

Violence against women

Intimate partner and sexual violence against women

evidence brief

Intimate partner and sexual violence have serious short- and long-term physical, mental, sexual and reproductive health problems for survivors.



Key facts

- ▶ Violence against women is a public health problem; a violation of human rights that is rooted in gender inequality; and an impediment to sustainable development.
- ▶ Nearly 1 in 3 (35%) (1) of women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence by any perpetrator in their lifetime.
- ▶ Intimate partner violence is the most common form of violence with 30% (1) of women who have been in a relationship reporting that they have experienced some form of physical or sexual violence by their partner.
- ▶ Globally, as many as 38% (1) of murders of women are committed by an intimate partner.
- ▶ Humanitarian emergencies may exacerbate existing violence and lead to additional forms of violence against women.
- ▶ Violence can result in physical, mental, sexual, reproductive health and other health problems, and may increase vulnerability to HIV.
- ▶ The Sustainable Development Goals (SDGs) recognize the importance of addressing violence against women to achieve gender equality and the empowerment of women (SDG5). SDG Target 5.2 is “To eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.”
- ▶ Violence against women is preventable. *RESPECT women* is a framework to prevent violence against women. *RESPECT women* is framework with 7 strategies that was launched by WHO and UN Women in collaboration with ten UN and bilateral agencies in June 2019.
- ▶ The health sector has an important role to play in addressing violence against women by providing comprehensive health services including for sexual and reproductive health, providing referrals to other support services; gathering evidence through data and research; fostering prevention policies in other sectors; and advocating for violence against women to be recognized as a public health problem and for resource allocation.

Introduction

The United Nations defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

Intimate partner violence refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.

Sexual violence is any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.

Scope of the problem

Population-level surveys based on reports from victims provide the most accurate estimates of the prevalence of intimate partner violence and sexual violence in non-conflict settings. The first report of the “WHO Multi-country study on women’s health and domestic violence against women” (2005) in 10 mainly low- and middle-income countries brought attention to the high prevalence of intimate partner violence in all countries, and also noted wide variation both between and within countries. It looked at factors associated with higher prevalence as well as those that were protective across sites and also documented the detrimental effect of such violence on women’s health.

In 2013, WHO with the London School of Hygiene and Tropical Medicine and the South African Medical Research Council, using existing data from over 80 countries, estimated that globally 35% of women have experienced either physical and/ or sexual intimate partner violence or non-partner sexual violence. Most of this violence is intimate partner violence. Worldwide, almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner, and in some regions, this is much higher. Globally as many as 38% of all murders of women are committed by intimate partners. In comparison, the figure for murders of men committed by intimate partners is

6%. Intimate partner and sexual violence are mostly perpetrated by men against women.

Adolescent girls, young women and women belonging to ethnic minorities, transwomen and women with disabilities face a higher risk of different forms of violence. For example, violence against children surveys from seven countries (Haiti, Kenya, Malawi, Nigeria, United Republic of Tanzania, Zambia, Zimbabwe) conducted with 13-24 year-old adolescents and young people show that rates of sexual violence among girls under 18 are >20% in all countries. International studies reveal that approximately 20% of women and 8% of men report being victims of sexual violence as children.

Risk factors

Risk factors for both women’s experience and men’s perpetration of intimate partner violence are:

- lower levels of education;
- exposure to child maltreatment;
- witnessing family violence;
- harmful use of alcohol;
- holding attitudes and norms that accept violence and gender inequality;
- male control/controlling behaviours over women (i.e. unequal power in intimate relationships);
- mental health problems.

Factors associated with women’s experience of intimate partner violence are:

- women’s lack of employment;
- gender discriminatory laws disadvantaging women with respect to ownership of land and assets, marriage, divorce and children’s custody.

Factors associated with men’s perpetration of intimate partner violence are:

- sexual entitlement (e.g. history of transactional sex and multiple sexual partners);
- involvement in violence outside the home.

Factors specifically associated with sexual violence perpetration include:

- beliefs in family honour and sexual purity;
- ideologies of male sexual entitlement; and
- weak legal sanctions for sexual violence.

The unequal power of women relative to men and the normative use of violence to resolve conflict are associated with both, intimate partner violence and non-partner sexual violence.

Health consequences

Intimate partner and sexual violence have serious short- and long-term physical, mental, sexual and reproductive health problems for survivors and for their children, and lead to high social and economic costs.

- Violence against women can have fatal results including homicide or suicide.
- It can lead to injuries, with 42% of women who experience intimate partner reporting an injury as a result of this violence.
- Women who have experienced intimate partner violence are 1.5 times more likely to have a sexually transmitted infection and, in some regions, HIV, compared to women who have not experienced such violence.
- Intimate partner violence is associated with a two-fold increase in induced abortion; 16% increase in low-birth weight babies and 43% increase in pre-term births.
- Intimate partner violence is also associated with increased likelihood of mental health disorders including a two-fold increased likelihood of depression and alcohol-use disorder and a 4.5-fold increase in attempted suicide. Other mental health consequences include post-traumatic stress disorder, sleep difficulties, eating disorders, and emotional distress.
- Other health effects can also include headaches, back pain, abdominal pain, fibromyalgia, gastrointestinal disorders, limited mobility and poor overall health.
- Sexual violence, particularly during childhood, can lead to increased smoking, drug and alcohol misuse, and risky sexual behaviours in later life.

Impact on children

- Children who grow up in families where there is violence may suffer a range of behavioural and emotional disturbances. These can also be associated with perpetrating or experiencing violence later in life.

- Intimate partner violence has also been associated with higher rates of infant and child mortality and morbidity (e.g. diarrhoeal disease, malnutrition).

Social and economic costs

The social and economic costs of intimate partner and sexual violence are enormous and have ripple effects throughout society. Women may suffer isolation, housing insecurity, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children.

Prevention and response

Violence against women can be prevented. We now know more than before about what works to prevent violence against women. WHO with UN Women and 10 other agencies launched a framework with 7 strategies to prevent violence against women called RESPECT women. Each letter of RESPECT stands for one of 7 strategies as follows:

R – Relationships skills strengthened

E – Empowerment of women

S – Services ensured

P – Poverty reduction

E – Environments made safe

C – Child and adolescent abuse prevented

T – Transformed attitudes, beliefs and norms

Each of the above seven strategies has promising interventions including, for example, group-based workshops with women and men to promote egalitarian attitudes and relationships; gender empowerment training for women and girls; economic/cash transfers; and community mobilization to promote egalitarian gender norms.

While more research is needed to improve our understanding of how different interventions work and for whom, learnings from promising interventions suggest that these includes components that fall across more than one of the above strategies; focus on women's safety; address unequal gender power relations; use participatory approaches that stimulate critical reflection on power; strengthen voice and agency of people; and facilitate partnerships across organizations and sectors.

The role of the health system

The health system is an important entry point for responding to violence against women. Women who are abused are more likely to seek health services for associated symptoms even if they do not explicitly seek care for violence. Since most women seek health services at some point in their lives, especially in relation to sexual and reproductive health, the health system and sexual and reproductive health services, in particular, provide an opportunity for identification of violence, provide psychosocial support, treat presenting health conditions including injuries, mitigate other health consequences, and provide referrals for other support as needed (e.g. shelters, legal aid, counselling).

The health system/sector can also contribute to prevention through health promotion messages to communities about non-acceptability of violence, respectful relationships and reducing risk factors such as harmful drinking and substance use. By identifying women experiencing violence and their children early and offering them psychological support and psychotherapy, the health sector can also contribute to reducing violence.

Based on the WHO guidelines for responding to intimate partner violence and sexual violence against women (2013) and for responding to child and adolescent sexual abuse (2017) the essential package of services to be offered to survivors includes:

Intimate partner violence:

- clinical enquiry for identification of violence;
- first line support;
- treatment of injuries and other presenting health conditions;
- basic psychosocial support;
- assessment and referral for moderate to severe depression, PTSD;
- documentation;
- referrals as needed (e.g. legal, shelter, social protection).

Sexual violence:

- first line support;
- treatment of injuries or presenting health conditions;

- post-rape care including emergency contraception (if <5 days), HIV PEP (if < 72 hours), STI prophylaxis, Hepatitis B and HPV vaccination, forensic evidence collection;
- basic psychosocial support;
- assessment and referrals for moderate to severe depression, PTSD;
- documentation;
- referral as needed.

It is important that health-care providers are trained to deliver care to survivors, and health facility readiness is improved by establishing mechanisms for privacy and confidentiality, referrals to other services, and offering supportive supervision and mentoring.

WHO actions

WHO, in collaboration with a number of partners is bringing attention to and responding to violence against women through:

Research and evidence building to highlight the magnitude of violence against women, its risk factors and consequences and to identify effective interventions for prevention and response. For example:

- WHO is producing and updating global, regional and country estimates of violence against women as a contribution to monitoring the SDG 5.2 target on eliminating all forms of violence against women and girls.

Developing guidelines and tools by setting norms and standards for an effective health response to violence against women. For example:

- WHO is finalizing a toolkit for health response to violence including guidelines, a clinical handbook for health care providers, a health manager's manual; a training curriculum for providers; and a quality assurance tool.

Strengthening country capacity of health systems to respond to violence against women. For example:

- WHO has supported updating or development of national protocols and health provider trainings in a number of countries, including Afghanistan, Egypt, Namibia, Pakistan, Uruguay, Zambia.

- WHO is strengthening the capacity of the health cluster to address gender-based violence in humanitarian settings including Bangladesh (Cox's Bazaar), Democratic Republic of Congo, Iraq, Nigeria, Syria, Iraq, Cox's Bazaar.

Building political will by encouraging leadership to address violence against women through partnerships and advocacy. For example:

- The World Health Assembly has endorsed a resolution (WHA67.15 – May 2014) and a Global plan of action on strengthening health systems in addressing violence against women and girls (WHA69.5 May 2016).

In the 25 years since the International Conference on Population and Development (ICPD), much progress has been made in addressing violence against women ranging from its inclusion as a target in the Sustainable Development Goals (target 5.2) to an increase in the availability of prevalence data (more than 100 countries have such data) as well as an increase in the number of countries with laws addressing some forms of violence against women. To achieve lasting change, however, it is important for all countries to enact legislation, develop policies and scale-up programmes that:

- address discrimination against women;
- promote gender equality;
- support survivors; and
- help to move towards more peaceful social and egalitarian gender norms.

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