



Ընդդեմ կանանց նկատմամբ  
բռնության կոալիցիա  
Coalition to stop violence  
against women

# Survey on the Reach of Gender-Based Violence Support Services in Armenia

Survey Report

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*Yerevan*

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Researcher - Lusine Aslanyan  
Translator - Anna Shahnazaryan  
Design - "Zartprint"

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In case of using and quoting any part of the study, it is mandatory to make a corresponding reference.

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## List of abbreviations

GBV – Gender-Based Violence

HIV - Human Immunodeficiency Virus

NGO - Non-Governmental Organization

CSVAW - Coalition to Stop Violence against Women

RA – Republic of Armenia

DV – Domestic Violence

STI – Sexually Transmitted Infections

IPV – Intimate Partner Violence

## Executive summary

### Introduction and Context

Violence against women, particularly intimate partner and sexual violence, is a pressing public health issue and a fundamental violation of women's human rights. Gender-based violence (GBV) affects one in three women globally, with intimate partner violence accounting for the majority of these incidents. In Armenia, the prevalence of domestic violence is alarming, with studies indicating that approximately 60% of women have experienced some form of domestic violence during their lifetimes. Recent data reveals that 14.8% of women aged 15-59 have faced physical violence, and 6.6% have encountered sexual abuse from an intimate partner. Armenia's ranking in the Global Gender Gap Report has improved from 114 in 2021 to 61 in 2023, highlighting ongoing efforts toward gender equality, yet significant challenges remain.

### Aim and Objectives of the Study

This project aimed to conduct a comprehensive survey to evaluate the reach of violence against women and girls support services in Armenia. The objectives include assessing the socio-demographic characteristics of respondents, evaluating awareness of women's rights and protective measures, understanding public perceptions of domestic violence, exploring knowledge of available support services, identifying barriers to accessing these services, and determining effective methods for raising awareness.

### Methods

A cross-sectional face-to-face survey was conducted among adult women aged 18-65 in Yerevan, Gyumri, and Spitak, utilizing computer-assisted personal interviews (CAPI) through an electronic questionnaire. A total of 397 women were selected using a stratified convenient sampling strategy to ensure representative results from each city. The study collected data on socio-demographic characteristics, awareness of women's rights, perceptions of domestic violence, knowledge of support services, help-seeking behaviors, and barriers to accessing these services. The survey instrument included multiple-choice and closed questions, and data were analyzed

using descriptive statistics and chi-square tests to explore relationships between variables.

### Key Findings

The study involved 397 participants, with a mean age of approximately 42 years. The socio-demographic characteristics revealed that nearly half (48.9%) had less than a university degree, most were married (58.7%), and 64% were employed. Over half of the participants reported an income below 140,000 AMD, highlighting economic vulnerabilities within the sample. A significant portion expressed skepticism regarding women's rights protection, with 47.09% believing that these rights are only partially protected. Furthermore, awareness of domestic violence protection laws was low, as 22.17% of respondents were unaware of existing legislation. Analysis indicated that employed individuals and those living particularly in Yerevan, generally perceived women's rights more positively compared to unemployed respondents and those from Gyumri.

Public perceptions of domestic violence (DV) revealed clear recognition of overt forms of abuse, such as physical violence, while subtler behaviors, including emotional manipulation, were met with ambiguity. Many respondents exhibited uncertainty in identifying less obvious forms of DV, particularly in Yerevan, indicating a need for greater awareness and education on emotional and psychological abuse. Awareness of support services for victims of violence was alarmingly low, with less than half of respondents (47.07%) familiar with available resources. Notably, younger women and those with higher education levels demonstrated greater awareness. Common barriers to accessing support included stigma and lack of trust in services, highlighting the need for targeted outreach and public education to improve understanding and accessibility.

Finally, when considering help-seeking behaviors, a substantial portion of respondents suggested contacting hotlines or the police, reflecting a preference for formal intervention. However, a significant disconnect emerged between recommended actions and actual behaviors, as previous surveys indicated that many women subjected to DV took no action. This gap suggests that societal stigma and fear significantly hinder proactive help-seeking behaviors, underscoring the importance of

addressing cultural attitudes toward domestic violence and improving the visibility of support services.

### Conclusions

The findings underscore the need for targeted initiatives to enhance awareness and understanding of women's rights and domestic violence support services, particularly in regions with lower perceptions of protection. Effective communication and outreach strategies are crucial for improving accessibility to these resources among vulnerable populations.

## Introduction and literature review

Violence against women, particularly through intimate partner violence and sexual violence, poses a significant public health concern and represents a violation of women's fundamental human rights<sup>1</sup>. Gender-based violence (GBV) is a global crisis impacting one out of every three women during their lifetime. The majority of such incidents involve intimate partner violence<sup>1</sup>. Globally, nearly 27% of women aged 15-49 who have been in a relationship disclose experiencing either physical and/or sexual violence from their intimate partner<sup>1</sup>. Gender-based violence in Armenia significantly affects women's health, including both physical and mental well-being. A study conducted in the Republic of Armenia (RA) in 2011 revealed that around 60% of Armenian women have encountered domestic violence (DV) at least once in their lives<sup>2</sup>. A survey conducted in 2021 showed that in Armenia, 14.8% of women aged 15-59 who have ever had a partner have experienced physical violence and 6.6% of the same age women have experienced sexual abuse from their husband or intimate partner<sup>3</sup>. Compared to 2021 when Armenia was ranked 114, the Global Gender Gap Report ranked Armenia 61 out of 146 countries in the year 2023<sup>4</sup>.

Acts of violence can have adverse impacts on women's physical, mental, sexual, and reproductive well-being, and in certain contexts, may heighten the susceptibility to sexually transmitted diseases such as human immunodeficiency virus (HIV), unwanted pregnancies, miscarriages injuries, depression, suicidal ideation, substance abuse and chronic pain<sup>5</sup>. In Armenia, intimate partner violence (IPV) has been linked

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<sup>1</sup> WHO, "Violence against Women," March 9, 2021, <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

<sup>2</sup> Amelia Barnes and Maro Matosian, "Understanding the Impact of Domestic Violence on Children in Armenia," 2020, [https://www.womensupportcenter.org/DV&Children\\_spreads\\_ENG.pdf](https://www.womensupportcenter.org/DV&Children_spreads_ENG.pdf).

<sup>3</sup> Statistical Committee, Republic of Armenia, "Survey on Domestic Violence against Women," 2021, [https://armstat.am/file/article/gbv\\_report\\_eng.pdf](https://armstat.am/file/article/gbv_report_eng.pdf).

<sup>4</sup> World Economic Forum, "Global Gender Gap Report," June 2023, [https://www3.weforum.org/docs/WEF\\_GGGR\\_2023.pdf](https://www3.weforum.org/docs/WEF_GGGR_2023.pdf).

<sup>5</sup> S Arora, Pb Deosthali, and S Rege, "Effectiveness of a Counselling Intervention Implemented in Antenatal Setting for Pregnant Women Facing Domestic Violence: A Pre-Experimental Study," *BJOG: An International Journal of Obstetrics & Gynaecology* 126, no. S4 (2019): 50–57, <https://doi.org/10.1111/1471-0528.15846>; Jacquelyn C. Campbell, "Health Consequences of Intimate

to reproductive issues, such as infertility and miscarriages, as well as heightened vulnerability to sexually transmitted infections (STIs), including HIV. Unwanted pregnancies and substance abuse are also reported outcomes among survivors<sup>6</sup>.

The legal framework of GBV in Armenia underwent amendments very recently. In 2024, the Armenian National Assembly adopted significant amendments to the Law on the Prevention of Domestic Violence, which also expanded the scope to include intimate partner violence. The law now aligns with the Criminal Code by clarifying definitions, such as the term "partner," and recognizes children witnessing violence as indirect victims. Major changes include the abolition of the reconciliation process, mandatory accessibility of shelters for individuals with disabilities, and provisions for free medical services to address health consequences of violence. The law introduces timelines for urgent protective orders and new penalties for stalking, with the amendments coming into force on July 1, 2024<sup>7</sup>.

Access to comprehensive and easily accessible information is pivotal in ensuring that individuals facing such situations can readily find the assistance and resources they need. It enables victims to make informed decisions about seeking help, reporting

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Partner Violence," *The Lancet* 359, no. 9314 (April 13, 2002): 1331–36, [https://doi.org/10.1016/S0140-6736\(02\)08336-8](https://doi.org/10.1016/S0140-6736(02)08336-8); Mary Ellsberg et al., "Intimate Partner Violence and Women's Physical and Mental Health in the WHO Multi-Country Study on Women's Health and Domestic Violence: An Observational Study," *The Lancet* 371, no. 9619 (April 5, 2008): 1165–72, [https://doi.org/10.1016/S0140-6736\(08\)60522-X](https://doi.org/10.1016/S0140-6736(08)60522-X); Christina C. Pallitto et al., "Intimate Partner Violence, Abortion, and Unintended Pregnancy: Results from the WHO Multi-Country Study on Women's Health and Domestic Violence," *International Journal of Gynecology & Obstetrics* 120, no. 1 (2013): 3–9, <https://doi.org/10.1016/j.ijgo.2012.07.003>; Eliette Valladares et al., "Physical Partner Abuse during Pregnancy: A Risk Factor for Low Birth Weight in Nicaragua," *Obstetrics & Gynecology* 100, no. 4 (October 1, 2002): 700–705, [https://doi.org/10.1016/S0029-7844\(02\)02093-8](https://doi.org/10.1016/S0029-7844(02)02093-8); WHO, "Violence against Women."

<sup>6</sup> "Experts of the Committee on the Elimination of Discrimination against Women Commend Armenia on Continuing to Uphold International Obligations Despite the Conflict, Raise Questions on Violence against Women and Family Planning Services," OHCHR, accessed October 16, 2024, <https://www.ohchr.org/en/news/2022/10/experts-committee-elimination-discrimination-against-women-commend-armenia-continuing>.

<sup>7</sup> RA parliament, "On the Prevention of Family Violence, Protection of Persons Subjected to Family Violence, and the Restoration of Family Cohesion," Pub. L. No. ՅՕ-320-Ն (2018), <https://www.arlis.am/DocumentView.aspx?docID=118672>.

incidents, and navigating legal avenues. In recent years, efforts have been made globally to enhance the dissemination of information related to support services for victims of violence against women. Numerous websites and online platforms have been established to provide information on support services and legal measures<sup>8</sup>. Government websites, non-governmental organizations (NGOs), and women's advocacy groups often maintain comprehensive databases of resources available to victims. Many countries have dedicated helplines that offer immediate assistance and guidance to individuals experiencing violence<sup>9</sup>. These helplines not only provide emotional support but also furnish information on available shelters, counseling services, and legal avenues.

Non-profit organizations specializing in women's rights and gender-based violence play a pivotal role in disseminating information<sup>10</sup>. These organizations conduct outreach programs, publish informative materials, and maintain helplines to ensure victims are aware of the support available to them. Legal aid centers, often run by NGOs or government agencies, offer information on legal measures and assistance to victims. They provide guidance on legal rights, options for legal recourse, and avenues for seeking justice<sup>9</sup>.

Even though gender equality is improving in Armenia, there are major challenges that yet need to be addressed. Starting from 2010, the Coalition to Stop Violence Against Women (CSVW) became the key organization with a focus on gender-based violence related issues and women's rights in Armenia<sup>11</sup>. Over the last two years the DV support services in Armenia received approximately 3,670 emergency calls annually

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<sup>8</sup> NCADV, "The Nation's Leading Grassroots Voice on Domestic Violence," accessed February 2, 2024, <https://ncadv.org/>.

<sup>9</sup> NCADV; RAINN, "The Nation's Largest Anti-Sexual Violence Organization," accessed February 2, 2024, <https://www.rainn.org/>.

<sup>10</sup> UN Women, "Handbook for Legislation on Violence against Women," accessed February 2, 2024, [https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2012/12/UNW\\_Legislation-Handbook%20pdf.pdf](https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2012/12/UNW_Legislation-Handbook%20pdf.pdf).

<sup>11</sup> CSVW, "Biannual Newsletter," June 2018, [https://issuu.com/csvwarmenia/docs/csvw\\_semiannual\\_en](https://issuu.com/csvwarmenia/docs/csvw_semiannual_en).

through their hotline services from individuals who have suffered from domestic violence (DV) and sexual assault.

### Aim and objectives

A crucial step in assisting women who have experienced violence is to offer specialized services and guarantee the efficient coordination of public support systems. The project aimed **to conduct a comprehensive survey to gather data on the reach of support services, shelters, helplines, and legal measures to women and girls as a preventive measure against the victims of GBV in Armenia.**

The study results will help cover the following objectives:

1. Assessing socio-demographic characteristics of the respondents;
2. Evaluating individual-level perceptions and awareness of women's rights and protection measures;
3. Understanding public perception of DV and level of awareness;
4. Exploring individual-level awareness and knowledge of support services for victims of abuse;
5. Identifying sources of information and help-seeking behavior related to support services;
6. Investigating perceived barriers to accessing support services;
7. Determining effective methods for raising awareness about support services.

### Methods

#### Study design, setting and participant selection criteria

A cross-sectional face-to-face survey was conducted among the study participants. The computer-assisted personal interviews (CAPI) were conducted through an electronic questionnaire. The study took place in the capital city of Armenia - Yerevan and two other cities - Gyumri and Spitak. The selection of these cities ensured sufficient diversity to provide comprehensive representation (different geographical, demographic and socio-economic characteristics). Other factors contributing to this choice included considerations of resource availability and feasibility.

Adult women aged 18-65 living in the selected cities of Armenia constituted the target group of this survey. The choice of the given age group of women was motivated by

ethical and cultural considerations, given the sensitive nature of the topic. Enrollment of girls (under 18 years of age) was not considered, mainly due to the complex procedural requirements necessary to maintain ethical standards, which, even if implemented, could have reduced the participation rate. Due to cultural sensitivities, the 65 and older demographic was also not included, as they may have been more prone to participation rejection due to a greater likelihood of viewing the topic as taboo and unsuitable for discourse.

### Sampling strategy and data collection

The sampling strategy targeted 384 women from the selected cities to ensure that the results of the survey were representative at each city level. Convenient sampling utilizing a stratification approach was used as the recruitment strategy. By employing a stratified sampling strategy, it was ensured that the sample was representative of the population across different cities and districts, thereby enhancing the validity and generalizability of our findings. Additionally, it allowed for a more precise estimation of population parameters within each stratum.

The primary sampling units for the study were Yerevan, Gyumri, and Spitak. The number of participants in each unit was determined based on the demographic data from the 2022 RA Statistical Committee, reflecting the population distribution in each city. Women aged 18-63 were chosen as the sample age group. To calculate the target group for each city, the proportion of women aged 15-64 within the total female population was determined and applied. A 90% confidence level was used, with a margin of error set at 7% for Yerevan and Gyumri and 8% for Spitak. This meant that the survey results could differ from the true values by up to 7% (or 8% for Spitak) in either direction. Table 1 presents the number of women selected for the survey in each city.

To ensure the research population was representative, all districts in these cities with polyclinics managed by municipalities or regional governorates were identified as sampling strata. Polyclinics were chosen as sampling points because most women in these cities are registered with these healthcare facilities. Within each stratum, a polyclinic was selected primarily based on its central geographic location within the district. This sampling approach was a proxy for accessing a significant portion of the

population. The lists of polyclinics and the number of people they serve were obtained from the official websites of the Yerevan Municipality and the Shirak and Lori Regions.

There are 15 polyclinics under the jurisdiction of the Yerevan Municipality. The planned sampling included 10 of these polyclinics: No. 8 (Kentron), Nor Arabkir (Arabkir), No. 15 (Malatia-Sebastia), No. 17 (Erebuni), No. 20 (Davtashen), No. 12 (Avan), No. 22 (Nor Nork), No. 4 (Norq-Marash), No. 13 (Shengavit), and No. 16 (Qanaker-Zeytun). The Nubarashen district was excluded because it lacks a polyclinic under municipal control. However, this exclusion was unlikely to cause significant bias, as only a small percentage of Yerevan's population resides in Nubarashen. Additionally, polyclinic Number 15 also caters to healthcare needs in the Achapnyak district.

In Gyumri, there are a total of 6 polyclinics under the jurisdiction of the Municipality of Shirak province. Considering their geographical locations and distributions across the city all six of them were included in the sampling. The selected polyclinics in Gyumri were the following: No. 1 (Shirakatsi st.), No. 2 (Mazmanyanyan st.), Berlin polyclinic (Haghtanak st.), V. Abajyan family medicine center (Sarukhanyan st.), Enrico Matte polyclinic (Shirakatsi st.), and St. Grigor Illuminator polyclinic (Ani district). Spitak has only one polyclinic under the jurisdiction of the Municipality of Lori province which is Spitak Medical Center and it was also included in the sample.

The sample size of each stratum was determined proportionate to the population size being served by each polyclinic. The distribution consisted of 139 participants from Yerevan, 139 participants from Gyumri, and 106 participants from Spitak, as detailed in Table 2.

From each polyclinic, the participants were selected by the intercept sampling method at the entrance of the polyclinics. The core concept was to gather a sample of the population by "catching" individuals at a specific location, rather than reaching out to specific people directly. The interviewer approached every woman exiting the polyclinic until the predetermined sample size was achieved. Out of 1096 approached women, 397 completed the electronic survey which brought the total response rate to 36.22%. The response rates are presented in Table 3.

## Survey instrument

The questionnaire (see Appendix 1 – Questionnaire Instrument) included multiple choice and closed questions. The preliminary sections of the questionnaire were the following:

1. Introductory questions
2. Socio-demographic information
3. Key questions covering:
  - Perception of women’s and girls’ rights
  - Understanding of public perception of DV and level of awareness
  - Awareness of support services
  - Knowledge of service utilization
  - Response to requests for support
  - Finding information about services
  - Awareness-raising strategies
  - Barriers to seeking help

The questionnaire was developed using carefully selected questions from validated and widely recognized surveys to ensure reliability and relevance<sup>12</sup>. The interviews were conducted via electronic tablets using the Alchemer online tool<sup>13</sup>. The pre-test of the survey took place in June, 2024, after which the interviews were conducted in

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<sup>12</sup> Paul Bukuluki et al., “Access to Information on Gender-Based Violence Prevention during COVID-19 Lockdown in Uganda: A Cross-Sectional Study,” *eClinicalMedicine* 57 (March 1, 2023), <https://doi.org/10.1016/j.eclinm.2023.101846>; “Individual Baseline Survey on GBV and TIP\_FINAL.Pdf,” accessed April 11, 2024, [https://roasiapacific.iom.int/sites/g/files/tmzbd1671/files/documents/2023-](https://roasiapacific.iom.int/sites/g/files/tmzbd1671/files/documents/2023-03/Individual%20Baseline%20Survey%20on%20GBV%20and%20TIP_FINAL.pdf)

[03/Individual%20Baseline%20Survey%20on%20GBV%20and%20TIP\\_FINAL.pdf](https://roasiapacific.iom.int/sites/g/files/tmzbd1671/files/documents/2023-03/Individual%20Baseline%20Survey%20on%20GBV%20and%20TIP_FINAL.pdf); RA parliament, On the prevention of family violence, protection of persons subjected to family violence, and the restoration of family cohesion; Caroline Mtaita et al., “Knowledge, Experience and Perception of Gender-Based Violence Health Services: A Mixed Methods Study on Adolescent Girls and Young Women in Tanzania,” *International Journal of Environmental Research and Public Health* 18, no. 16 (August 13, 2021): 8575, <https://doi.org/10.3390/ijerph18168575>; Heather Nancarrow, Christine Hanley, and Renette Viljoen, “Domestic and Family Violence Awareness, Attitudes and Experience,” n.d.

<sup>13</sup> “Enterprise Online Survey Software & Tools,” Alchemer, accessed September 13, 2024, <https://www.alchemer.com/>.

June-July, 2024 based on the revised questionnaire. The interviews lasted about 10-20 minutes on average.

## Data analysis

The research team exported the data from Alchemer into Stata. Descriptive statistics, including counts and proportions, were generated using Stata to summarize all study variables. Chi-square tests were conducted to explore whether there are statistically significant relationships between socio-demographic variables (such as age, or education) and the outcomes of interest in the study. This test helps identify if differences observed between groups—like different age groups or employment statuses—are likely due to chance or reflect a real pattern in the data.

## Study measures

Socio-demographic characteristics: Information on age (completed years at the time of the survey), education (“*Less than university degree*”, “*University degree*”, “*Postgraduate degree*”), employment (“*Employed*”, “*Unemployed*”, “*Housewife*”), income (“*Less than 140,000 AMD*”, “*More than 140,000 AMD*”, “*No income*”) disability (“*I have disability*”, “*I don’t have disability*”), citizenship (“*Armenian*”, “*Other*”), marital status (“*Married*”, “*Cohabiting*”, “*Single*”, “*Divorced/Widowed*”), city (“*Yerevan*”, “*Spitak*”, “*Gyumri*”).

Knowledge: knowledge on protective measures (“*Warning*”, “*Urgent intervention*”, “*Protection*”, “*Don’t know*”), sources of information on the support services (“*Internet*”, “*Friend*”, “*NGOs*”, “*Police*”, “*Hotline*”, “*Family member*”, “*Posters/billboards*”, “*Healthcare provider*”).

Perception: perception on women’s’ rights (“*Fully or mostly protected*”, “*Partially Protected*”, “*A little or not at all protected*”), perceptions on the availability of support services (“*Legal support*”, “*Unified social services*”, “*Psychological support*”, “*Support centers*”, “*Mobile application*”, “*Job placement assistance*”, “*Medical support*”, “*Shelters*”, “*Financial support*”), perception on what is considered violence (“*Most obvious violent behavior*”, “*Least obvious violent behavior*”), suggested first steps for survivors (“*Calling DV support center hotline*”, “*Contacting the police*”, “*Calling the human rights protection office*”, “*calling 114 hotline*”, “*reconciliation with partner/spouse*”), barriers for seeking help (“*Lack of services*”, “*Accessibility barriers*”,

*“Lack of awareness”, “Stigma/shame”, “Financial dependence”, “Cultural and social norms”, “Legal and administrative barriers”, “Lack of trust”*).

*Awareness*: knowing someone who has accessed support services (*“Someone from my immediate circle”, “Someone not from my immediate circle”, “Don’t know anyone”*), awareness of support services (*“Aware”, “Not aware/uninterested”, “Not aware/no access to info”*), effective ways to raise awareness (*“Internet”, “Social Media”, “Television”, “Mobile application”, “Radio”, “Healthcare providers”, “NGOs”, “Family member”, “Friend”*).

## Ethical considerations

An oral consent (see Appendix 2 – Oral Consent Form) was obtained from the survey participants after presenting them with the informed consent document that included comprehensive details regarding the study's objective, methodologies, participant rights, and the confidentiality protocol of the information disclosed. No personal identifying information such as names, addresses, or phone numbers was gathered from the participants.

## Results

### Socio-demographic characteristics

The study sample consisted of 397<sup>14</sup> participants with varying socio-demographic characteristics. The mean age of the participants was about 42 years. Nearly half of the participants (48.9%) had less than a university degree and most participants were married (58.7%). The majority of participants (64.0%) were employed and over half of the participants (51.4%) reported having an income of less than 140,000 AMD (the average monthly income in Armenia is reported to be 282,568 AMD)<sup>15</sup>. The vast majority of participants (94.0%) were Armenian citizens residing in three cities. Overall, the sample demonstrated diverse socio-demographic characteristics, providing a comprehensive overview of the population under study (Table 4).

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<sup>14</sup> Although the initial target sample size was 384 participants, a total of 397 individuals were recruited. The slight increase was due to additional eligible participants identified during the recruitment process, which was permitted to ensure comprehensive data collection.

<sup>15</sup> “Average Monthly Nominal Wages, Drams / 2024 / Statistical Committee of the Republic of Armenia,” accessed November 12, 2024, <https://www.armstat.am/en/?nid=12&id=08001>.

## Individual-level perceptions and awareness of women's rights and protection measures

The survey findings reveal critical insights into the perception of women's rights in Armenia, highlighting the nuances in how different demographics understand and evaluate the level of protection afforded to women. A significant portion of the respondents, 186 individuals (47.09%), believe that women's rights are only partially protected in Armenia (Table 5). This perception suggests a prevalent sense of skepticism or dissatisfaction with the existing legal and social frameworks designed to protect women's rights. It reflects a belief that while some measures are in place, they are insufficient or inadequately enforced to guarantee full protection. Furthermore, when asked about the specific law concerning protection measures for individuals subjected to domestic violence, most participants cited the inclusion of a warning mechanism as a notable feature, yet a substantial 22.17% of respondents were unaware of the legislation altogether (Table 5). This lack of awareness indicates gaps in communication, education, or advocacy efforts related to the law, which could undermine its effectiveness and accessibility for those it aims to protect.

The bivariate analysis<sup>16</sup> (Table 6) uncovers a significant relationship between employment status and perceptions of women's rights. Employed individuals and housewives were more likely to view women's rights as "partially protected," suggesting that these groups might have a relatively more optimistic view of the current state of women's rights compared to unemployed individuals. This could be attributed to greater access to social support networks, financial independence, or exposure to environments that uphold certain rights. On the other hand, unemployed respondents were more likely to perceive women's rights as "a little or not at all protected," which could reflect their more vulnerable socioeconomic position and potentially greater exposure to violations of these rights. This finding underscores the intersectionality of employment, economic stability, and perceptions of rights, suggesting that economic insecurity may correlate with a heightened sense of vulnerability and a more critical view of the state's ability to protect women.

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<sup>16</sup> Checks if there's a relationship between two categorical variables. It compares the observed data (what you saw) with the expected data (what you'd expect if there was no relationship). If the difference is big enough, it suggests the variables are related.

The bivariate analysis<sup>14</sup> further reveals a statistically significant difference in the perception of women's rights among residents of Yerevan, Gyumri, and Spitak. Gyumri had the highest proportion (54.68%) of respondents who felt that women's rights are only "a little" or "not at all" protected, a stark contrast to Yerevan (27.52%) and Spitak (19.63%). This disparity may reflect regional differences in cultural attitudes, access to information, and levels of civic engagement. Gyumri's higher level of dissatisfaction could be influenced by local economic conditions, social norms, or recent events that have shaped community attitudes towards women's rights. In contrast, Yerevan, as the capital city, may have better access to resources, advocacy efforts, and information that could positively influence perceptions of women's rights. Meanwhile, Spitak's lower proportion of negative perceptions might be indicative of different regional dynamics or perhaps more localized efforts to promote gender equity.

### Public perception of DV

This section provides a comprehensive overview of public perceptions regarding what constitutes domestic violence (DV) and reveals significant variation in how different behaviors are perceived presented in Figure 1. The data covers a spectrum of actions, ranging from overt physical abuse to subtler psychological and emotional manipulations. Clear and severe acts, such as "Physical abuse," "Driving recklessly to frighten the partner," and "Convincing the partner that sex without desire/consent is normal," are widely recognized as unequivocal manifestations of domestic violence. This is reflected in the high percentage of respondents categorizing these behaviors as "Clear manifestation of DV," indicating a strong consensus that these actions constitute serious violations of a partner's rights and safety.

Conversely, there is considerable ambiguity and disagreement regarding behaviors that are less overtly violent but still potentially harmful, such as "Silent treatment," "Swear words," and "Frowning." These behaviors showed a more even distribution across response categories, with significant portions of respondents selecting "I'm not sure if it's DV," "I don't think it's DV," or "I don't know." This distribution highlights lack of consensus that may reflect varying cultural, social, or personal beliefs about what constitutes harm or abuse in a relationship. While these behaviors might not align with standard definitions of DV, which often emphasize emotional abuse forms, the survey aimed to explore broader perceptions of harm. The mixed responses underscore a

potential gap in understanding the full spectrum of DV, including forms of emotional and psychological abuse.

Moreover, behaviors involving economic control and social isolation, such as "Providing an inadequate amount of money for family needs," "Denying the partner access to bank accounts," and "Isolating the partner from family/friends," also show a range of perceptions. While a significant number of respondents view these actions as manifestations of DV, a notable portion remains uncertain or does not consider them as such. This variation may reflect differing levels of awareness about economic abuse and coercive control, which are increasingly recognized in the field of domestic violence studies but may not be as well understood by the general public.

We conducted an additional analysis of respondents' uncertain responses to identify those with high levels of uncertainty in recognizing domestic violence (DV). Uncertain responses were defined as those marked "I don't think it's DV," "I'm not sure if it's DV," or "I don't know." This analysis aimed to assess the extent of unawareness about DV and identify patterns across different types of behaviors and cities.

Across all respondents (N = 393), the average number of uncertain responses was 3.98 (SD = 3.50). Notably, 17% of respondents (67 individuals) had no uncertain responses, indicating confidence in identifying behaviors as either violent or non-violent. 48% of respondents had four or fewer uncertain responses, demonstrating relatively good awareness. However, 3.3% of respondents had ten or more uncertain responses, highlighting the need for targeted awareness efforts.

To explore which behaviors were harder to recognize, the 17 behaviors were categorized into most obvious and least obvious forms of violence: Most obvious behaviors: Physical abuse, child custody threats, sexually degrading insults, etc. Least obvious behaviors: Silent treatment, withholding financial resources, alienating friends/family, etc. The mean number of uncertain responses for most obvious behaviors was 1.01 (SD = 1.26). Yerevan and Spitak showed higher uncertainty (means of 1.15 and 1.14, respectively) compared to Gyumri (mean: 0.76). For least obvious behaviors, the mean number of uncertain responses was 3.21 (SD = 2.76). Yerevan exhibited the highest uncertainty for these behaviors (mean: 4.18), followed by Spitak (mean: 3.53) and Gyumri (mean: 1.94). This suggests that subtle forms of

violence are generally harder to recognize, with Yerevan residents struggling the most across both behavior categories.

The findings show that, while most respondents could identify more obvious forms of violence, subtle forms such as silent treatment or withholding financial resources often went unrecognized. Gyumri residents demonstrated better awareness across all types of behaviors, whereas Yerevan and Spitak require more focused interventions to improve recognition, especially of the less obvious forms of DV.

### Individual-level awareness and knowledge of support services for victims of abuse

Figure 2 highlights the individual-level awareness of violence against women and girls support services among the sampled population. The data reveals that less than half of the respondents (47.07%) are aware of these support services, indicating a significant gap in public knowledge and outreach. A notable portion of the population, 175 individuals (44.53%), reported being unaware of such services due to a lack of access to information. This finding underscores a critical barrier to accessing support, suggesting that existing communication strategies may not be effectively reaching all segments of the population, particularly those who are most vulnerable or isolated. Additionally, 33 respondents (8.40%) indicated both a lack of awareness and a disinterest in seeking information about these services, which may reflect a level of disengagement or distrust towards available support mechanisms.

The majority of respondents (81.03%) did not know anyone who had accessed support services, while 5.13% knew someone from their immediate circle, and 13.85% knew someone outside their immediate circle who has accessed such services (Table 7). This lack of awareness suggests a critical gap in the visibility and reach of support services. It also underscores the significant burden on institutional players—such as government agencies, NGOs, and service providers—to lead awareness-raising efforts, as public familiarity with available services remains extremely limited.

The bivariate analysis of individual-level awareness of violence against women and girls support services among women generally categorized by various demographic and socioeconomic characteristics (Table 8) indicates that awareness of support services varies significantly across different age groups, educational levels,

employment statuses, disability statuses, marital statuses, and city of residence, with p-values<sup>17</sup> below 0.05 for these variables, indicating statistically significant differences. Younger women (18 to 30 years) have a higher level of awareness (56.82%) compared to other age groups, particularly women aged 31 to 40 (39.80%) and 51 to 66 (40.17%). Education also plays a critical role; women with a postgraduate degree show the highest awareness (66.23%), while those with less than a university degree have the lowest (40.10%). Employment status is another significant factor, with employed women (49.40%) demonstrating higher awareness compared to housewives (42.86%) and unemployed women (43.04%). Notably, women with a disability status have lower awareness (45.00%) and a higher proportion of disinterest (25.00%) compared to those without disabilities, suggesting accessibility barriers or targeted outreach challenges. Marital status influences awareness as well, with single women (54.12%) and cohabiting women (51.52%) showing higher levels than married women (43.23%). Additionally, awareness differs by city, with Spitak residents reporting the highest awareness (52.34%) and Gyumri residents the least (46.76%).

The data exploring the perception of the availability of various support services for women and girls who have experienced abuse, as perceived by survey respondents shows a significant gap in perceived availability across different types of services (Figure 3). Legal support is perceived as the most accessible service, with a notable percentage of respondents acknowledging its availability. In contrast, services such as job placement assistance, psychological support, financial support, and shelters have much lower perceived availability, with most respondents indicating these services are not accessible. Additionally, services like medical support, unified social services, and mobile applications for assistance also have relatively low perceived availability, with the majority of respondents responding "No" to their availability. This disparity suggests that while some support services are widely more recognized by the community, others- particularly those essential for holistic support - are often perceived as unavailable. However, this data does not capture the reasons for perceived inaccessibility; further research would be necessary to determine if this is

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<sup>17</sup> A p-value is a way to measure how likely it is that the results you observed happened by chance. A low p-value (usually less than 0.05) suggests that the difference or relationship you found in your data is likely real and not just due to random chance. Conversely, a high p-value means there's a good chance the result could have happened randomly, so it's not considered statistically significant.

due to factors such as geographic limitations or lack of awareness about these services.

### Sources of information and help-seeking behavior related to support services

In terms of the trusted sources of information available on the support services, internet was the most common source recognized by 72.54% of the respondents. Other notable sources include friends (29.47%), NGOs (28.46%), and the police (26.95%). Less frequently mentioned sources are hotlines (18.89%), family members (15.37%), posters or billboards (11.59%), and healthcare providers (9.57%). These findings suggest a strong reliance on digital platforms and personal networks for accessing information, while traditional sources like healthcare providers and billboards are less utilized (Figure 4).

In terms of the suggested first steps that respondents recommend if women or girls turn to them for support the most commonly suggested actions are contacting the hotline of a domestic or sexual violence support center (28.69%) and contacting the police (28.15%). These options indicate a preference for immediate formal intervention in cases of distress.

Other recommended steps include reconciliation with a partner or spouse (17.69%), reflecting that a significant portion of respondents still view maintaining the relationship as a priority, even in situations of distress related to domestic violence. This suggests that some individuals may lean toward restoring familial or relational harmony over seeking external intervention. The emphasis on reconciliation may be influenced by cultural and societal norms in Armenia, where family unity is highly valued, and divorce or separation is often stigmatized. However, encouraging reconciliation without addressing the underlying issues of violence can expose victims to further harm and perpetuate cycles of abuse. These findings underscore the need for awareness campaigns that promote safe and informed decision-making for survivors, emphasizing that reconciliation should only be pursued in non-violent circumstances with the appropriate support.

Less frequently suggested steps are calling the human rights protection office (14.75%), calling the 114 hotline (8.04%) and taking no action (2.68%) (Figure 5). However, when these responses are contrasted with findings from the 2021 survey on

domestic violence (DV)<sup>18</sup>, a significant discrepancy emerges: nearly two-thirds of women subjected to DV in that study reported taking no action. This gap between the recommended actions from respondents in this survey and the actual behavior recorded in 2021 suggests a critical divergence between attitude or hypothetical behavior and real-life action. One possible explanation is that while people may express support for proactive steps in theory, fear, stigma, or a lack of trust in available services may prevent action in real situations.

### Perceived barriers to accessing support services and effective methods for raising awareness

The data reveals that the most commonly cited barriers in terms of access to support services is stigma/shame, which affects 75.31% of respondents. This suggests that a significant number of women and girls feel ashamed or fear societal stigma if they seek help, indicating a need for stigma reduction strategies in awareness campaigns. The second most reported barrier is lack of trust in support services, with 60.71% of respondents indicating that they do not trust these services enough to seek help. While the survey does not capture specific reasons for this distrust, it highlights the importance of further research to explore whether this perception stems from misconceptions, personal experiences, or other factors. Lack of awareness is another major barrier, cited by 58.19% of respondents. This suggests that a considerable number of women and girls are not aware of the available support services, indicating a need for increased outreach and education efforts. Other barriers include cultural and social norms (42.32%), financial dependence (37.28%), accessibility barriers (19.9%), and lack of services (20.15%). These findings suggest that traditional norms and financial constraints also significantly hinder help-seeking behavior. Interestingly, only 8.06% reported legal and administrative barriers as a significant obstacle, indicating that legal access might not be as big of an issue as other social or personal factors (Figure 6).

Figure 7 illustrates the percentage of respondents who consider various routes effective for raising awareness about support services. The Internet emerges as the most effective route, with 69.02% of respondents identifying it as a key source of

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<sup>18</sup> Statistical Committee, Republic of Armenia, "Survey on Domestic Violence against Women."

information. This is followed by non-governmental organizations (NGOs) and social media, with 49.62% and 45.34% of respondents, respectively, viewing them as effective channels. Television is also considered a significant medium, with 36.52% of participants endorsing it as an effective route. Educational institutions and healthcare providers are regarded as effective by 24.18% and 17.63% of respondents, respectively. Other less commonly cited sources include friends (19.4%), family members (14.86%), radio (11.34%), and mobile applications (10.33%). Overall, these results suggest a strong preference for digital and organizational routes in raising awareness about support services. Traditional media like television also retains a significant role, while interpersonal channels such as friends and family members are less frequently seen as effective.

## Conclusions

This study highlights the socio-demographic diversity among the 397 participants and underscores the varying perceptions of women's rights and domestic violence (DV) support services in Armenia. The findings indicate a notable skepticism regarding the protection of women's rights, with nearly half of the respondents believing that such rights are only partially protected. Significant disparities in perception were observed across demographic groups, particularly influenced by employment status and regional differences.

When examining regional variations, residents of Gyumri exhibited the highest levels of dissatisfaction regarding women's rights protection, with over half of the respondents feeling that these rights are only "a little" or "not at all" protected. In contrast, respondents from Yerevan and Spitak demonstrated more positive perceptions, likely reflecting better access to resources, advocacy efforts, and information in these cities. Moreover, perceptions of domestic violence also exhibited considerable variability; while more obvious forms of abuse were widely recognized across all regions, there was a distinct lack of consensus around less overt forms, indicating a critical gap in public understanding of what constitutes DV. This highlights the need for targeted awareness initiatives, especially in areas like Gyumri, where cultural attitudes and socioeconomic conditions may contribute to a more critical view of women's rights and support services.

Despite some recognition of support services, the data reveals a striking lack of awareness and accessibility among the population. Less than half of the participants reported knowledge of available support services for women experiencing abuse, with many unaware of the resources that exist to help them. Barriers such as stigma, lack of trust, and limited awareness pose significant challenges to help-seeking behavior. This gap indicates a pressing need for enhanced communication and outreach strategies, particularly among vulnerable populations, to improve accessibility and understanding of available resources.

## Recommendations

To address the identified gaps in awareness and understanding of support services for women experiencing abuse, targeted awareness campaigns should be developed, taking into account the regional differences observed in the study. These campaigns should leverage digital platforms, as indicated by the participants' preference for online sources of information, and emphasize the importance of recognizing all forms of domestic violence, including emotional and economic abuse. Collaborating with non-governmental organizations (NGOs) and community leaders in Gyumri, Yerevan, and Spitak can help disseminate accurate information and foster trust in available services.

Specific outreach efforts in Gyumri should focus on addressing the higher levels of skepticism about women's rights protection and promoting local support services to rebuild community trust. Meanwhile, in Yerevan and Spitak, where perceptions of support services are comparatively more positive, campaigns can aim to further educate the public about less recognized forms of abuse and encourage the utilization of available resources.

Additionally, initiatives aimed at reducing stigma and promoting trust in support services are crucial across all cities. Educational programs should be implemented within communities, workplaces, and educational institutions to foster a culture of understanding and support. This can involve workshops, seminars, and online resources tailored to the specific cultural and social contexts of each city. By addressing these barriers and enhancing public awareness in a localized manner, the effectiveness of support services can be significantly improved, ultimately leading to better outcomes for women in need of assistance.

## Tables and Figures

**Table 1: Sampling calculation**

2022	Total number of women	Estimated number of women over the age of 18 (65% as a proportion of the total number of women aged 15-64)	Suggested sample size (Confidence level 90%, Margin of error 7%)
Yerevan	577,641	375466.65	139
Gyumri	57,860	37609	139
Spitak	5,830	3789.5	106
Total		416865.15	384*

Source: Statistical Committee, RA<sup>19</sup>

\* Missing data

**Table 2: Distribution of the participants across polyclinics**

City	Polyclinic	Population served	Participants
		n (%)	n
Yerevan	No. 8	44900 (12.1%)	17
Yerevan	Nor Arabkir	49193(13.3%)	18
Yerevan	No. 15	31155(8.4%)	12
Yerevan	No. 17	42139(11.4%)	16
Yerevan	No. 20	43442(11.7%)	16
Yerevan	No. 12	45524(12.3%)	17
Yerevan	No. 22	30348(8.2%)	12
Yerevan	No. 4	15683(4.2%)	6
Yerevan	No. 13	32387(8.7%)	12
Yerevan	No. 16	34087(9.2%)	13
Gyumri	No. 1	15276(11.2%)	16
Gyumri	No. 2	26727(19.6%)	27
Gyumri	Berlin	19495(14.3%)	20
Gyumri	V. Abajyan family medicine center	19778(14.5%)	20
Gyumri	Enrico Matte	28754(21.1%)	29
Gyumri	St. Grigor Illuminator	26123(19.1%)	27
Spitak	Spitak Medical Center	16435(52.2%)	106

<sup>19</sup> "The Main Results of RA Census 2022 / Statistical Committee of the Republic of Armenia," accessed September 13, 2024, <https://www.armstat.am/en/?nid=82&id=2623>.

**Table 3: Administrative results**

City	Women approached	Women completed survey	Response rate
Yerevan	487	151	31.00%
Gyumri	370	139	37.56%
Spitak	239	107	44.76%
<b>Total</b>	1096	397	36.22%

**Table 4: Socio-demographic characteristics**

Sample Characteristics	N (%)
Age	
18 to 30 years	89 (22.42)
31 to 40 years	99 (24.94)
41 to 50 years	90 (22.67)
51 to 65 years	119 (29.97)
Education	
Less than university degree	194 (48.87)
University degree	124 (31.23)
Postgraduate degree	79 (19.90)
Employment Status	
Employed	254 (63.98)
Unemployed	143 (36.02)
Housewife	64 (16.12)
Income	
Less than 140,000 AMD	202 (51.40)
More than 140,000 AMD	73 (18.58)
No income	118 (30.03)
Disability Status	
I have disability status	40 (10.15)
I don't have disability status	354 (89.85)
Citizenship Status*	
Armenian	373 (93.95)
Other	24 (6.05)
Marital Status	
Married	233 (58.69)
Cohabiting	33 (8.31)
Single	85 (21.41)
Divorced/widowed	46 (11.59)
City	
Yerevan	151 (38.04)
Gyumri	139 (35.01)
Spitak	107 (26.95)
<b>Total</b>	<b>397 (100)</b>

\*More than one option could have been specified

**Table 5: Participants' perceptions on women's rights and legislation of protective measures for DV survivors**

Perception on Women's Rights <sup>20</sup>	N (%)
Fully or mostly protected	71 (17.97)
Partially protected	186 (47.09)
A little or not at all protected	138 (34.94)
Knowledge on legislation of protective measures <sup>21*</sup>	
Warning	188 (47.36)
Urgent intervention decision	83 (20.91)
Protection	124 (31.23)
Don't know	88 (22.17)

\*More than one option could have been specified

**Table 6: Bivariate analysis of individual-level perceptions of women's rights by sample characteristics among general women living in Armenia (n=395)**

	Fully or mostly protected (n=71)	Partially protected (n=186)	A little or not at all protected (n=138)	p-value
	row%*			
Age				
18 to 30 years	18.18	40.91	40.91	0.315
31 to 40 years	13.27	50.00	36.73	
41 to 50 years	18.89	43.33	37.78	
51 to 66 years	21.01	52.10	26.89	
Education				
Less than university degree	20.62	50.00	29.38	0.122

<sup>20</sup> Survey question #8: What do you think, are the rights of women and girls protected in our country?

<sup>21</sup> Survey question #9: What do you think, according to the RA constitution, what are the means of protection for persons subjected to violence in the family?

University degree	13.01	43.90	43.09	
Postgraduate degree	19.23	44.87	35.90	
<b>Employment</b>				
Employed	15.81	48.62	35.57	<b>0.020</b>
Unemployed	23.08	33.33	43.59	
Housewife	20.31	57.81	21.88	
<b>Income</b>				
Less than 140,000 AMD	16.83	50.50	32.67	0.119
More than 140,000 AMD	12.50	41.67	45.83	
No income	23.08	46.15	30.77	
<b>Disability</b>				
I have disability status	30.00	50.00	20.00	<b>0.042</b>
I don't have disability status	16.17	46.88	36.36	
<b>Citizenship**</b>				
Armenian	18.06	46.90	35.04	0.956
Other	16.67	50.00	33.33	
<b>Marital status</b>				
Married	16.88	51.52	31.60	0.069
Cohabiting	27.27	48.48	24.24	
Single	15.29	36.47	48.24	
Divorced/widowed	21.74	43.48	34.78	
<b>City</b>				
Yerevan	24.16	48.32	27.52	<b>&lt;0.001</b>
Gyumri	6.47	38.85	54.68	
Spitak	24.30	56.07	19.63	
<b>Total %</b>	<b>17.97</b>	<b>47.09</b>	<b>39.94</b>	

\*Pearson Chi-Square test was used

\*\*More than one option could have been specified

**Table 7: Knowing someone who has accessed support services<sup>22</sup>**

	N (%)
I know someone from my immediate circle	20 (5.13)
I know someone not from my immediate circle	54 (13.85)
I don't know anyone	316 (81.03)

**Table 8: Bivariate analysis of individual-level awareness of the support services by sample characteristics among general women living in Armenia (n=393)**

	Aware (n=185) row%*	Not aware, uninterested (n=33)	Not aware, no access to info (n=175)	p-value
<b>Age</b>				
18 to 30 years	56.82	3.41	39.77	<b>0.006</b>
31 to 40 years	39.80	12.24	47.96	
41 to 50 years	54.44	2.22	43.33	
51 to 66 years	40.17	13.68	46.15	
<b>Education</b>				
Less than university degree	40.10	13.54	46.35	<b>&lt;0.001</b>
University degree	45.97	4.03	50.00	
Postgraduate degree	66.23	2.60	31.17	
<b>Employment</b>				
Employed	49.40	5.18	45.42	<b>0.009</b>
Unemployed	43.04	10.13	46.84	
Housewife	42.86	19.05	38.10	
<b>Income</b>				
Less than 140,000 AMD	51.74	7.46	40.80	0.366
More than 140,000 AMD	43.66	7.04	49.30	
No income	41.03	10.26	48.72	

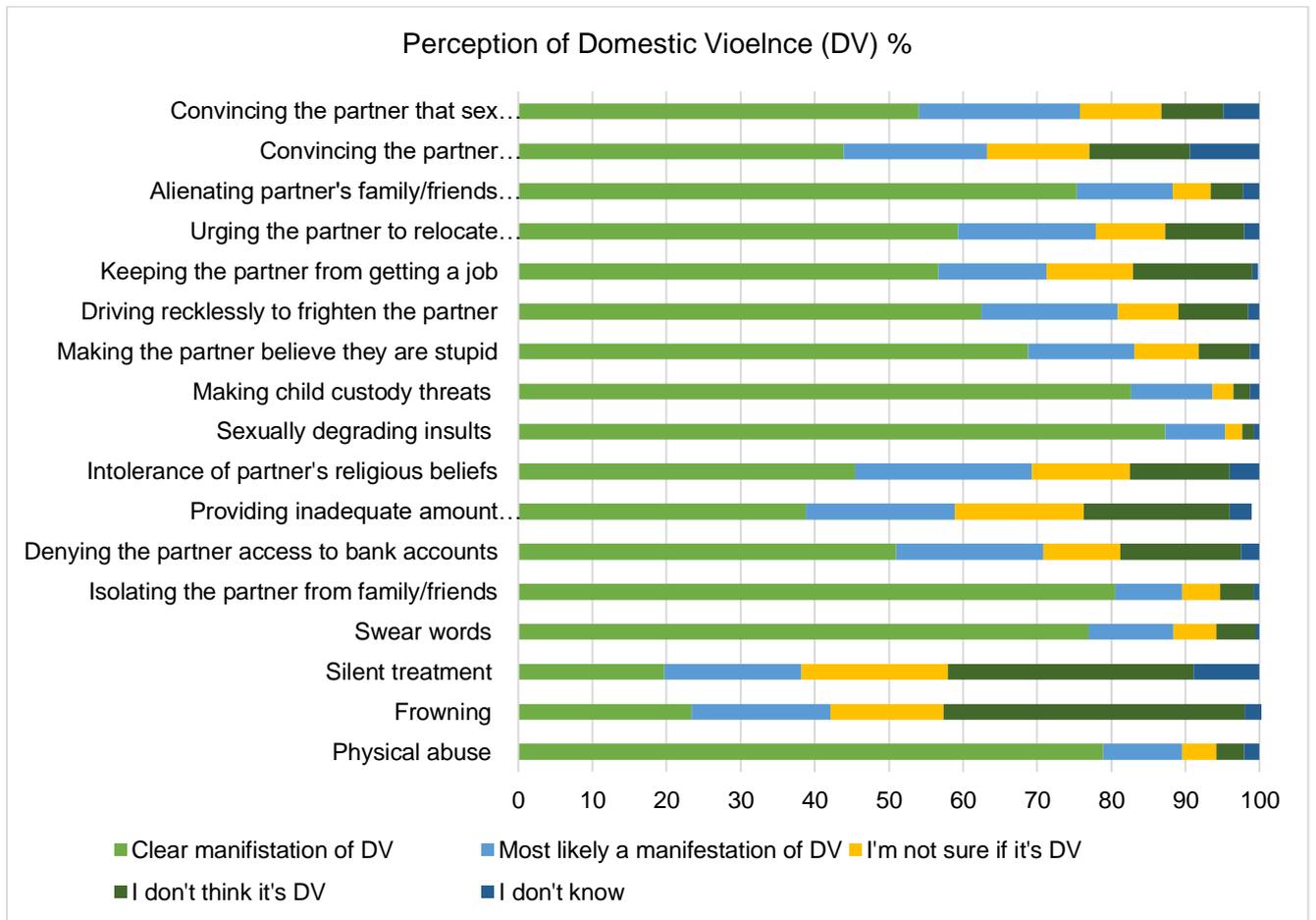
<sup>22</sup> Survey question #13: Do you know anyone that might have accessed at least one of those services in the past?

Disability				
I have disability status	45.00	25.00	30.00	<b>&lt;0.001</b>
I don't have disability status	47.43	6.57	46.00	
Citizenship**				
Armenian	46.34	8.13	45.53	0.279
Other	58.33	12.50	29.17	
Marital status				
Married	43.23	8.73	48.03	<b>0.029</b>
Cohabiting	51.52	15.15	33.33	
Single	54.12	1.18	44.71	
Divorced/widowed	50.00	15.22	34.78	
City				
Yerevan	43.54	12.24	44.22	<b>0.002</b>
Gyumri	46.76	1.44	51.80	
Spitak	52.34	12.15	35.51	
Total %	47.07	8.40	44.53	

\*Pearson Chi-Square test was used

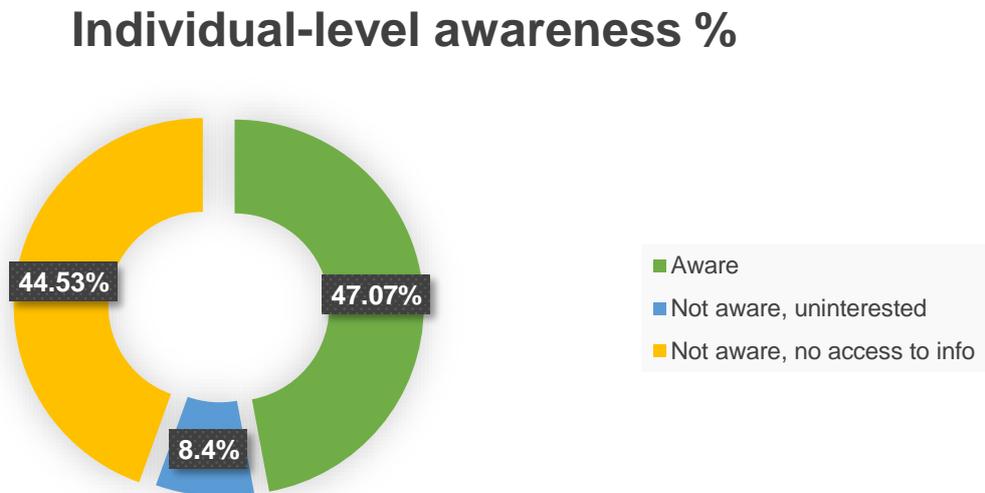
\*\*More than one option could have been specified

**Figure 1: Participants' individual-level perceptions on what is considered domestic violence<sup>23</sup>**

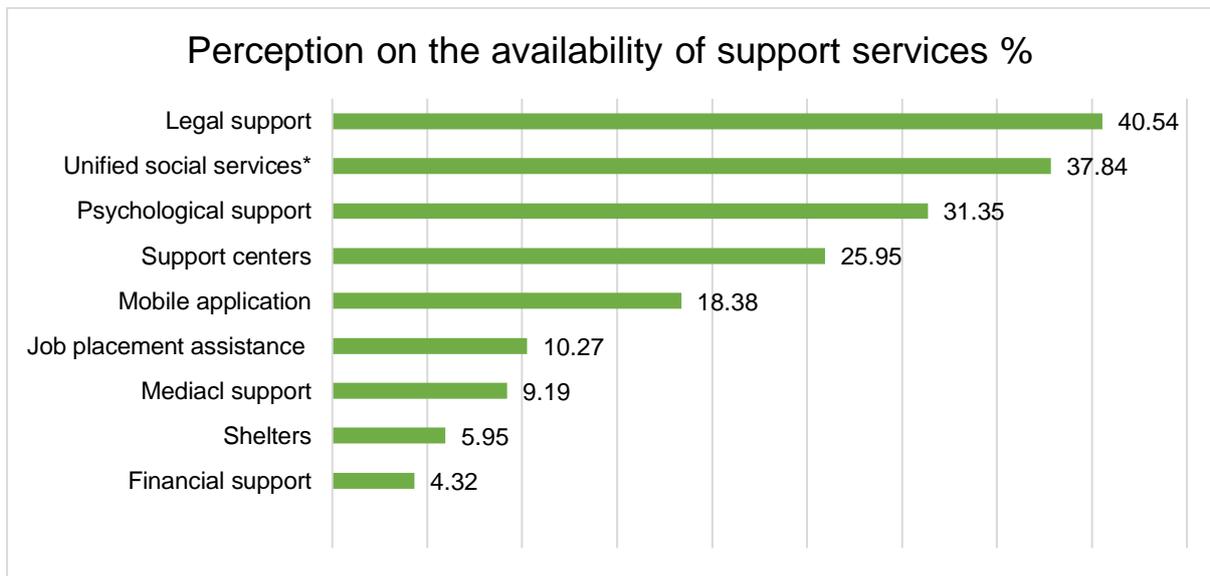


<sup>23</sup> Survey question #10: Please rate the extent to which you consider each item listed below in the category of "domestic violence".

**Figure 2: Individual-level awareness of support services available for women and girls who have experienced abuse<sup>24</sup>**



**Figure 3: Participants' individual-level perceptions on the availability of support services<sup>25</sup>**

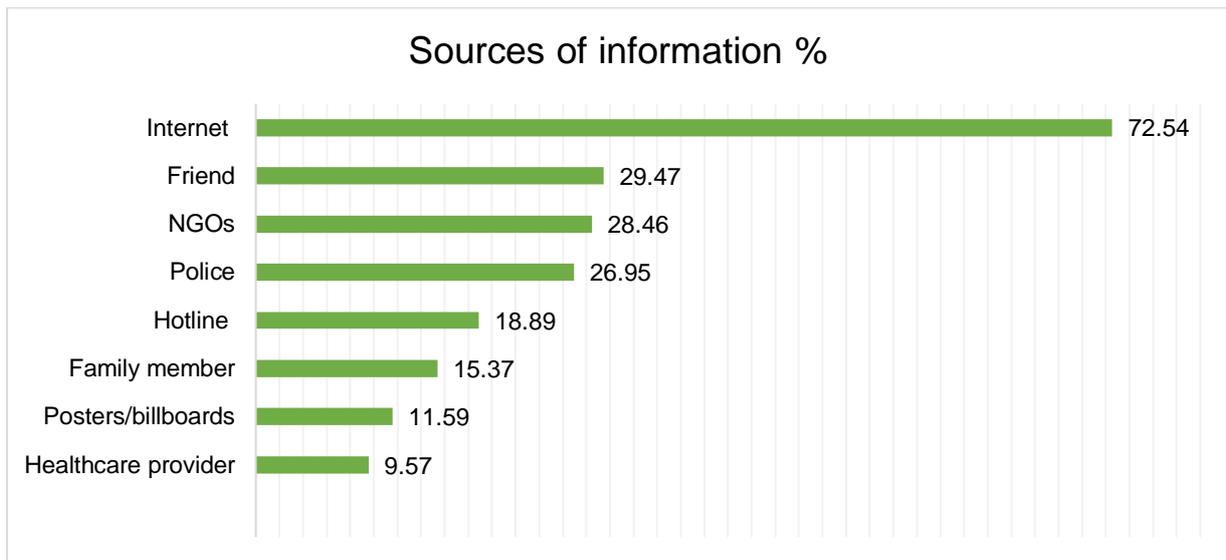


\*Միասնական սոցիալական ծառայություն

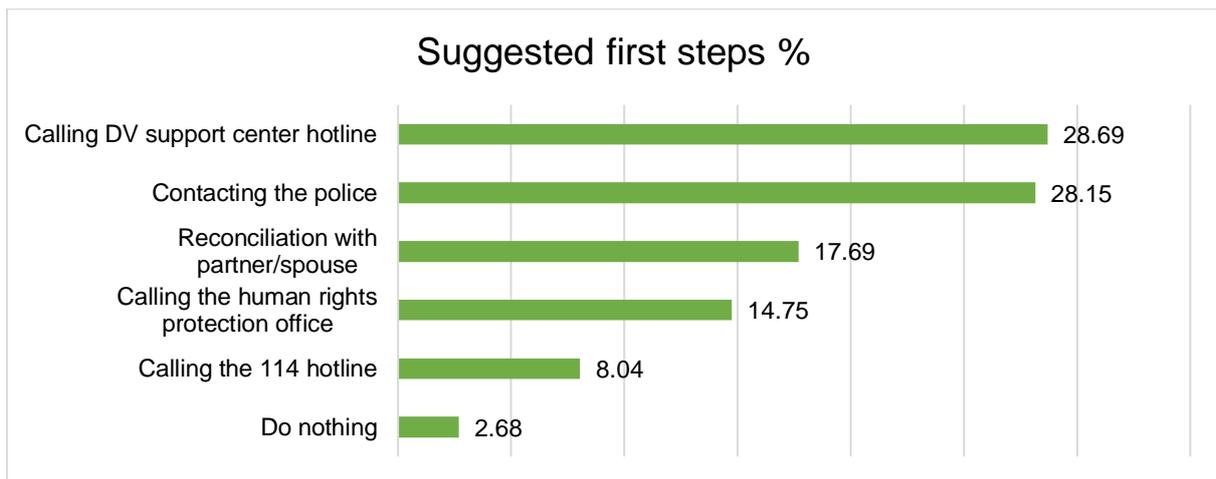
<sup>24</sup> Survey question #11: Are you aware of the support services available to women and girls if they have been abused?

<sup>25</sup> Survey question #12: To your knowledge, which of these services are available in your community?

**Figure 4: Sources of information on the support services<sup>26</sup>**



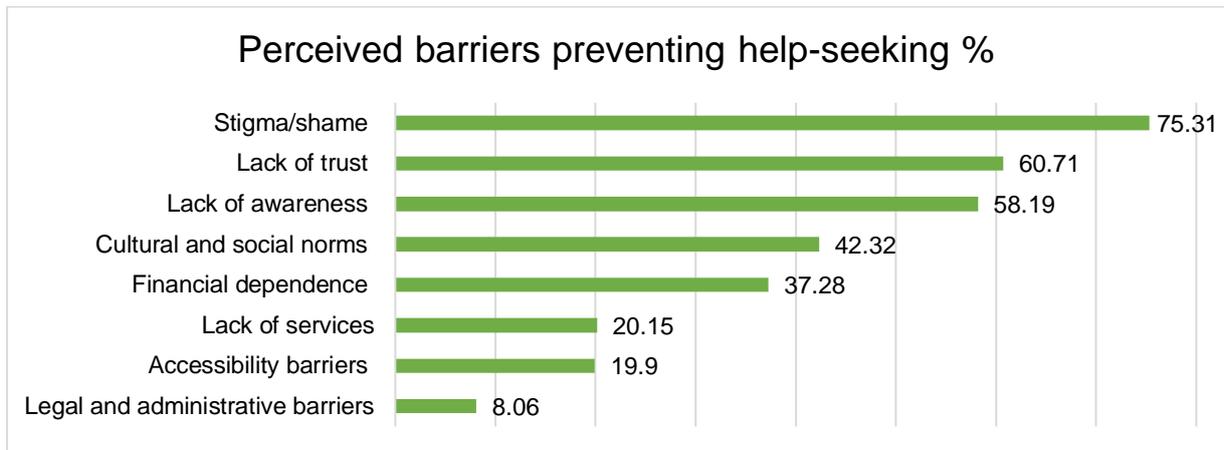
**Figure 5: Suggested first step if women or girls participants know turn to them for support<sup>27</sup>**



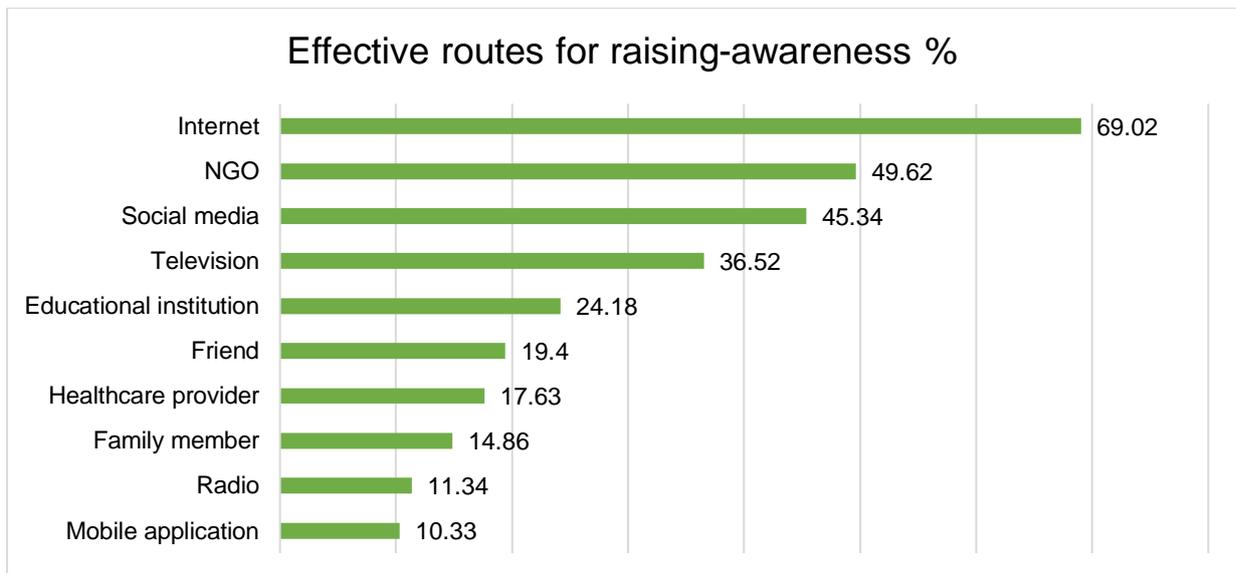
<sup>26</sup> Survey question #15: If needed, how would you find the relevant information about the services?

<sup>27</sup> Survey question #14: If women or girls you know turn to you for support, what would be the first step you would take?

**Figure 6: Perceived barriers that prevent women and girls from seeking help from the support services<sup>28</sup>**



**Figure 7: Most effective route to raising awareness about the support services<sup>29</sup>**



<sup>28</sup> Survey question #17: What do you think are the main barriers that prevent women and girls from seeking help from support services?

<sup>29</sup> Survey question #16: In terms of raising awareness about the support services, what are the three most effective ways?

## References

- Alchemer. "Enterprise Online Survey Software & Tools." Accessed September 13, 2024. <https://www.alchemer.com/>.
- Arora, S, Pb Deosthali, and S Rege. "Effectiveness of a Counselling Intervention Implemented in Antenatal Setting for Pregnant Women Facing Domestic Violence: A Pre-Experimental Study." *BJOG: An International Journal of Obstetrics & Gynaecology* 126, no. S4 (2019): 50–57. <https://doi.org/10.1111/1471-0528.15846>.
- "Average Monthly Nominal Wages, Drams / 2024 / Statistical Committee of the Republic of Armenia." Accessed November 12, 2024. <https://www.armstat.am/en/?nid=12&id=08001>.
- Barnes, Amelia, and Maro Matosian. "Understanding the Impact of Domestic Violence on Children in Armenia," 2020. [https://www.womensupportcenter.org/DV&Children\\_spreads\\_ENG.pdf](https://www.womensupportcenter.org/DV&Children_spreads_ENG.pdf).
- Bukuluki, Paul, Peter Kisaakye, Symon Peter Wandiembe, Grace Bulenzi-Gulere, Beatrice Mulindwa, Dan Bazira, Evelyn Letiyo, et al. "Access to Information on Gender-Based Violence Prevention during COVID-19 Lockdown in Uganda: A Cross-Sectional Study." *eClinicalMedicine* 57 (March 1, 2023). <https://doi.org/10.1016/j.eclinm.2023.101846>.
- Campbell, Jacquelyn C. "Health Consequences of Intimate Partner Violence." *The Lancet* 359, no. 9314 (April 13, 2002): 1331–36. [https://doi.org/10.1016/S0140-6736\(02\)08336-8](https://doi.org/10.1016/S0140-6736(02)08336-8).
- CSVW. "Biannual Newsletter," June 2018. [https://issuu.com/csvwarmeria/docs/csvw\\_semiannual\\_en](https://issuu.com/csvwarmeria/docs/csvw_semiannual_en).
- Ellsberg, Mary, Henrica AFM Jansen, Lori Heise, Charlotte H. Watts, and Claudia Garcia-Moreno. "Intimate Partner Violence and Women's Physical and Mental Health in the WHO Multi-Country Study on Women's Health and Domestic Violence: An Observational Study." *The Lancet* 371, no. 9619 (April 5, 2008): 1165–72. [https://doi.org/10.1016/S0140-6736\(08\)60522-X](https://doi.org/10.1016/S0140-6736(08)60522-X).
- "Individual Baseline Survey on GBV and TIP\_FINAL.Pdf." Accessed April 11, 2024. [https://roasiapacific.iom.int/sites/g/files/tmzbdl671/files/documents/2023-03/Individual%20Baseline%20Survey%20on%20GBV%20and%20TIP\\_FINAL.pdf](https://roasiapacific.iom.int/sites/g/files/tmzbdl671/files/documents/2023-03/Individual%20Baseline%20Survey%20on%20GBV%20and%20TIP_FINAL.pdf).
- Mtaita, Caroline, Samuel Likindikoki, Maureen McGowan, Rose Mpembeni, Elvis Safary, and Albrecht Jahn. "Knowledge, Experience and Perception of Gender-Based Violence Health Services: A Mixed Methods Study on Adolescent Girls and Young Women in Tanzania." *International Journal of Environmental Research and Public Health* 18, no. 16 (August 13, 2021): 8575. <https://doi.org/10.3390/ijerph18168575>.
- Nancarrow, Heather, Christine Hanley, and Renette Viljoen. "Domestic and Family Violence Awareness, Attitudes and Experience," n.d.
- NCADV. "The Nation's Leading Grassroots Voice on Domestic Violence." Accessed February 2, 2024. <https://ncadv.org/>.
- OHCHR. "Experts of the Committee on the Elimination of Discrimination against Women Commend Armenia on Continuing to Uphold International Obligations Despite the Conflict, Raise Questions on Violence against Women and Family Planning Services." Accessed October 16, 2024. <https://www.ohchr.org/en/news/2022/10/experts-committee-elimination-discrimination-against-women-commend-armenia-continuing>.

- Pallitto, Christina C., Claudia García-Moreno, Henrica A.F.M. Jansen, Lori Heise, Mary Ellsberg, Charlotte Watts, and WHO Multi-Country Study on Women's Health and Domestic Violence. "Intimate Partner Violence, Abortion, and Unintended Pregnancy: Results from the WHO Multi-Country Study on Women's Health and Domestic Violence." *International Journal of Gynecology & Obstetrics* 120, no. 1 (2013): 3–9. <https://doi.org/10.1016/j.ijgo.2012.07.003>.
- RA parliament. On the prevention of family violence, protection of persons subjected to family violence, and the restoration of family cohesion, Pub. L. No. ՅՕ-320-Ն (2018). <https://www.arlis.am/DocumentView.aspx?docID=118672>.
- RAINN. "The Nation's Largest Anti-Sexual Violence Organization." Accessed February 2, 2024. <https://www.rainn.org/>.
- Statistical Committee, Republic of Armenia. "Survey on Domestic Violence against Women," 2021. [https://armstat.am/file/article/gbv\\_report\\_eng.pdf](https://armstat.am/file/article/gbv_report_eng.pdf).
- "The Main Results of RA Census 2022 / Statistical Committee of the Republic of Armenia." Accessed September 13, 2024. <https://www.armstat.am/en/?nid=82&id=2623>.
- UN Women. "Handbook for Legislation on Violence against Women." Accessed February 2, 2024. [https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2012/12/UNW\\_Legislation-Handbook%20pdf.pdf](https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2012/12/UNW_Legislation-Handbook%20pdf.pdf).
- Valladares, Eliette, Mary Ellsberg, Rodolfo Peña, Ulf Högberg, and Lars Åke Persson. "Physical Partner Abuse during Pregnancy: A Risk Factor for Low Birth Weight in Nicaragua." *Obstetrics & Gynecology* 100, no. 4 (October 1, 2002): 700–705. [https://doi.org/10.1016/S0029-7844\(02\)02093-8](https://doi.org/10.1016/S0029-7844(02)02093-8).
- WHO. "Violence against Women," March 9, 2021. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.
- World Economic Forum. "Global Gender Gap Report," June 2023. [https://www3.weforum.org/docs/WEF\\_GGGR\\_2023.pdf](https://www3.weforum.org/docs/WEF_GGGR_2023.pdf).

## Appendices

### Appendix 1 – Questionnaire Instrument

#### **Socio-demographic questions**

1. How old are you (completed years)?
  - \_\_\_\_\_
  - Refuses to answer
  
2. What is your marital status?
  - Single
  - Married with registration of civil residence acts
  - Married without the act
  - Living in partnership
  - Separated/Divorced
  - Widowed
  - Refuses to answer
  
3. Indicate the highest level of education that you have completed.
  - Secondary education (8 or 9 years completed)
  - Basic education (10 or 12 years completed)
  - Specialized education
  - Vocational education
  - University degree
  - Master's degree
  - Postgraduate degree (PhD)
  - Other \_\_\_\_\_
  - Refuses to answer
  
4. What is your employment status?
  - Employed
  - Employed, but currently in maternity leave
  - Student
  - Unemployed

- Housewife
- Retired
- Self-employed/farmer
- Other \_\_\_\_\_
- Refuses to answer

5. What is your estimated income?

- Less than 75,000 AMD
- 75,000-140,000 AMD
- 141,000-300,000 AMD
- 301,000-500,000 AMD
- 501,000-1,000,000 AMD
- More than 1,000,000 AMD
- No income
- Refuses to answer

6. What is your disability status?

- I have disability status
- I don't have disability status
- Refuses to answer

7. Please indicate your citizenship status [you can specify more than one option].

- RA citizenship
- Citizenship from other country
- No citizenship
- A person forcibly displaced from Artsakh
- Refuses to answer

### **Main questions**

8. What do you think, are the rights of women and girls protected in our country?

- Fully protected
- Mostly protected

- Partially protected
- A little protected
- Not at all protected
- Refuses to answer

9. What do you think, according to the RA constitution, what are the means of protection for persons subjected to violence in the family [you can specify more than one option]?

- Warning
- Urgent intervention decision
- Protection
- Other
- Don't know
- Refuses to answer

10. Please rate the extent to which you consider each item listed below in the category of "domestic violence".

	Clear manifestation of domestic violence	Most likely a manifestation of domestic violence	I'm not sure if it's domestic violence	I don't think it's domestic violence	I don't know	Refuses to answer
Physically harming the partner						
Frowning at the partner						
Being silent towards the partner						
Swear words, including sexually degrading comments towards the partner						
Isolating the partner from friends/family						
Denying partner access to bank accounts						
Provision of inadequate amount of money for family needs/domestic matters						
Intolerance of partner's religious beliefs						

Sexually degrading insults towards the partner						
Making child custody threats against the partner						
Making to believe that the partner is stupid and that no one will believe them						
Driving dangerously or recklessly to frighten the partner						
Keeping the partner from looking for or getting a job						
Urging the partner to relocate to a place where friends or family support is unavailable						
Alienating partner's friends and family with continued rudeness						
Convincing the partner to have unprotected sex						
Convincing the partner that sex without desire or consent is normal						

11. Are you aware of the support services available to women and girls if they have been abused?

- Yes, I am aware
- Yes, I am somewhat aware
- No, I am not aware and I am not interested
- No, I am not aware and if needed I cannot find the appropriate information
- No, I am not aware but if needed I can find the appropriate information
- Refuses to answer

12. (If answered yes or somewhat aware to the previous question) To your knowledge, which of these services are available in your community? [Tick all that apply]

- Unified social service hotline
- Mobile application
- Support center
- Temporary financial support
- Shelters
- Legal aid
- Free primary medical care
- Psychological support
- Job placement assistance
- Other \_\_\_\_\_
- Refuses to answer

13. Do you know anyone that might have accessed at least one of those services in the past?

- Yes, someone from my immediate circle
- Yes, someone not from my immediate circle
- I don't know anyone
- Refuses to answer

14. If women or girls you know turn to you for support, what would be the first step you would take?

- I would suggest contacting the police
- I would suggest calling the human rights protection office
- I would suggest calling the 114 hotline
- I would suggest calling the hotline of a domestic or sexual violence support center
- I would suggest reconciliation with partner/spouse
- Other\_\_\_\_
- I would do nothing
- Refuses to answer

15. If needed, how would you find the relevant information about the services?

[Tick all that apply]

- Internet
- Asking a friend
- Asking a family member
- Hotlines (specify\_\_\_\_)
- Posters/billboards
- Healthcare provider
- Local police departments
- The organizations dealing with women's issues (name one\_\_\_\_)
- Other \_\_\_\_\_
- Refuses to answer

16. In terms of raising awareness about the support services, what are the three most effective ways? [Tick 3 that apply]

- Internet
- Social media
- Television
- Mobile application
- Radio
- Healthcare providers

- The organizations dealing with women's issues
- Family member
- Friends
- Other \_\_\_\_\_
- Refuses to answer

17. What do you think are the main barriers that prevent women and girls from seeking help from support services? [Tick all that apply]

- Lack of services
- Accessibility barriers (including disability issues)
- Lack of awareness
- Stigma/shame
- Financial dependence
- Cultural and social norms
- Legal and administrative barriers
- Lack of trust
- Other \_\_\_\_\_
- Refuses to answer

18. Interviewer number

- 1
- 2
- 3
- 4
- 5

19. Participant ID \_\_\_\_\_

20. Date of the interview \_\_\_\_\_

21. Place of interview

- Yerevan
- Gyumri

- Spitak

22. Place of the interview (district of Yerevan)?

- Kentron
- Arabkir
- Malatia-Sebastia
- Erebuni
- Davtashen
- Avan
- Nor-Nork
- Norq-Marash
- Shengavit
- Qanaqer-Zeytun

23. Place of interview (street/district of Gyumri)?

- Shirkatsi st.
- Mazmanyanyan st.
- Haghtanaki st.
- Sarukhanyan st.
- Ani dsitric

## Appendix 2 – Oral Consent Form

Hello! My name is [interviewer's name, surname]. I represent Coalition to Stop Violence against Women, the main goal of which is to promote gender equality and the protection of women's rights. The coalition is currently conducting an anonymous survey as part of the "Working towards Comprehensive Policies for Violence Free Life for Women and Girls" project. The purpose of this study is to gain an in-depth understanding of access to support services, shelters, hotlines, and legal measures to prevent and respond to violence against women.

We invite you to participate in a short survey, because you are a woman living in Armenia, and your views are important to us. Our survey will take about 5-10 minutes. Please note that participation is voluntary and you may opt out without consequence. You also have the right to refuse to answer any questions during the survey or to stop participating at any time without consequence.

I want to assure you again that this study is completely anonymous. The data collected does not contain any identifying information about participants, such as names or addresses. Instead, we use codes for each participant. The results of this study are intended for research purposes only and will be compiled in a single report without names or identifying information.

In case of participation, you do not face any risk or danger.

Can we get started?  Yes  No