Violence against Women, Its Prevalence and Health Consequences

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Abstract
Violence against women in its many forms has been recognized as a highly prevalent social and public health problem with serious consequences for the health and lives of women and their children, and also a serious violation of women’s human rights. This chapter provides a global overview of the most common forms of violence against women, which include intimate partner violence, sexual abuse by non-intimate partners, human trafficking, female genital mutilation and conflict-related sexual violence. Furthermore, it discusses the prevalence of intimate partner violence, one of the most widespread forms of violence against women, among both the general population as well as among women who may be more at risk of violence, such as pregnant women, adolescent girls, women with disabilities or abusing substances. It provides a brief overview of the health consequences of violence against women which include fatal outcomes, such as homicide, suicide and maternal mortality to nonfatal health consequences such as physical and chronic health problems, mental health and sexual and reproductive health problems. The high prevalence and serious physical and mental health effects of violence against women outlined in this overview highlight the necessity for implementing policies and strategies in the health sector and educating healthcare providers on the problem, guided by a human rights framework.

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‘I suffered for a long time and swallowed all my pain. That’s why I am constantly visiting doctors and using medicines. No one should do this.’

Woman interviewed in Serbia and Montenegro, WHO Multi-Country Study on Domestic Violence against Women, p. 26 [1].

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The quote above reflects the situation of many women across the world, as violence against women, also called gender-based violence, because of its roots in gender inequality, is highly prevalent. This is a major concern given the strong evidence of the serious consequences violence against women can have on women's physical, mental, sexual, and reproductive health and wellbeing, as well as on other aspects of their lives.

The 1993 Declaration on the Elimination of Violence against Women defined violence against women as:

‘any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life’ [2].

This definition shows that violence against women comprises various forms of violence. It can include, although it is not limited to, physical, sexual and psychological violence, including battering, sexual abuse, dowry-related violence, rape including marital rape, female genital mutilation, sexual harassment and intimidation at work, trafficking and forced prostitution and violence related to exploitation. Violence against women can occur in the family, the general community and it can also be perpetrated or condoned by the State [2]. This definition also highlights the many perpetrators who commit violence against women, which include spouses and partners or ex-spouses and ex-partners, parents, other family members, neighbors, and men in positions of power or influence. It can occur in the home but also in the community, institutions like prisons and mental health institutions and is particularly prevalent in situations of displacement, armed conflict and other crises [3]. Violence against women, particularly that by intimate partners, is often not restricted to one single, isolated incidence, but can be long lasting and may continue for more than a decade.

Many forms of violence against women are often experienced by women as an extremely shameful and private event. Because of this sensitivity, violence is almost universally under-reported. Nevertheless, existing data of the prevalence of such violence suggests that globally, millions of women are experiencing violence or living with its consequences.

The following overview will focus on providing information on the prevalence and health consequences globally of the most common form of violence against women, namely violence by intimate partners. Information on other forms of violence, such as nonpartner violence and trafficking of women is also provided.

**Prevalence**

Research over the last decade has demonstrated that violence against women by male partners and ex-partners is common worldwide. For example, a national representative survey from the United States of America found that 21% of women reported
having ever experienced physical or sexual intimate partner violence or both in their lifetime [4]; nationally representative surveys from Europe report a lifetime prevalence of between 25% in Germany [5] and 27% in Finland [6]. However, the fact that different measures and methodologies have been used in each study makes it difficult to compare prevalence across settings. One of the few studies that produced comparable data across urban and rural sites in 10, primarily low and middle income, countries was the World Health Organization (WHO) Multi-Country study on violence against women, which used a standardized questionnaire and standardized training and implementation procedures to measure the population-based prevalence of different forms of violence, in particular partner violence [1]. The WHO Multi-Country study, which interviewed over 24,000 women between the ages of 15 and 49 found the prevalence of physical and/or sexual intimate partner violence to range between 15% in Japan and approximately 70% in Ethiopia and Peru, with most sites reporting prevalence of between 29 and 62%. Physical abuse by a partner at some point in life up to 49 years of age was reported by 13–61% of interviewees across all study sites, and sexual abuse by 6–59%. Physical and sexual violence or both, by a nonpartner any time after the age of 15 was reported by 5.1–64.6% of interviewees. Sexual violence by a nonpartner any time after 15 and up to 49 years of age was reported by 0.3–11.5% of interviewees. New Zealand which replicated the WHO Multi-Country study methodology found that 33% of women in Auckland and 39% in Waikato, a more rural province, had experienced at least one act of physical and/or sexual violence by an intimate partner in their lifetime [7]. More recent studies, using the same instrument, have found prevalence of partner violence of 34% in Vietnam [8] and above 60% in the Solomon Islands and Kiribati [9].

As can be seen in table 1, the prevalence of non-partner violence seems to correspond with the prevalence of intimate partner violence in some of the countries, for example in Japan, where both are comparatively low. However, there are stark differences in other countries, such as Bangladesh or Thailand, where the prevalence of intimate partner violence is notably higher. The only country where the prevalence of non-partner violence is higher than the prevalence of intimate partner violence is Samoa, where it exceeds it by nearly 20%.

Studies on special populations reveal even higher rates of intimate partner violence. Clinical surveys, for example, especially those conducted in emergency rooms yield much higher rates of intimate partner violence [10]. For example, a study of 24 Emergency Departments and Primary Care Clinics in the Midwest of the United States found higher rates of physical (58.1 vs. 40.7%), severe physical (34.8 vs. 16.4%), emotional (67.7 vs. 51.3%) and sexual abuse (33.9 vs. 18.2%) in emergency departments than in clinics where no university teaching took place. Rates in clinics with university teaching were slightly higher than in those without [11]. High prevalence rates are also found among pregnant and adolescent women as well as among women abusing substances.

Among women who had ever been pregnant, the WHO multi-country study found the lowest prevalence of physical intimate partner violence during pregnancy.
to be one percent in Japan city and the highest to be 28% in Peru Province, with the majority of sites reporting a prevalence between 4 and 12% [1]. Similarly, prevalence ranging between 2% in Australia, Denmark, Cambodia and Philippines and 13.5% in Uganda were found in an analysis of Demographic and Health Surveys and the International Violence against Women survey, also with a majority between 4 and 9% [12]. As with intimate partner violence among the general population, clinical studies find much higher prevalence. A systematic review of clinical studies from sub-Saharan Africa reports prevalence of 23–40% for physical, 3–27% for sexual and 25–49% for emotional intimate partner violence during pregnancy [13].

Adolescents are another group who seemed to have a high risk of intimate partner violence. As the WHO Multi-Country study showed, the prevalence of lifetime experiences of physical or sexual violence or both among women aged 15–24 was around 50% or higher in many sites. The lowest prevalence of 19% was found in the Serbian city of Belgrade and the highest of 66% in rural Peru. In nearly all sites, except rural Ethiopia, the prevalence of intimate partner violence decreased as women got older [unpubl. paper]. A review of different studies in the US showed varied prevalence of intimate partner violence among adolescents, ranging from 9 to 49% [14]; a South African study of 928 males and females aged 13–23 years found that 42%