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Violence Against Women as a Health and Development Issue*

Topics covered in this chapter:

- Definitions of violence against women
- Prevalence of intimate partner violence
- The patterning of intimate partner violence
- Prevalence and characteristics of sexual coercion and abuse
- The effects of violence on women's health
- Explaining gender-based violence
- How do women respond to abuse?
- Challenges for international research on gender-based violence

Violence against women is the most pervasive yet underrecognized human rights violation in the world. It is also a profound health problem that saps women's energy, compromises their physical and mental health, and erodes their self-esteem. In addition to causing injury, violence increases women's long-term risk of a number of other health problems, including chronic pain, physical disability, drug and alcohol abuse, and depression.^{1,2} Women with a history of physical or sexual abuse are also at increased risk for unintended pregnancy, sexually transmitted infections, and miscarriages.^{3,5} Despite the high costs of violence against women, social institutions in almost every

society in the world legitimize, obscure, and deny abuse. The same acts that would be punished if directed at an employer, a neighbor, or an acquaintance often go unchallenged when men direct them at women, especially within the family.

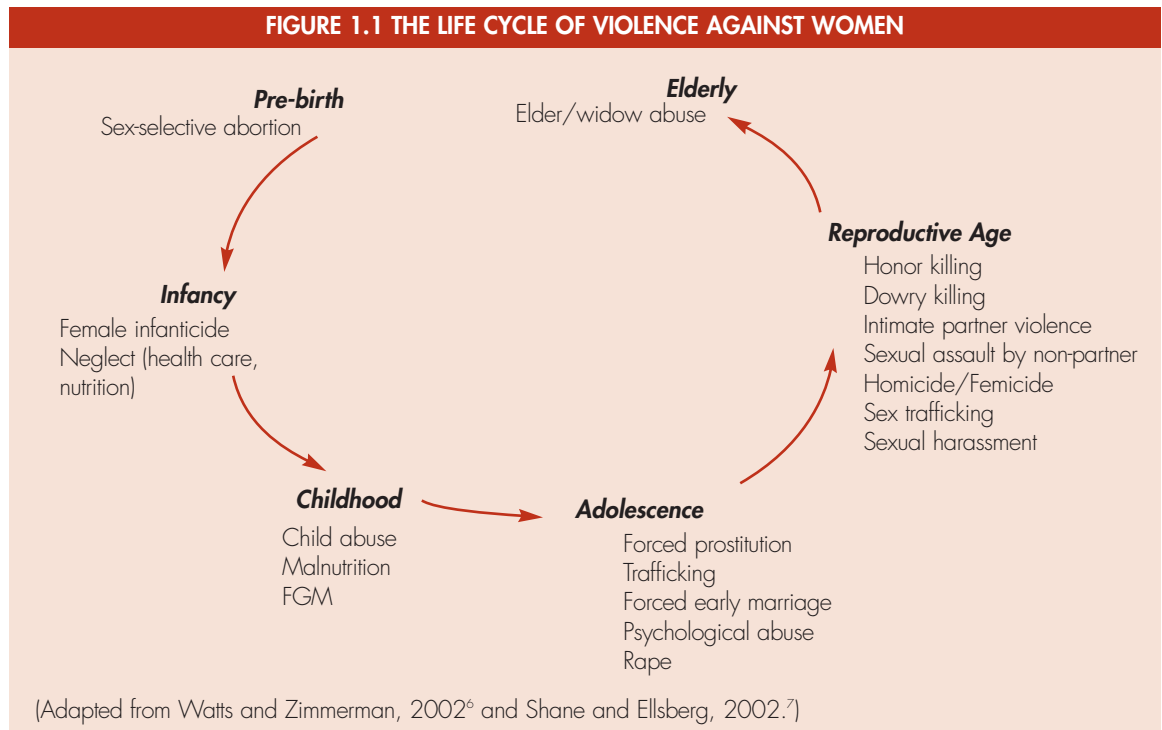
For over three decades, women's advocacy groups around the world have been working to draw more attention to the physical, psychological, and sexual abuse of women and to stimulate action. They have provided abused women with shelter, lobbied for legal reforms, and challenged the widespread attitudes and beliefs that support violence against women.²

Increasingly, these efforts are having

* Parts of this chapter are reprinted from Heise, Ellsberg and Gottemoeller, 1999² (available online at <http://www.infoforhealth.org/pr/l1ledsum.shtml>).



FIGURE 1.1 THE LIFE CYCLE OF VIOLENCE AGAINST WOMEN



results. Today, international institutions are speaking out against gender-based violence. Surveys and studies are collecting more information about the prevalence and nature of abuse. More organizations, service providers, and policy makers are recognizing that violence against women has serious adverse consequences for women's health and for society.

This chapter provides a brief overview of the issue of violence against women, including definitions, international prevalence, the documented health consequences of abuse, and evidence regarding causation and women's experiences of abuse. We include this information here for individuals who may be new to the topic and/or for those who are writing research proposals and may not have easy access to the international literature.

DEFINITIONS OF VIOLENCE AGAINST WOMEN

Although both men and women can be victims as well as perpetrators of violence,

the characteristics of violence most commonly committed against women differ in critical respects from violence commonly committed against men. Men are more likely to be killed or injured in wars or youth- and gang-related violence than women, and they are more likely to be physically assaulted or killed on the street by a stranger. Men are also more likely to be the perpetrators of violence, regardless of the sex of the victim.¹ In contrast, women are more likely to be physically assaulted or murdered by someone they know, often a family member or intimate partner.² They are also at greater risk of being sexually assaulted or exploited, either in childhood, adolescence, or as adults. Women are vulnerable to different types of violence at different moments in their lives (see Figure 1.1).

There is still no universally agreed-upon terminology for referring to violence against women. Many of the most commonly used terms have different meanings in different regions, and are derived from diverse theoretical perspectives and disciplines.



One frequently used model for understanding intimate partner abuse and sexual abuse of girls is the “family violence” framework, which has been developed primarily from the fields of sociology and psychology.^{8,9} “Family violence” refers to all forms of abuse within the family regardless of the age or sex of the victim or the perpetrator. Although women are frequently victimized by a spouse, parent, or other family member, the concept of “family violence” does not encompass the many types of violence to which women are exposed outside the home, such as sexual assault and harassment in the workplace. Moreover, feminist researchers find the assumption of gender neutrality in the term “family violence” problematic because it fails to highlight that violence in the family is mostly perpetrated by men against women and children.

There is increasing international consensus that the abuse of women and girls, regardless of where it occurs, should be considered as “gender-based violence,” as it largely stems from women’s subordinate status in society with regard to men (Figure 1.2). The official United Nations definition of gender-based violence was first presented in 1993 when the General Assembly passed the Declaration on the Elimination of Violence against Women.¹⁰ According to this definition, gender-based violence includes a host of harmful behaviors directed at women and girls because of their sex, including wife abuse, sexual assault, dowry-related murder, marital rape, selective malnourishment of female children, forced prostitution, female genital mutilation, and sexual abuse of female children (see Box 1.1 for the complete definition).¹⁰

Even when the abuse of women by male partners is conceptualized as gender-based violence, the terms used to describe this type of violence are not consistent. In many parts of the world, the term “domestic violence” refers to the abuse of women

BOX 1.1 UNITED NATIONS DEFINITION OF VIOLENCE AGAINST WOMEN

The term “violence against women” means 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 private life. Accordingly, violence against women encompasses but is not limited to the following:

- a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Acts of violence against women also include forced sterilization and forced abortion, coercive/forced use of contraceptives, female infanticide and prenatal sex selection.

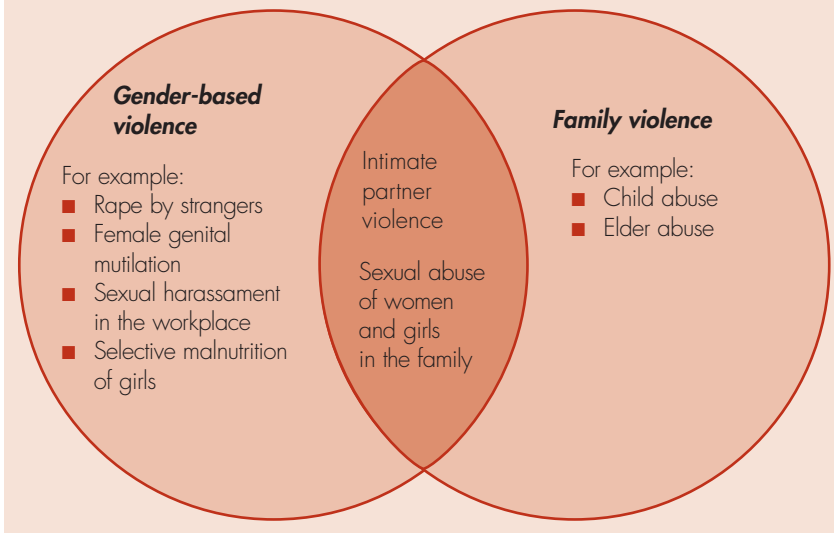
(From United Nations, 1993.¹⁰)

by current or former male intimate partners.^{11,12} However, in some regions, including Latin America, “domestic violence” refers to any violence that takes place in the home, including violence against children and the elderly.^{13,14} The term “battered women” emerged in the 1970s and is widely used in the United States and Europe to describe women who experience a pattern of systematic domination and physical assault by their male partners.¹⁵ The terms “spouse abuse,” “sexualized violence,” “intimate partner violence,” and “wife abuse” or “wife assault” are generally used interchangeably, although each term has weaknesses. “Spouse abuse” and “intimate partner violence” do not make explicit that the victims are generally women, whereas “wife abuse” and “wife assault” can be read to exclude common-law unions and dating violence.

For the purposes of this manual, we use the terms “violence against women” (VAW) and “gender-based violence” (GBV) interchangeably to refer to the full range of abuses recognized by the UN Declaration and other international agreements. We use



FIGURE 1.2 THE OVERLAP BETWEEN GENDER-BASED VIOLENCE AND FAMILY/DOMESTIC VIOLENCE



the terms “intimate partner violence,” “wife abuse” and “domestic violence” interchangeably to refer to the range of sexually, psychologically, and physically coercive acts used against adult and adolescent women by current or former male intimate partners.

PREVALENCE OF INTIMATE PARTNER VIOLENCE

International research consistently demonstrates that a woman is more likely to be assaulted, injured, raped, or killed by a current or former partner than by any other person. Table 1.1 presents findings from nearly 80 population-based studies carried out in more than 50 countries. These studies indicate that between 10 percent and 60 percent of women who have ever been married or partnered have experienced at least one incident of physical violence from a current or former intimate partner. Most studies estimate a lifetime prevalence of partner violence between 20 percent and 50 percent. Although women can also be violent, and abuse exists in some same-sex relationships, the vast majority of partner abuse is perpetrated by men against their female partners.

Researchers find considerable variation in the prevalence of partner violence from country to country, and among studies within a country. Unfortunately, lack of consistency in study methods, study design, and presentation of results makes it difficult to explore the causes and consequences of violence. As a result, it is often difficult to compare results even between studies performed in the same country.

Partly to address this shortcoming, the World Health Organization worked with collaborating institutions in 15 sites in ten countries between 1998 and 2004 to implement a multi-country study of domestic violence and women’s health. The *WHO Multi-country Study on Women’s Health and Domestic Violence Against Women*—also referred to here as the WHO VAW Study—was the first ever to produce truly comparable data on physical and sexual abuse across settings.¹⁶ This research project sought to minimize differences related to methods by employing standardized questionnaires and procedures, as well as a common approach to interviewer training.

We will return to the WHO VAW Study many times throughout the manual to highlight some of the challenges posed by this project and how they were resolved.

THE PATTERNING OF INTIMATE PARTNER VIOLENCE

The WHO VAW Study also provided a rare opportunity to examine the “patterning” of violence across settings. Does physical violence occur together with other types of violence? Do violent acts tend to escalate over time? Are women most at risk from partners or from others in their lives?

The WHO VAW Study findings confirm that most women who suffer physical or sexual abuse by a partner generally experience multiple acts over time. Likewise, physical and sexual abuse tend to co-occur in


TABLE 1.1 PHYSICAL ASSAULTS ON WOMEN BY AN INTIMATE MALE PARTNER, SELECTED POPULATION-BASED STUDIES, 1982–2004

Country	Ref	Year of study	Coverage	Sample size	Study* population*	Age (years)	Proportion of women physically assaulted by a partner (%)		
							last 12 mo	Ever	
Africa									
Ethiopia	◆	17	2002	Meskanena Woreda	2261	III	15–49	29	49
Kenya		18	1984–87	Kisii District	612	V	>15		42 ^d
	■	19	2003	National	3856	III	15–49	24	40
Namibia	◆	20	2002	Winhoek	1367	III	15–49	16	31
South Africa		21	1998	Eastern Cape	396	III	18–49	11	27
			1998	Mpumalanga	419	III	18–49	12	28
			1998	Northern Province	464	III	18–49	5	19
	■	22	1998	National	10,190	II	15–49	6	13
Tanzania	◆	20	2002	Dar es Salaam	1442	III	15–49	15	33
	◆	20	2002	Mbeya	1256	III	15–49	19	47
Uganda		23	1995–1996	Lira & Masaka	1660	II	20–44		41 ^d
Zambia	■	24	2001–2002	National	3792	III	15–49	27	49
Zimbabwe		25	1996	Midlands Province	966	I	>18		17 ^b
Latin America and the Caribbean									
Barbados		26	1990	National	264	I	20–45		30 ^{ac}
Brazil	◆	20	2001	Sao Paulo	940	III	15–49	8	27
	◆	20	2001	Pernambuco	1188	III	15–49	13	34
Chile		27	1993	Santiago Province	1000	II	22–55		26 ^d
		28	1997	Santiago	310	II	15–49	23	
	●	29	2004 ^p	Santa Rosa	422	IV	15–49	4	25
Colombia	■	30	1995	National	6097	II	15–49		19 ^d
	■	31	2000	National	7602	III	15–49	3	44
Dominican Republic	■	24	2002	National	6807	III	15–49	11	22
Ecuador	▲	32	1995	National	11,657	II	15–49	12	
El Salvador	▲	33	2002	National	10,689	III	15–49	6	20 ^d
Guatemala	▲	34	2002	National	6595 ^f	VI	15–49	9	
Honduras	▲	35	2001	National	6827	VI	15–49	6	10
Haiti	■	24	2000	National	2347	III	15–49	21	29
Mexico		36	1996	Guadalajara	650	III	>15		27
		37	1996 ^p	Monterrey	1064	III	>15		17
		38	2003	National	34,184	II	>15	9	
Nicaragua		39	1995	Leon	360	III	15–49	27	52
		40	1997	Managua	378	III	15–49	33	69
	■	41	1998	National	8507	III	15–49	13	30
Paraguay	▲	42	1995–1996	National	5940	III	15–49		10
	▲	43	2004	National	5070	III	15–44	7	19
Peru	■	24	2000	National	17,369	III	15–49	2	42



TABLE 1.1 PHYSICAL ASSAULTS ON WOMEN BY AN INTIMATE MALE PARTNER, SELECTED POPULATION-BASED STUDIES, 1982–2004

Country	Ref	Year of study	Coverage	Sample size	Study* population*	Age (years)	Proportion of women physically assaulted by a partner (%) last 12 mo	Ever	
Latin America and the Caribbean (continued)									
Peru (continued)	◆	20	2001	Lima	1019	III	15–49	17	50
	◆	20	2001	Cusco	1497	III	15–49	25	62
Puerto Rico	▲	44	1995–1996	National	4755	III	15–49		13 ^e
Uruguay		45	1997	National	545	II ^f	22–55	10 ^c	
North America									
Canada		46	1993	National	12,300	I	>18	3 ^{b,c}	29 ^{b,c}
		47	1999	National	8356	III	>15	3	8 ^g
United States		48	1995–1996	National	8000	I	>18	1 ^a	22 ^a
Asia and Western Pacific									
Australia	*	49	1996	National	6300	I		3 ^b	8 ^{b,d}
		50	2002–2003	National	6438	III	18–69	3	31
Bangladesh		51	1992	National (villages)	1225	II	<50	19	47
		52	1993	Two rural regions	10,368	II	15–49		42 ^d
	◆	20	2003	Dhaka	1373	III	15–49	19	40
	◆	20	2003	Matlab	1329	III	15–49	16	42
Cambodia		53	1996	Six regions	1374	III	15–49		16
	■	24	2000	National	2403	III	15–49	15	18
China		54	1999–2000	National	1665	II	20–64		15
India	■	24	1998–1999	National	90,303	III	15–49	10	19
		53	1999	Six states	9938	III	15–49	14	40
	●	29	2004 ^p	Lucknow	506	IV	15–49	25	35
	●	29	2004 ^p	Trivandrum	700	IV	15–49	20	43
Indonesia	●	29	2004 ^p	Vellore	716	IV	15–49	16	31
		55	2000	Central Java	765	IV	15–49	2	11
Japan	◆	20	2001	Yokohama	1276	III	18–49	3	13
New Zealand	◆	56	2002	Auckland	1309	III	18–64	5	30
	◆	56	2002	North Waikato	1360	III	18–64		34
Papua New Guinea		57	1982	National, rural villages	628	III ^f			67
Philippines	■	58	1993	National	8481	IV	15–49		10
		59	1998	Cagayan de Oro City & Bukidnon	1660	II	15–49		26
Republic of Korea	●	29	2004 ^p	Paco	1000	IV	15–49	6	21
		60	1989	National	707	II	>20	38	
Samoa	◆	20	2000	National	1204	III	15–49	18	41
Thailand	◆	20	2002	Bangkok	1048	III	15–49	8	23
		20	2002	Nakonsawan	1024	III	15–49	13	34
Vietnam		61	2004	Ha Tay province	1090	III	15–60	14	25


TABLE 1.1 PHYSICAL ASSAULTS ON WOMEN BY AN INTIMATE MALE PARTNER, SELECTED POPULATION-BASED STUDIES, 1982–2004

Country	Ref	Year of study	Coverage	Sample size	Study* population*	Age (years)	Proportion of women physically assaulted by a partner (%) last 12 mo	Ever	
Europe									
Albania	▲	⁶²	2002	National	4049	III	15–44	5	8
Azerbaijan	▲	⁶³	2001	National	5533	III	15–44	8	20
Finland	*	⁶⁴	1997	National	4955	I	18–74		30
France	*	⁶⁵	2002	National	5908	II	>18	3	9 ^g
Georgia	▲	⁶⁶	1999	National	5694	III	15–44	2	5
Germany	*	⁶⁷	2003	National	10,264	III	16–85		23 ^b
Lithuania	*	⁶⁸	1999	National	1010	II	18–74		42 ^{b,d,h}
Netherlands		⁶⁹	1986	National	989	I	20–60		21 ^a
Norway		⁷⁰	1989	Trondheim	111	III	20–49		18
	*	⁷¹	2003	National	2143	III	20–56	6	27
Republic of Moldova	▲	⁷²	1997	National	4790	III	15–44	8	15
Romania	▲	⁷³	1999	National	5322	III	15–44	10	29
Russia	▲	⁷⁴	2000	Three provinces	5482	III	15–44	7	22
Serbia/Montenegro	◆	²⁰	2003	Belgrade	1189	III	15–49	3	23
Sweden	*	⁷⁵	2000	National	5868	III	18–64	4 ^e	18 ^e
Switzerland		⁷⁶	1994–1996	National	1500	II	20–60	6 ^c	21 ^c
	*	⁷⁷	2003	National	1882	III	>18		10
Turkey		⁷⁸	1998	E & SE Anatolia	599	I	14–75		58 ^a
Ukraine	▲	⁷⁹	1999	National	5596	III	15–44	7	19
United Kingdom		⁸⁰	1993 ^p	North London	430	I	>16	12 ^a	30 ^a
		⁸¹	2001	National	12,226	I	16–59	3	19 ⁱ
Eastern Mediterranean									
Egypt	■	⁸²	1995–1996	National	7123	III	15–49	13	34
	●	²⁹	2004 ^p	El-Sheik Zayed	631	IV	15–49	11	11
Israel		⁸³	1997	Arab population	1826	II	19–67	32	
West Bank and Gaza Strip		⁸⁴	1994	Palestinian population	2410	II	17–65	52	

Key ■ DHS survey data²⁴ ● INCLLEN data⁸⁵ ▲ CDC study ◆ WHO study²⁰ * International Violence Against Women (IWAWS) Study

* Study population: I = all women; II = currently married/partnered women; III = ever-married/partnered women; IV = women with a pregnancy outcome; V = married women – half with pregnancy outcome, half without; VI women who had a partner within the last 12 months.

^a Sample group included women who had never been in a relationship and therefore were not in exposed group.

^b Although sample included all women, rate of abuse is shown for ever-married/partnered women (number not given).

^c Physical or sexual assault.

^d During current relationship.

^e Rate of partner abuse among ever-married/partnered women recalculated from authors' data.

^f Weighted for national representativity.

^g Within the last five years.

^h Includes threats.

ⁱ Since the age of 18.

^j Since the age of 16.

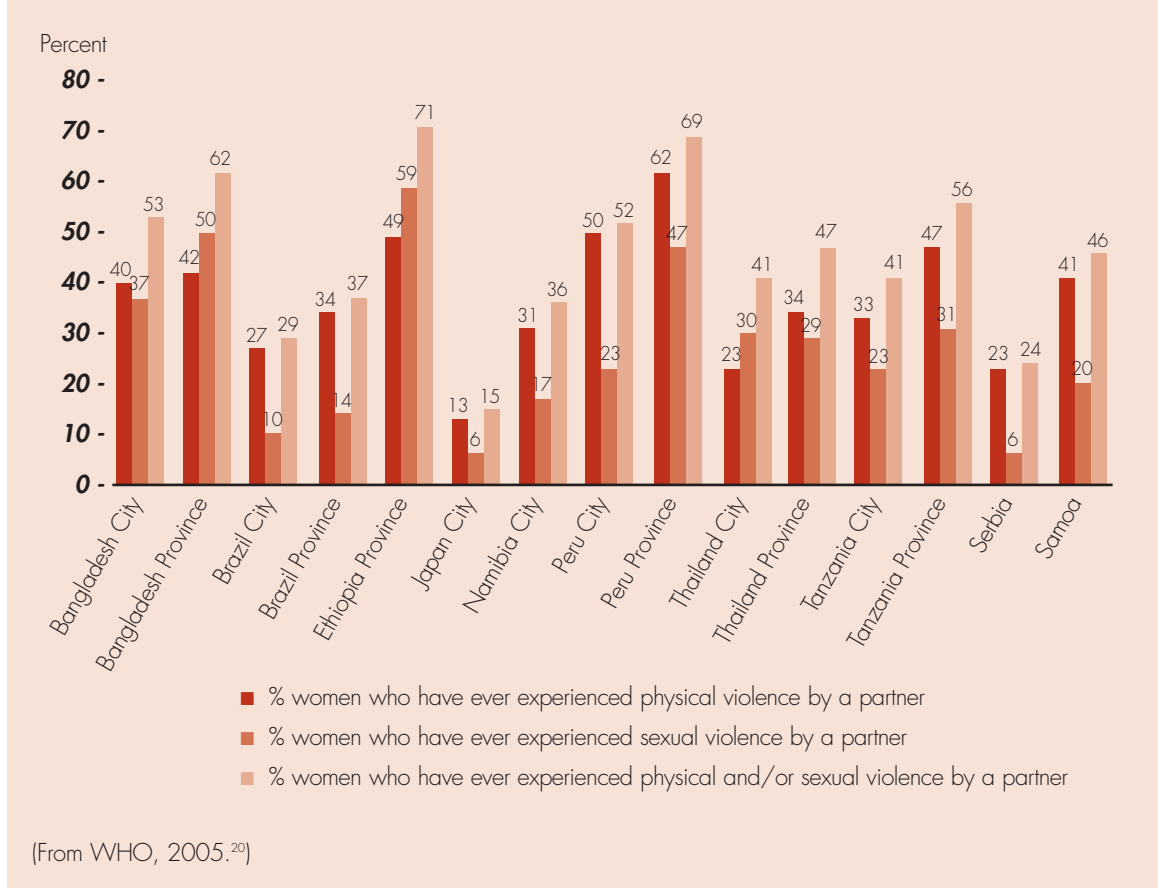
^k Nonrandom sampling methods used.

^p Publication date (field work dates not reported).

(Updated from Heise et al, 1999.²)



FIGURE 1.3 PREVALENCE OF PHYSICAL VIOLENCE AND/OR SEXUAL PARTNER VIOLENCE IN TEN COUNTRIES



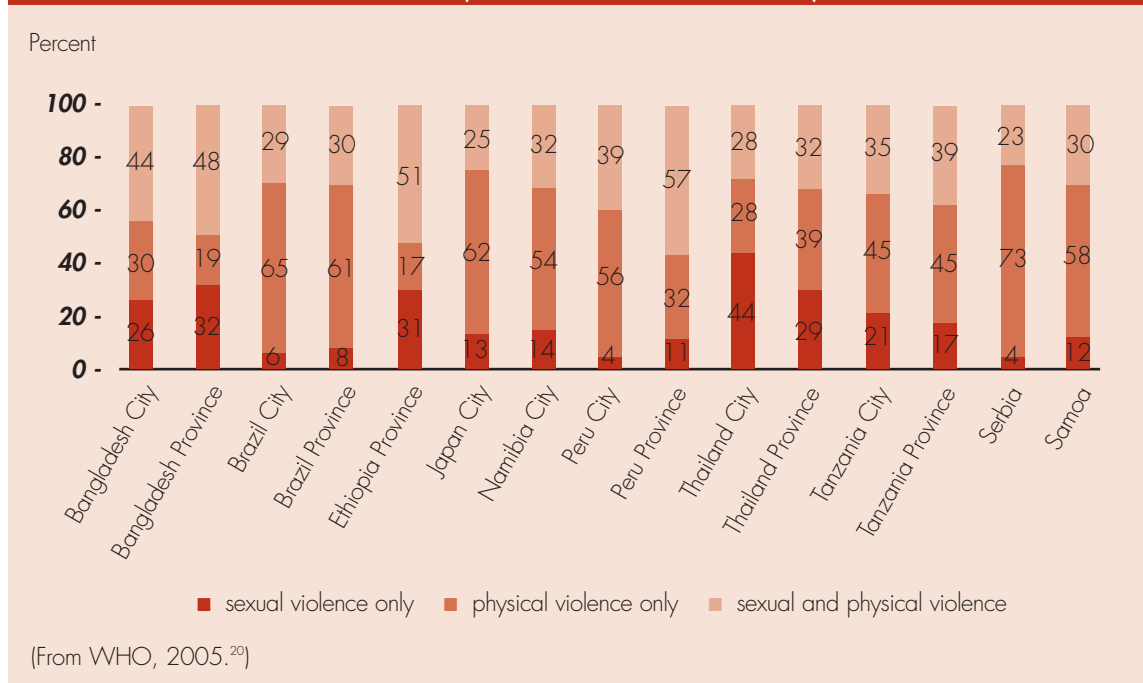
many relationships. Figure 1.3 summarizes the proportion of women who have experienced violence by an intimate partner among ever-partnered women aged 15 to 49 in the various sites included in the study. The first bar portrays the percentage of women in each setting who have experienced physical violence by a partner; the second bar portrays sexual violence by a partner; and the third bar represents the percentage of ever-partnered women who have experienced either physical and/or sexual violence by a partner in their lifetime.

Until recently, it was believed that few women exclusively experienced sexual violence by an intimate partner. Available studies from North and Central America had indicated that sexual violence was generally accompanied by physical abuse and by emotional violence and controlling behaviors.²

The findings from the WHO VAW Study

suggest that, although this pattern is maintained in many countries, a few sites demonstrate a significant departure. In both the capital and province of Thailand, a substantial portion of women who experience partner violence, experience sexual violence only (Figure 1.4). In Bangkok, 44 percent of all cases of lifetime partner violence have experienced only sexual violence. The corresponding statistic in the Thai province is 29 percent of cases. A similarly high percentage of cases of violence in Bangladesh province (32 percent) and Ethiopia province (31 percent) involve sexual violence only.

These results speak to the importance of developing a broader international research base on violence against women. Insights derived exclusively from the North American literature may not reflect the reality of women's experiences in other settings.


FIGURE 1.4 INTIMATE PARTNER VIOLENCE ACCORDING TO TYPES OF VIOLENCE (AMONG EVER-ABUSED WOMEN)


PREVALENCE AND CHARACTERISTICS OF SEXUAL COERCION AND ABUSE

For many women and girls, sexual coercion and abuse are defining features of their lives. Forced sexual contact can take place at any time in a woman's life and includes a range of behaviors, from forcible rape to nonphysical forms of pressure that compel girls and women to engage in sex against their will. The touchstone of coercion is that a woman lacks choice and faces severe physical, social, or economic consequences if she resists sexual advances.

Studies indicate that the majority of non-consensual sex takes place among individuals who know each other—spouses, family members, dating partners, or acquaintances.^{86, 87} In fact, much nonconsensual sex takes place within consensual unions and includes a woman being compelled to have sex when she does not want it, or to engage in types of sexual activity that she finds degrading or humiliating.^{1, 88, 89}

Much sexual coercion also takes place against children and adolescents in both industrial and developing countries. Between one-third and two-thirds of known sexual assault victims are age 15 or younger, according to justice system statistics and information from rape crisis centers in Chile, Peru, Malaysia, Mexico, Panama, Papua New Guinea, and the United States.²

Sexual exploitation of children is widespread in virtually all societies. Child sexual abuse refers to any sexual act that occurs between an adult or older adolescent and a child, and any nonconsensual sexual contact between a child and a peer. Laws generally consider the issue of consent to be irrelevant in cases of sexual contact by an adult with a child, defined variously as someone under 13, 14, 15, or 16 years of age.

Because of the taboo nature of the topic, it is difficult to collect reliable figures on the prevalence of sexual abuse in childhood. Nonetheless, the few representative sample surveys provide cause for concern.



A review of 25 studies worldwide indicates that 0 to 32 percent of women report that they experienced sexual abuse in childhood (see Table 1.2). Although both girls and boys can be victims of sexual abuse, most studies report that the prevalence of abuse among girls is at least 1.5 to 3 times higher than among boys.⁹⁰ Abuse among boys may be underreported compared with abuse among girls, however.

Further data reveal that coercion may be an element in many young girls' initiation into sexual life. An increasing number of studies have begun to document that a substantial number of young women's first sexual experiences are forced or unwanted, especially among younger adolescents. Table 1.3 summarizes data from a number of population-based surveys on the prevalence of forced first sex, including data emerging from the WHO VAW Study. A plethora of studies now confirm that the younger a girl is when she first has sex, the more likely she is to report her sexual debut as forced.⁹¹

Trafficking in women and girls for forced labor and sexual exploitation is another type of gender-based violence that has grown rapidly during the past decade, largely as a result of war, displacement, and economic and social inequities between and within countries. Although reliable statistics on the number of women and children who are trafficked are lacking, rough estimates suggest that from 700,000 to 2 million women and girls are trafficked across international borders every year.^{6, 92, 93} These women face many risks, including physical violence and rape, both in their work and when trying to negotiate safer-sex practices.

Another aspect of gender-based violence that has been largely overlooked until recently is violence against women in situations of armed conflict. Recent reports have documented systematic rape in many conflicts, including the former Yugoslavia,

Rwanda, Liberia, Sierra Leone, and Uganda.⁹⁴⁻⁹⁶ These reports have highlighted the extent to which rape has been used as a deliberate strategy to “destabilize population, advance ethnic cleansing, express hatred for the enemy or supply combatants with sexual services.”⁹⁶ In 2002, the International Criminal Tribunal in The Hague recognized the seriousness of sexual offences in war as a crime against humanity. International relief agencies are also calling attention to the precarious situation of women in refugee settings where rape, child sexual abuse, intimate partner violence, and other forms of sexual exploitation are widespread.

THE EFFECTS OF VIOLENCE ON WOMEN'S HEALTH

Gender-based violence is associated with serious health problems affecting both women and children, including injuries, gynecological disorders, mental health disorders, adverse pregnancy outcomes, and sexually transmitted infections (STIs) (Figure 1.5). Violence can have *direct* consequences for women's health, and it can increase women's risk of *future* ill health. Therefore, victimization, like tobacco or alcohol use, can best be conceptualized as a risk factor for a variety of diseases and conditions, rather than primarily as a health problem in and of itself.^{2, 4}

Both population-based research and studies of emergency room visits in the United States indicate that physical abuse is an important cause of injury among women.⁹⁷ Documented injuries sustained from such physical abuse include contusions, concussions, lacerations, fractures, and gunshot wounds. Population-based studies indicate that 40 to 75 percent of women who are physically abused by a partner report injuries due to violence at some point in their life.²

Nevertheless, injury is not the most



TABLE 1.2 PREVALENCE OF CHILD SEXUAL ABUSE: SELECTED STUDIES, 1990–2003

Country & Year (Ref. No.)	Study Method & Sample	Definition of Child Sexual Abuse	Prevalence
Australia 1997 ⁹⁸	■ Retrospective study of 710 women	■ Sexual contact before the age of 12 with perpetrator 5+ years older; or unwanted sexual activity at ages 12–16	■ 20% of women report abuse
Bangladesh 2002 ²⁰	■ Population-based survey of women ages 15–49 (Dhaka 1602, Matlab 1527)	■ Unwanted sexual activity, contact and noncontact before the age of 15	■ In Dhaka 7% of women; in Matlab 1% of women report abuse
Barbados 1993 ⁹⁹	■ National random sample of 264 women	■ Sexual contact that is unwanted or with a biological relative; or before the age of 16 with perpetrator 5+ years older	■ 30% of women report abuse
Brazil 2002 ²⁰	■ Population-based survey of women ages 15–49 (Sao Paulo 1172, Pernambuco 1473)	■ Unwanted sexual activity, contact and noncontact before the age of 15	■ In Sao Paulo 8% of women; in Pernambuco 6% of women report abuse
Canada 1990 ¹⁰⁰	■ Population survey of 9953 men and women age 15+	■ Unwanted sexual activity, contact and noncontact, while growing up	■ 13% of women, 4% of men report abuse
Costa Rica 1992 ¹⁰¹	■ Retrospective survey of university students	■ Unwanted sexual activity, contact and noncontact; no ages specified	■ 32% of women, 13% of men report abuse
Ethiopia 2002 ²⁰	■ Population-based survey of 3014 women ages 15–49	■ Unwanted sexual activity, contact and noncontact before the age of 15	■ 0.2% of women report abuse
Germany 1992 ¹⁰²	■ Multiple-screen questionnaire answered by 2,151 students in Würzburg and Leipzig	■ Distressing sexual activity, contact and noncontact, before the age of 14; or with perpetrator 5+ years older	■ In Würzburg 16% of girls, 6% boys; in Leipzig 10% of girls, 6% of boys report abuse
Japan 2002 ²⁰	■ Population-based survey of 1361 women ages 15–49	■ Unwanted sexual activity, contact and noncontact before the age of 15	■ 10% of women report abuse
Malaysia 1996 ¹⁰³	■ Retrospective self-administered questionnaire answered by 616 paramedical students	■ Vaginal or anal penetration, or unsolicited sexual contact, or witnessing exhibitionism before the age of 18	■ 8% of women, 2% of men report abuse
Namibia 2002 ²⁰	■ Population-based survey of 1492 women ages 15–49	■ Unwanted sexual activity, contact and noncontact before the age of 15	■ 5% of women report abuse
New Zealand 1997 ¹⁰⁴	■ Birth cohort of 520 girls, studied from birth to age 18	■ Unwanted sexual activity, contact and noncontact, before the age of 16	■ 14% of girls report contact abuse; 17% report any abuse
Nicaragua 1997 ¹⁰⁵	■ Anonymous self-administered questionnaire answered by 134 men and 202 women ages 25–44 drawn from population-based sample	■ Sexual contact, including attempted penetration, before the age of 13 with perpetrator 5+ years older; or nonconsensual activity over the age of 12	■ 26% of women, 20% of men report abuse
Norway (Oslo) 1996 ¹⁰⁶	■ Population-based sample of 465 adolescents, ages 13–19, followed for 6 years	■ Sexual contact, including "intercourse after pressure," occurring between a child before the age of 13 and an adult over the age of 17; or involving force	■ 17% of girls, 1% of boys report abuse



TABLE 1.2 PREVALENCE OF CHILD SEXUAL ABUSE: SELECTED STUDIES, 1990–2003

Country & Year (Ref. No.)	Study Method & Sample	Definition of Child Sexual Abuse	Prevalence
Peru 2002 ²⁰	■ Population-based survey of women ages 15–49 (Lima 1414, Cusco 1837)	■ Unwanted sexual activity, contact and noncontact before the age of 15.	■ In Lima 20% of women; in Cusco 8% of women report abuse
Samoa 2000 ²⁰	■ Population-based survey of 1640 women ages 15–49	■ Unwanted sexual activity, contact and noncontact before the age of 15.	■ 2% of women report abuse
Serbia & Montenegro 2003 ²⁰	■ Population-based survey of 1453 women ages 15–49	■ Unwanted sexual activity, contact and noncontact before the age of 15.	■ 2% of women report abuse
Spain 1995 ¹⁰⁷	■ Face-to-face interviews and self-administered questionnaires answered by 895 adults ages 18–60	■ Unwanted sexual activity, contact and noncontact before the age of 17.	■ 22% of women and 15% of men report abuse
Switzerland (Geneva) 1996 ¹⁰⁸	■ Self-administered questionnaire answered by 1193 9th grade students	■ Unwanted sexual activity, contact and noncontact.	■ 20% of girls, 3% of boys report contact abuse; 34% of girls, 11% of boys report any abuse
Switzerland (National) 1998 ¹⁰⁹	■ National survey of 3993 girls, ages 15–20, enrolled in schools or professional training programs	■ “Sexual victimization,” defined as “when someone in your family, or someone else, touches you in a place you didn’t want to be touched, or does something to you sexually which they shouldn’t have done.”	■ 19% of girls report abuse
Thailand 2002 ²⁰	■ Population-based survey of women ages 15–49 (Bangkok 1534, Nakhonsawan 1280)	■ Unwanted sexual activity, contact and noncontact before the age of 15.	■ In Bangkok 7.6% of women; in Nakhonsawan 4.7% of women report abuse
Tanzania 2002 ²⁰	■ Population-based survey of women ages 15–49 (Dar es Salaam 1816, Mbeya 1443)	■ Unwanted sexual activity, contact and noncontact before the age of 15.	■ In Dar es Salaam 4% of women; in Mbeya 4% of women report abuse
United States 1997 ¹¹⁰	■ National 10-year longitudinal study of women’s drinking that included questions about sexual abuse, answered by 1099 women	■ Unwanted sexual activity, contact and noncontact, before the age of 18; or before the age of 13 with perpetrator 5+ years older.	■ 21% of women report abuse
United States (Midwest) 1997 ¹¹¹	■ Self-administered questionnaire answered by 42,568 students in grades 7–12	■ “Sexual abuse,” defined as “when someone in your family or another person does sexual things to you or makes you do sexual things to them that you don’t want to do.”	■ 12% of girls, 4% of boys report abuse
United States (Washington State) 1997 ¹¹²	■ Multiple-choice survey of 3128 girls in grades 8, 10 and 12	■ “Sexual abuse,” defined as “when someone in your family or someone else touches you in a sexual way in a place you didn’t want to be touched, or does something to you sexually which they shouldn’t have done.”	■ 23% of all girls; 18% of 8th graders, 24% of 10th graders, 28% of 12th graders report abuse

(Updated and adapted from Heise et al, 1999² and WHO, 2002.¹)


**TABLE 1.3 PERCENTAGE OF MEN AND WOMEN REPORTING FORCED SEXUAL INITIATION:
SELECTED POPULATION-BASED SURVEYS, 1993—2003**

Country or Area	Study Population	Year	Sample Size	Age Group (years)	Percentage reporting first sexual intercourse as forced	
					Females	Males
Bangladesh	Dhaka	2002	1369	15–49	24	
Bangladesh	Matlab	2002	1326	15–49	30	
Brazil	Sao Paulo	2002	1051	15–49	3	
Brazil	Pernambuco	2002	1234	15–49	4	
Cameroon	Bamenda	1995	646	12–25	37	30
Caribbean	Nine countries	1997–1998	15,695	10–18	48	32
Ethiopia	Gurage	2002	2238	15–49	17	
Ghana	Three urban towns	1996	750	12–24	21	5
Japan	Yokohama	2002	1116	15–49	0	
Mozambique	Maputo	1999	1659	13–18	19	7
Namibia	Windhoek	2002	1357	15–49	2	
New Zealand	Dunedin	1993–1994	935	Birth cohort	7	0
Peru	Lima	1995	611	16–17	40	11
Peru	Lima	2002	1103	15–49	7	
Peru	Cusco	2002	1557	15–49	24	
Samoa	National	2002	1317	15–49	8	
Serbia & Montenegro	Belgrade	2002	1310	15–49	1	
South Africa	Transkei	1994–1995	1975	15–18	28	6
Tanzania	Dar es Salaam	2002	1556	15–49	14	
Tanzania	Mbeya	2002	1287	15–49	17	
Tanzania	Mwanza	1996	892	12–19	29	7
Thailand	Bangkok	2002	1051	15–49	4	
Thailand	Nakhonsawan	2002	1028	15–49	5	
United States	National	1995	2042	15–24	9	—

(From World Health Organization, 2002¹, 2005.²⁰)

common physical health outcome of gender-based abuse. More common are “functional disorders”—ailments that frequently have no identifiable cause, such as irritable bowel syndrome; gastrointestinal disorders; and various chronic pain syndromes, including chronic pelvic pain. Studies consistently link such disorders with a history of physical or sexual abuse. Women who have been abused also tend to experience poorer physical functioning, more physical symptoms, and more days in bed than do

women who have not been abused.¹¹³⁻¹¹⁶

For many women, the psychological consequences of abuse are even more serious than its physical effects. The experience of abuse often erodes women’s self-esteem and puts them at greater risk of a variety of mental health problems, including depression, anxiety, phobias, post-traumatic stress disorder, and alcohol and drug abuse.²

Violence and sexual abuse also lie behind some of the most intractable



reproductive health issues of our times—unwanted pregnancies, HIV and other STIs, and complications of pregnancy. Physical violence and sexual abuse can put women at risk of infection and unwanted pregnancies *directly*, if women are forced to have sex, for example, or if they fear using contraception or condoms because of their partner's reaction. A history of sexual abuse in childhood also can lead to unwanted pregnancies and STIs *indirectly* by increasing sexual risk-taking in adolescence and adulthood. There is a growing body of research indicating that violence may increase women's susceptibility to HIV infection.¹¹⁷⁻¹²⁰ Studies carried out in Tanzania and South Africa found that seropositive women were more likely than their seronegative peers to report physical partner abuse. The results indicate that women with violent or controlling male partners are at increased risk of HIV infection. There is little information as yet to indicate how violence increases women's risk for HIV. Dunkle and colleagues suggest that abusive men are more likely to have HIV and impose risky sexual practices on their partners. There are also indications that disclosure of HIV status may put women at risk for violence.¹¹⁸

Violence can also be a risk factor during pregnancy. Studies from around the world demonstrate that violence during pregnancy is not a rare phenomenon. Within the United States, for example, between 1 percent and 20 percent of currently pregnant women report physical violence, with the majority of findings between 4 percent and 8 percent.⁵ The differences are due partly to differences in the way women were asked about violence.^{3, 5, 121, 122} A recent review found that the prevalence of abuse during pregnancy is 3 to 11 percent in industrialized countries outside of North America and between 4 and 32 percent in developing countries, including studies

from China, Egypt, Ethiopia, Mexico, India, Nicaragua, Pakistan, Saudi Arabia, and South Africa.³

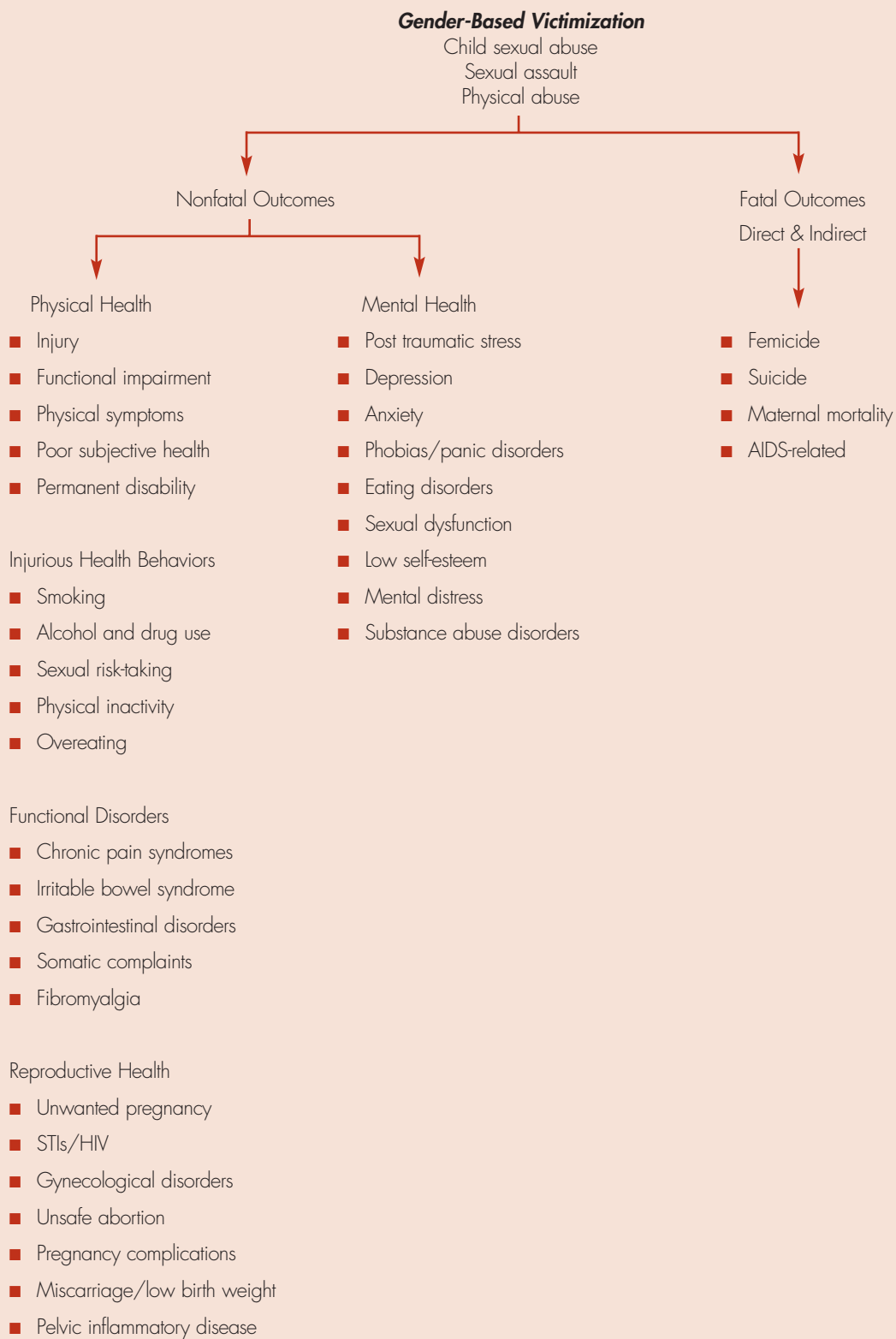
Violence during pregnancy can have serious health consequences for women and their children.² Documented effects include delayed prenatal care, inadequate weight gain, increased smoking and substance abuse, STIs, vaginal and cervical infections, kidney infections, miscarriages and abortions, premature labor, fetal distress, and bleeding during pregnancy.⁴

Recent research has focused on the relationship between violence in pregnancy and low birth weight, a leading cause of infant deaths in the developing world. Although research is still emerging, findings of six different studies performed in the United States, Mexico, and Nicaragua suggest that violence during pregnancy contributes to low birth weight, pre-term delivery, and to fetal growth retardation, at least in some settings.^{121, 123} A recent meta-analysis of existing studies confirms that intimate partner violence during pregnancy is indeed associated with a significant, albeit small, reduction in birth weight.¹²⁴

In its most extreme form, violence kills women. Worldwide, an estimated 40 to more than 70 percent of homicides of women are perpetrated by intimate partners, frequently in the context of an abusive relationship.¹²⁵ By contrast, only a small percentage of men who are murdered are killed by their female partners, and in many such cases, the women are defending themselves or retaliating against abusive men.¹²⁶ A study of female homicide in South Africa found that intimate femicide (female murder by an intimate partner) accounted for 41 percent of all female homicides. This study estimated that a woman is killed by her intimate partner in South Africa every six hours.¹²⁷ Violence is also a significant risk factor for suicide. Studies in numerous countries have found that women who have suffered domestic



FIGURE 1.5 HEALTH OUTCOMES OF VIOLENCE AGAINST WOMEN



(From Heise et al, 1999.²)



violence or sexual assault are much more likely to have had suicidal thoughts, or to have attempted to kill themselves.¹⁹

EXPLAINING GENDER-BASED VIOLENCE

Violence against women is widespread, but it is not universal. Anthropologists have documented small-scale societies—such as the Wape of Papua New Guinea—where domestic violence is virtually absent.^{128, 129} This reality stands as testament to the fact that social relations can be organized to minimize abuse.

Why is violence more widespread in some places than in others? Increasingly, researchers are using an “ecological framework” to understand the interplay of personal, situational, and socio-cultural factors that combine to cause abuse.^{21, 130-133} In this framework, violence against women results from the interaction of factors at different levels of the social environment (Figure 1.6).

The framework can best be visualized as four concentric circles. The innermost circle represents the biological and personal history that each individual brings to his or her behavior in relationships. The second circle represents the immediate context in which abuse takes place: frequently the family or other intimate or acquaintance relationship. The third circle represents the institutions and social structures, both formal and informal, in which relationships are embedded, such as neighborhoods, the workplace, social networks, and peer groups. The fourth, outermost circle is the economic and social environment, including cultural norms.

A wide range of studies shows that several factors at each of these levels increase the likelihood that a man will abuse his partner:

- **At the individual level**, the male was abused as a child or witnessed marital

violence in the home, had an absent or rejecting father, or frequently uses alcohol. A recent review of nationally representative surveys in nine countries found that for women, low educational attainment, being under 25 years of age, having witnessed her father’s violence against her mother, living in an urban area, and low socio-economic status were consistently associated with an increased risk of abuse.²⁴

- **At the level of the family and relationship**, the male controls wealth and decision making within the family and marital conflict is frequent.
- **At the community level**, women are isolated with reduced mobility and lack of social support. Male peer groups condone and legitimize men’s violence.
- **At the societal level**, gender roles are rigidly defined and enforced and the concept of masculinity is linked to toughness, male honor, or dominance. The prevailing culture tolerates physical punishment of women and children, accepts violence as a means to settle interpersonal disputes, and perpetuates the notion that men “own” women.

The ecological framework combines individual level risk factors with family, community, and society level factors identified through cross cultural studies, and helps explain why some societies and some individuals are more violent than others, and why women, especially wives, are so much more likely to be the victims of violence within the family. Other factors combine to protect some women. For example, women who have authority and power outside the family tend to experience lower levels of abuse in intimate partnerships. Likewise, when family members and friends intervene promptly, they



appear to reduce the likelihood of domestic violence. In contrast, wives are more frequently abused in cultures where family affairs are considered “private” and outside public scrutiny.

Justifications for violence frequently evolve from gender norms, that is, social norms about the proper roles and responsibilities of men and women. Many cultures hold that a man has the right to control his wife’s behavior and that women who challenge that right—even by asking for household money or by expressing the needs of the children—may be punished. In countries as different as Bangladesh, Cambodia, India, Mexico, Nigeria, Pakistan, Papua New Guinea, Nicaragua, Tanzania, and Zimbabwe, studies find that violence is frequently viewed as physical chastisement—the husband’s right to “correct” an erring wife.² As one husband said in a focus group discussion in Tamil Nadu, India, “If it is a great mistake, then the husband is justified in beating his wife. Why not? A cow will not be obedient without beatings.”¹³⁴

Worldwide, studies identify a consistent list of events that are said to “trigger” violence.¹³⁰ These include: not obeying the husband, talking back, not having food ready on time, failing to care adequately for the children or home, questioning him about money or girlfriends, going somewhere without his permission, refusing him sex, or expressing suspicions of infidelity. All of these represent transgressions of dominant gender norms in many societies.

Although the ecological framework has gained broad acceptance for conceptualizing violence, there have been few attempts to explore how individual and community level risk factors relate to each other and ultimately influence women’s vulnerability to violence. One study performed in the United States found that the socio-economic status of the neighborhood had a greater impact on the risk of violence than

individual household income levels.¹³⁵ A study in Bangladesh found that some aspects of women’s status could either increase or decrease a woman’s risk of being beaten, depending on the socio-cultural conditions of the community she lives in. In one site, characterized by more conservative norms regarding women’s roles and status, women with greater personal autonomy and those who participated for a short time in savings and credit groups experienced more violence than women with less autonomy. Community-level measures of women’s status had no effect on the risk of violence.

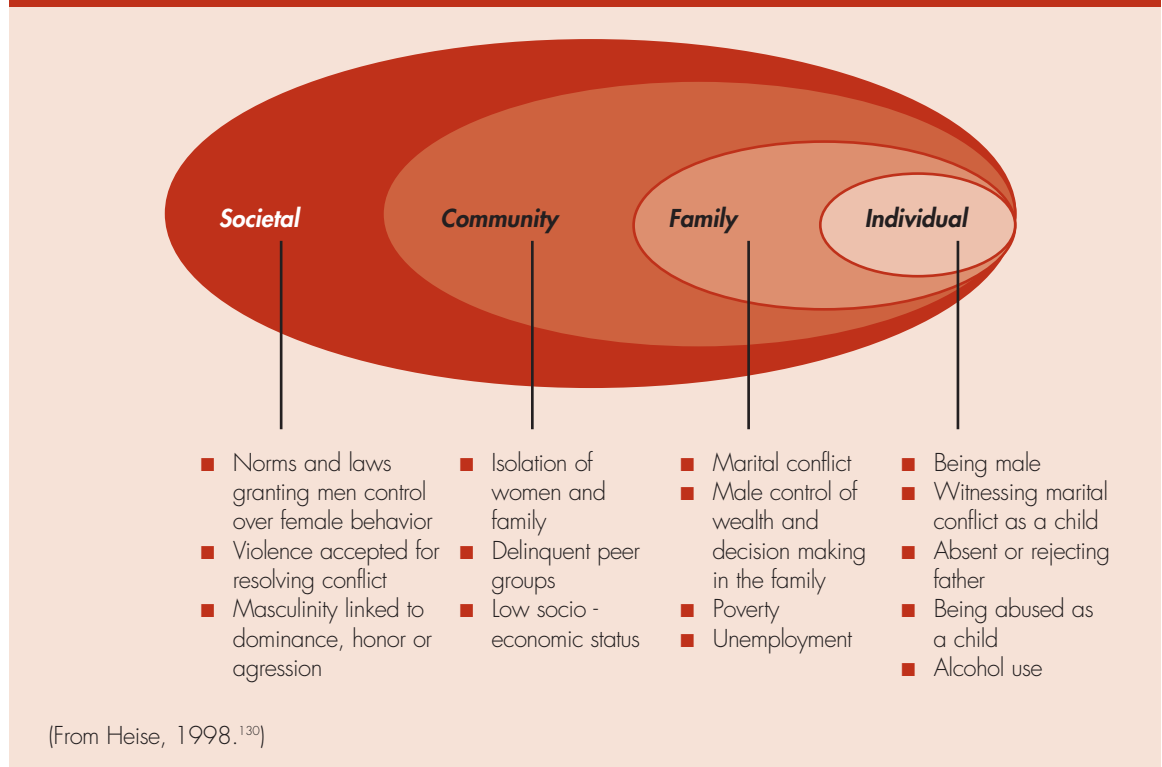
The opposite was true in the less conservative setting where women had better overall status. In this site, individual measures of autonomy and participation in credit schemes had no impact on the risk of violence, whereas living in a community where more women participated in credit groups and where women had a higher status overall had a protective effect. These findings suggest that the same condition (mobility or participating in a credit group) may have completely different effects on a woman’s risk of violence, according to whether the activity is seen as acceptable by community norms. These findings underscore the complexity of these issues and the dangers in applying knowledge gained from one site to another without understanding of the broader cultural context.¹³⁶

HOW DO WOMEN RESPOND TO ABUSE?

Most abused women are not passive victims, but use active strategies to maximize their safety and that of their children. Some women resist, others flee, and still others attempt to keep the peace by capitulating to their husband’s demands. What may seem to an observer to be lack of response to living with violence may in fact be a woman’s strategic assessment of



FIGURE 1.6. AN ECOLOGICAL FRAMEWORK FOR EXPLAINING GENDER-BASED VIOLENCE



what it takes to survive and to protect herself and her children.

A woman's response to abuse is often limited by the options available to her. Women consistently cite similar reasons for remaining in abusive relationships: fear of retribution, lack of other means of economic support, concern for the children, emotional dependence, lack of support from family and friends, and an abiding hope that "he will change." In some countries, women say that the social unacceptability of being single or divorced poses an additional barrier that keeps them from leaving destructive marriages.²

At the same time, denial and fear of social stigma often prevent women from reaching out for help. In numerous surveys, for example, from 22 to almost 70 percent of abused women say that until the interview they never told anyone about their abuse. Those who reach out do so primarily to family members and friends. Few have ever contacted the police.^{1, 20}

Despite the obstacles, many women eventually do leave violent partners—even if after many years. In a study in León, Nicaragua, for example, 70 percent of abused women eventually left their abusers. The median time that women spent in a violent relationship was six years. Younger women were likely to leave sooner than older women.¹³⁷

Studies suggest a consistent set of factors that propel a woman to leave an abusive relationship: The violence gets more severe and triggers a realization that her partner is not going to change, or the violence begins to take a toll on the children. Women also cite emotional and logistical support from family or friends as pivotal in their decision to leave.²

Leaving an abusive relationship is a multi-stage process. The process often includes periods of denial, self-blame, and endurance before women recognize the abuse as a pattern and identify with other women in the same situation, thereby beginning to



disengage and recover. Most women leave and return several times before they finally leave once and for all.¹³⁸ Leaving does not necessarily guarantee a woman's safety, however, because violence may continue even after a woman leaves. In fact, a woman's risk of being murdered by her abuser is often greatest immediately after separation.¹³⁹

CHALLENGES FOR INTERNATIONAL RESEARCH ON GENDER-BASED VIOLENCE

Nearly 30 years of groundbreaking research in the field of gender-based violence has greatly expanded international awareness of the dimensions and dynamics of violence. However, there are still many gaps in our current state of knowledge. Researchers interested in gender-based violence from a public health perspective face a number of important challenges.

- **The scarcity of population-based data limits our understanding of how violence affects different groups of women.** Until very recently, the majority of research was been carried out with nonrepresentative samples of women, often those who have attended shelters or other services for victims. Although these studies are useful for understanding the dynamics of abuse, they do not tell us how many women overall are affected, nor provide information about individuals who do not seek services. According to most estimates, these women greatly outnumber those who seek help.
- **Most international prevalence figures on violence are not comparable.** This is due mainly to inconsistencies in the way that violence is conceptualized and measured. Researchers need to develop
- **Research on violence may put women at risk.** Many researchers point out that research on violence involves a number of inherent risks to both respondents and interviewers.¹⁴⁰ The World Health Organization has developed a set of guidelines to minimize the risk of harm to researchers and participants.¹⁴¹ However, these guidelines are just now being incorporated more widely into international research practice.
- **More public health research is needed to understand how violence affects the health of women and children in different settings.** Studies of battered women consistently demonstrate the negative impact of abuse on women's psychological status and reproductive health, and emerging epidemiological studies indicate that violence towards mothers may even affect infant birth weight and survival. However, more research is needed to determine what proportion of women's overall mental and physical health problems is associated with violence and to investigate the mechanisms through which violence affects health.
- **More cross-cultural research is needed to reveal how societal norms and institutions promote or discourage violent behavior.** Most researchers agree that cultural norms can greatly affect the extent and characteristics of

consensus around violence research methods that allow us to make meaningful comparisons between studies. Methodological consistency refers not only to defining violence using similar criteria, but also the use of measures to minimize underreporting of violence, such as ensuring privacy during the interview and providing interviewers with special training on violence.¹³⁹



violence, as well as the way that specific acts are interpreted in different societies. Nonetheless, there have been few systematic attempts to compare these issues in different settings. Most theories about the dynamics of abuse have been based on the experiences of US and European women, and it is unclear how relevant these are to women from other cultures.

- **Research evaluating different approaches to violence prevention is scarce.** Although there has been an enormous increase in both community and clinic-based programs to prevent violence and to support abused women and girls, few programs have been systematically documented or evaluated. For example, many activists and professional associations in the United States currently encourage health providers to ask each woman at every visit whether she has been abused. However, there is little information about what happens to women after disclosing violence, or whether asking women is an effective tool for enhancing women's safety. In particular, we need to develop criteria for assessing whether practices that are effective in one setting are likely to be relevant or feasible in another, very different setting.

The greatest challenge facing researchers in the field of violence is to learn from past mistakes, to identify "best practices," and to find out what makes them successful so that we can channel resources and efforts where they are most likely to make a difference.

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