MEASURING AND UNDERSTANDING VIOLENCE AGAINST WOMEN (*VAW*) IN DEVELOPING COUNTRIES‡

Is Community-Based Targeting Effective in Identifying Intimate Partner Violence?†

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Public programs face the challenge of reaching intended beneficiaries while minimizing leakages onto ineligible recipients. In developing countries, limited resources and monitoring capacity make it particularly hard to avoid exclusion and inclusion errors in the delivery of social programs. Over the past few decades, public agencies have experimented with alternative methods of increasing targeting efficiency with varying results (see Hanna and Karlan 2017 for a recent review).

This paper measures the effectiveness of a community-based targeting approach to identifying victims of intimate partner violence (IPV), a worldwide problem affecting 835 million victims of physical or sexual violence (Klugman et al. 2014). Despite the urgent need to address this social ill, which appears to be worsening in many parts of the world, accurate data necessary to identify and target policy efforts to those at risk are rarely available. In developing countries, administrative records on IPV are scarce (Palermo, Bleck, and Peterman 2014) due to rampant underreporting to authorities, making it necessary for social programs to collect data from communities in order to properly target services. However, due to both stigma and fear of exposure, IPV incidence is also underreported in household surveys (Agüero and Frisancho 2017).

A common alternative to collecting self-reported data on eligibility is to ask local leaders to identify the set of community members eligible for a given program, also known as community-based targeting. Relying on the community to target beneficiaries has the potential to reduce underreporting due to stigma and overreporting due to demand for programs and is also less costly than collecting data from every individual. Particularly for highly stigmatized behaviors such as IPV, community-based targeting may offer a more accurate and lower-cost means of identifying individuals at risk or in need of social services. However, the success of this strategy depends critically on the degree of observability of domestic violence within communities, as well as on the incentives of selected informants to truthfully report on community members.

We test this approach in rural Peru, a setting in which one third of women between 15 and 49 report experiencing physical or sexual IPV in the most recent Demographic and Health Survey (DHS) (Instituto Nacional de Estadística e Informática 2019). In 254 rural villages, we

collected self-reported data on physical and sexual violence via a standard DHS-style questionnaire administered to female community members and compared it to a listing of women at risk of IPV elicited from female community *leaders*. The results indicate that individual IPV status is widely underreported by community leaders: on average, leaders report an overall IPV rate of 17.9 percent, and when asked to name individuals to target for IPV services, they report on average only 7.7 percent of women in their communities. Both numbers are well below the 38.8 percent measured through self-reports in the same communities, and the general IPV rate given by leaders suggests that they are not even aware of more than half of the incidents of domestic violence taking place in their village.

Moreover, it does not appear that other community members would be better positioned to identify victims: in a companion survey of IPV victims, 48 percent of respondents report that *no* women in their village experience IPV.[1] Although we cannot fully distinguish whether the mismatch between leaders' reports and individual self-reports is due to the lack of external observability of IPV or leaders' unwillingness to expose it, the fact that even victims themselves appear to be largely unaware of the prevalence of IPV within their communities suggests that poor information is the primary barrier to using community-based targeting mechanisms for IPV.

Overall, the evidence presented here does not support community-based instruments for either targeting IPV victims or establishing IPV rates, and highlights the need to further develop protocols and instruments that foster truthful self-reporting.

I. Context, Design, and Sample

The data used in the study come from two distinct surveys conducted in 2018–2019 in 254 rural villages in Peru across 12 districts: a survey of female community members and a survey of female community leaders.[2]

In our household survey, we interview all women residing in sampled villages who are between the ages of 18 and 49, have children, and are cohabiting with a partner at the time of the survey.[3] To measure self-reported episodes of physical and sexual IPV, we replicated the domestic violence module of the Peruvian DHS. The DHS instrument follows the United Nations's recommendations on survey methods for sensitive topics and is the main source of IPV data nationwide. Our questionnaire asked women for specific episodes of physical and sexual violence ever perpetrated by their partners. Our overall response rate for the survey is 94.5 percent, and the nonresponse rate for IPV questions is 1.5 percent. Women who self-reported physical or sexual IPV were also asked about their perception of the prevalence of IPV in their community.

In all villages, we also conducted a survey of local female leaders. Names of local leaders were solicited in interviews with the president of each village, who were asked to name all women who resided in the village and worked in a leadership position with a local social organization. Local social organizations were primarily community kitchens groups, mothers' clubs, and government cash transfer groups. When no leaders could be identified, which occurred mainly in very small villages, we reached out to the nearest community health worker or to the oldest women in the village. In each village, we interviewed all leaders named who could be found in the village on the day of surveying.[4] On average, we interviewed 3.26 leaders per village, and in 99 percent of villages we interviewed at least 2 different leaders.

Table 1 provides characteristics of the leaders included in our survey. Leaders are slightly younger than the women in our sample (37 versus 40, respectively) and have a similar number of children (3.21 versus 3.40). Not surprisingly, leaders are more educated than the average

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[1] The specific survey question with which second-order beliefs are elicited is, "As far as you know, is there a woman who has been abused or mistreated by her partner in this village?"

[2] Both surveys were conducted as part of an impact evaluation of a domestic violence program currently being

rolled out in this setting. Districts selected for the impact evaluation had more than 5,000 inhabitants and a Women Emergency Center, government offices that support IPV victims. Villages within those districts were selected based on their proximity to the district center, their accessibility by road, and their size (20–250 households).

[3] We depart from the inclusion criteria of the DHS in the interests of the impact evaluation.

[4] In some villages, enumerators spent two days collecting data in the village.

TABLE 1—CHARACTERISTICS OF FEMALE LEADERS ASKED
ABOUT IPV

Variable	Mean	SD
Panel A. Leader characteristics		
Age	39.74	11.96
Years of education	10.25	0.13
Grew up in the village	0.68	0.47
Has partner/husband	0.84	0.37
Number of children	3.40	2.02
Catholic	0.68	0.47
Housework as main occupation (outside leadership)	0.72	0.45
Household involved in farming	0.71	0.46
Number of years as leader	2.45	5.26
Panel B. Leadership role		
Local social organizations	0.870	
Older woman in village	0.094	
Health worker	0.036	
Panel C. Type of local social organizations		
Leader of community kitchens group	0.49	
Leader of village committee	0.19	
Leader of CCT program village-commitee	0.16	
Leader of club of mothers	0.09	
Leader of school committee	0.08	
Number of leaders per village	3.26	0.99
Total number of leaders	829	

FIGURE 1. REPORTED IPV RATES BY SOURCE

female resident: half of them have at least secondary education compared to only 40 percent of respondents in the female survey.

In the questionnaire administered to leaders, they were asked about the extent of IPV in their villages in two different ways. First, we asked about the number of women in the village believed to have ever been *abused* by their partner, where abuse is clarified to refer to emotional, physical, or sexual abuse as well as negligence, humiliation, control, and deprivation of basic needs. Since this is a slightly broader definition of IPV than that encompassed by the DHS question, we expect the leaders' report to surpass the self-reported IPV rate whenever leaders are able to accurately detect abuse.

Second, leaders were asked to provide a list of *women at risk* of IPV in their communities who could "benefit from the support of social organizations focused on domestic violence." To facilitate reporting, we presented them with a list of women who live in the village and asked th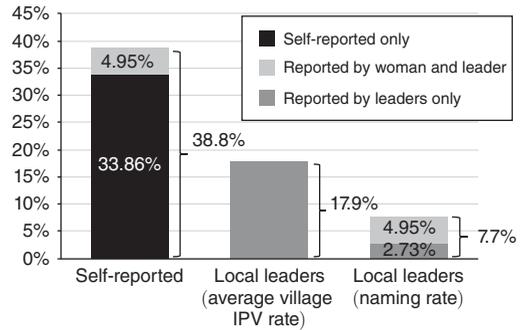em to look over the list and report any victims they could identify. In addition to IPV incidence, the leader survey collected information on village-level physical infrastructure, access to public services, and socioeconomic and demographic village characteristics.

The most recent household listing from our villages comes from a 2012 census, which limited the match between the list provided to the leaders and the list of individual survey respondents. Hence, to make our comparison of IPV measurement consistent across surveys, we limit our analysis sample to village members included in both listings (therefore, those residing in the village in 2012 and 2019), which encompasses a total sample of 1,394 women.

II. Main Findings

Comparing the lists provided by leaders to the self-reports of IPV collected from individual women reveals that leaders fail to identify the majority of IPV victims in the village. Figure 1 shows that while 38.8 percent of matched women acknowledge the experience of some form of physical or sexual violence at least once in their lifetime, leaders give an average IPV rate of only 17.9 percent.

Not surprisingly, leaders tended to report fewer names than the number of victims implied by their response to the first question on overall rates of IPV in the village. When asked to identify individuals, the rate reported by leaders drops to 7.7 percent. Moreover, among these individuals, the specific names provided match with less than 5 percent of our sample of self-reported victims. In other words, leaders identify by name only 12.8 percent of the cases in which IPV is

self-reported. In total, 23.4 percent of leaders who acknowledge some level of IPV in their communities when answering the general question do not name a single individual woman as a victim of IPV in need of services.

Moreover, it does not appear that other community members are better positioned to identify victims within their community. In a follow-up survey, 47 percent of self-reported victims of violence stated that there is no other victim of violence in the village. Even within communities with an IPV rate higher that 20 percent, 48 percent of self-reported victims perceived that violence was not an issue for anyone else in the village. This finding alone indicates that most information on episodes of IPV stays behind closed doors.

In Table 2 we explore the characteristics of women that correlate with being correctly named by the leader. Among the sample of women who self-reported having experienced violence, we regress whether she was named by the leader as a function of demographic characteristics. The results are consistent with both unobservability of IPV and unwillingness to report limiting leaders' reports of IPV cases. Column 1 reveals that number of children is positively correlated with being named by the leader. Since most leaders in our sample lead an organization whose beneficiaries are young children and mothers, it is very likely that they tend to interact with women with children. The result may also reflect greater concern by leaders over violence occurring in households with young children.

In column 2, we add to the regression variables measuring the severity and timing of episodes of violence and find that IPV severity is also positively correlated with being named by the leader. As with presence of children, IPV severity is likely to increase both leaders' concern over helping victims as well as the observability of domestic violence to outsiders. However, it is worth noting that although more severe cases of IPV are more likely to be named by leaders, even among IPV victims experiencing the most severe form of violence included in the survey (threaten with weapons), only 32.61 percent of victims are named by leaders.

III. Conclusions

Overall, the evidence suggests that community-based targeting approaches to IPV

Table 2—Individual Correlates of Leaders' Reporting of IPV

	Dependent variable: named by leader = 1	
	(1)	(2)
Age	−0.001 (0.004)	−0.001 (0.004)
Years of education	0.007 (0.006)	0.006 (0.006)
Indigenous language	−0.028 (0.039)	−0.035 (0.040)
Education gap with partner	−0.027 (0.042)	−0.008 (0.040)
Age gap with partner	−0.003 (0.003)	−0.002 (0.003)
Number of children	0.033 (0.014)	0.029 (0.013)
Age of last child	−0.003 (0.003)	−0.005 (0.003)
Empowerment index	−0.077 (0.089)	−0.004 (0.092)
Village wealth	−0.016 (0.036)	−0.017 (0.032)
IPV severity index		0.308 (0.109)
Sexual IPV		0.014 (0.038)
Recent IPV		0.010 (0.035)
Observations	468	468
Adjusted R^2	0.013	0.044

Notes: Sample is restricted to women who self-reported either physical or sexual violence. Robust standard errors clustered at the village level in parentheses. Indigenous language is a dummy variable that takes value 1 if the woman's mother tongue is indigenous and zero otherwise. Empowerment index: aggregates women's intrahousehold dynamics: (i) time dedicated to child caring, (ii) time dedicated to cooking meals, (iii) time dedicated to cleaning, (iv) involvement in household's large purchases, (v) earning money on her own, and (vi) ability to spend money without husband's permission. Village wealth is an index of village-level characteristics that include (i) access to electricity grid, (ii) water and sewer service, and (iii) internet access. IPV severity index is a nonlinear index that weights all physical IPV situations from DHS. Sexual IPV is equal to one if a woman experienced any type of sexual IPV in their lifetime and zero otherwise. Recent IPV is a dummy variable that takes the value of 1 if a woman experienced any type of physical or sexual IPV in the last 12 months.

measurement—even those that rely exclusively on *female* village leaders with links to the delivery of local social programs—lead to large

levels of underestimation of the prevalence of violence when compared to aggregation of self-reported incidence of IPV. Moreover, data on knowledge of IPV episodes in other households collected from community members suggest that episodes of IPV are largely unobserved within the village. Thus, survey techniques that reduce measurement in self-reporting, such as that detailed in Agüero et al. 2020, are likely to be especially valuable for identifying and fighting IPV going forward.

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