women?

Information and statistics on violence against women (VAW) are potentially available from a variety of sources. Two of the most common 'groups' of sources are (1) administrative data, including, but not limited to records kept by health and social services, legal aid services and police; and (2) population-based surveys, a term that is used for surveys that collect data through rigorous methods in a subset of the population to find out what is happening in the entire population.¹

As this leaflet sets out to show, administrative data, while having their utility as a source of information on violence against women, cannot provide an estimate of the prevalence of violence against women taking place within a population.

The **'prevalence'** of violence against women refers to the proportion of women who have experienced violence as part of the total population of women 'at risk'. For example, prevalence estimates of intimate partner violence (IPV) are usually presented as the percentage of ever-partnered women, among all ever-partnered women in the same age group, who have experienced violence.

There are two time periods over which this is measured:



during the previous 12 months, also sometimes called 'prevalence rate of current violence' or 'current prevalence'; and

2

at any time in their life, also known as 'prevalence rate of lifetime violence' or 'lifetime prevalence'.





¹ For more details on various survey methodologies refer to the leaflet, 'Survey Methodologies', in this information pack.

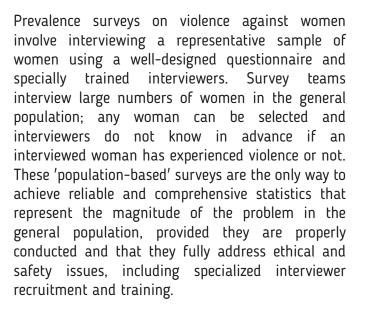
1. ADMINISTRATIVE DATA

Administrative data are a valuable source of statistics on VAW. Public data systems and administrative records on health, such as from health management information systems (HMIS), police records, social services records and court files, all provide data that can be analyzed. Prevalence studies show that in most countries, among women who ever experienced violence by an intimate partner, between 1 and 10 percent seek help from these support services. It must be borne in mind, however, that due to stigma, shame, economic and emotional dependence, fear and social barriers, the majority of women who experience violence do not seek help at all or only seek it when their situation becomes unbearable. Therefore, the data from these administrative sources - even if properly collected, presented and interpreted - only represent the very tip of the iceberg.

While administrative data cannot help to measure the extent and patterns of violence in a population, they do reveal the number of cases or incidents identified by a specific service, the response and treatment provided, and – in some cases – the effectiveness of resources allocated or the referral mechanisms put in place.

It is vitally important to interpret data collected through administrative systems properly, and especially to understand their limitations for measuring the magnitude of the problem. While administrative data collection systems can help to monitor and inform agency practice, they are not designed to measure VAW in the general population. They cannot provide data to estimate the prevalence of violence.

2. PREVALENCE SURVEYS



A well designed and conducted survey can directly inform policy, service provision and prevention strategies.

The methodology developed for the WHO Multi-country Study on Women's Health and Domestic Violence is an example of a dedicated survey instrument that not only allows for obtaining prevalence data on different types of VAW, but also on:

- the consequences for women, their children and families;
- women's help-seeking behaviours e.g., which services women use and why some women do not use services for VAW; and
- underlying factors that increase the risk of violence and those that protect women from violence.

Another example of a survey instrument for the collection of prevalence data on VAW is the Domestic Violence module in the Demographic and Health Survey (DHS).

CONCLUSION:

- Administrative records are not suitable for determining prevalence rates.
- A well conducted, dedicated population-based survey is ideal to collect data on the prevalence of VAW.

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