Helpdesk Research Report: Risks, effects and prevalence of VAWG
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Query: Please identify and reference key facts on the risks, effects and prevalence of violence against women and girls globally. Within this, please outline the methods and any limitations of data collection and any related data sets.

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Contents
1. Introduction
2. Prevalence of VAWG – key facts
3. Risks and effects of VAWG – key facts
4. Data collection – methods and limitations
5. Sources

1. Introduction

Since the 1995 Beijing Platform for Action first identified the lack of global data on violence against women and girls (VAWG)\(^1\) to be a serious obstacle to the development of effective strategies to address violence, governments and development agencies have increasingly invested in research to improve the relevant knowledge base on the prevalence, causes, nature, and consequences of violence against women (Garcia-Moreno et al., 2005).

This report identifies and references key facts on the risks, effects and prevalence of violence against women and girls globally (Sections 2 and 3), followed by a brief discussion of the methods and limitations of data collection as well as the main data sets (Section 4).

\(^1\) Violence against women has been defined 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” (UN Declaration on the Elimination of Violence against Women, 1993).
2. Prevalence of VAWG – key facts

Key facts on violence against young women and girls were presented in recent UNIFEM (2010a and 2010b) factsheets on ‘Violence against Women and the MDGs’ and ‘Violence against Young Women and Girls’. The sections below include data from these factsheets and other sources on the prevalence of violence:

Violence against Women

- Globally, up to six out of every ten women experience physical and/or sexual violence in their lifetime (UNIFEM, 2010).

- A World Health Organization study of 24,000 women in 10 countries found that the prevalence of physical and/or sexual violence by a partner varied from 15 percent in urban Japan to over 70 percent in Ethiopia and Peru, with most areas being in the 30–60 percent range (WHO, 2005).

- Most of this violence takes place within intimate relationships, with many women (ranging from 9 to 70 percent) reporting their husbands or partners as the perpetrator (WHO, 2005).

- The WHO study (2005) found that reported levels of sexual violence by non-partners varied from under 1% in Ethiopia and Bangladesh (where a majority of women are married by age 15 years) to 10–12% in Peru, Samoa and urban Tanzania. In most cases, only one perpetrator was mentioned, usually an acquaintance or a stranger.

- Statistics reveal widespread sexual harassment in workplaces, schools, streets and other public spaces. For example, UNIFEM (2010a) highlighted the following examples of key survey findings about the prevalence of sexual harassment of women:
  - 40-50 percent of women in European Union countries experience unwanted sexual advances, physical contact or other forms of sexual harassment at work.
  - Across Asia, studies in Japan, Malaysia, the Philippines and South Korea show that 30-40 percent of women suffer workplace sexual harassment.
  - In Nairobi, 20 percent of women have been sexually harassed at work or school.
  - In a study in Lima, Peru, only 12 percent of women reported that they could move freely without fear of aggression.

- Statistics cited by UNIFEM (2010a) reveal that the use of “rape as a tactic of warfare is rampant” (p.2). For example, conservative estimates suggest that approximately:
  - 20,000 to 50,000 women were raped during the 1992-1995 war in Bosnia and Herzegovina;
  - 250,000 to 500,000 women and girls were targeted for rape in the 1994 Rwandan genocide;
  - 50,000 to 64,000 women in camps for internally displaced people in Sierra Leone were sexually assaulted by combatants between 1991 and 2001; and
  - 200,000 cases of sexual violence in Eastern DRC, mostly involving women and girls, have been documented since 1996: the actual numbers are believed to be far higher.
Violence against Girls

- Worldwide, up to 50 percent of sexual assaults are committed against girls under 16 (UNFPA, 2003).

- An estimated 150 million girls under the age of 18 suffered some form of sexual violence in 2002 alone (WHO, 2006).

- The first sexual experience of some 30 percent of women was forced. The percentage is even higher among those who were under 15 at the time of their sexual initiation, with up to 45 percent of this group reporting that the experience was forced (WHO, 2005).

- Up to 1 in 5 girls and young women under the age of 15 experience sexual abuse, most often by a male family member (other than a father or stepfather) (WHO, 2005). A 2007 survey in India carried out across 13 states found that over 53 percent of the children studied reported having faced one or more forms of sexual abuse; in Swaziland, one-third of girls between ages 13 and 17 reported that their first sexual experience was forced, and that it took place in their own homes (cited in NGO Advisory Council, 2011).

- A study of 37 countries found that 86 percent of children ages 2 to 14 are subject to violent discipline (physical punishment or psychological aggression) by a parent or caregiver, and two out of three are subject to physical punishment (UNICEF, 2010).

- An estimated 80 percent of the 800,000 people trafficked annually are women, with an overwhelming 79 percent trafficked for sexual exploitation (UNODC, 2009).

- Approximately 100 to 140 million girls and women in the world have experienced female genital mutilation/cutting, with more than 3 million girls in Africa annually at risk of the practice (WHO, 2008). In some countries, such as Somalia and Sudan, 85 percent or more of girls under age 15 are circumcised (LandInfo, 2008).

- Over 60 million girls worldwide are child brides, married before the age of 18, primarily in South Asia (31.3 million) and sub-Saharan Africa (14.1 million) (UNICEF, 2008). Violence and abuse characterize married life for many of these girls (UNICEF, 2005).

### 3. Risks and effects of VAWG – key facts

The most comprehensive analysis of the risk factors associated with VAWG is the World Health Organisation’s ‘ecological model’, which categorises risk factors according to the following four levels of influence: individual; relationship; community; and societal (WHO, 2010). Based on these four levels, some of the risk factors most associated with VAWG are shown in the table overleaf. The evidence is strongest for those risk factors highlighted in bold in the table.
## Risk factors for intimate partner violence and sexual violence

<table>
<thead>
<tr>
<th>Perpetration by men</th>
<th>Victimization of women</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INDIVIDUAL LEVEL</strong></td>
<td><strong>DEMOGRAPHICS</strong></td>
</tr>
<tr>
<td>(low education; young age; low socio-economic status / income; unemployment)</td>
<td>(young age; low education; separated / divorced marital status; low socio-economic status / income; pregnancy)</td>
</tr>
<tr>
<td><strong>EXPOSURE TO CHILD MALTREATMENT</strong></td>
<td><strong>EXPOSURE TO CHILD MALTREATMENT</strong></td>
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<tr>
<td>(sexual abuse; physical abuse; intra-parental violence)</td>
<td>(sexual abuse; intra-parental violence)</td>
</tr>
<tr>
<td><strong>Acceptance of violence</strong></td>
<td><strong>Acceptance of violence</strong></td>
</tr>
<tr>
<td><strong>Gang membership</strong></td>
<td><strong>RELATIONSHIP LEVEL</strong></td>
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<tr>
<td><strong>Educational disparity</strong></td>
<td><strong>Educational disparity</strong></td>
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<tr>
<td>(marital dissatisfaction / discord; gender role disputes; marital duration)</td>
<td>(marital dissatisfaction / discord)</td>
</tr>
<tr>
<td><strong>Family honour and sexual purity</strong></td>
<td><strong>COMMUNITY LEVEL</strong></td>
</tr>
<tr>
<td><strong>NEIGHBOURHOOD CHARACTERISTICS</strong></td>
<td><strong>NEIGHBOURHOOD CHARACTERISTICS</strong></td>
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<tr>
<td>(high proportion of poverty; unemployment; male literacy; households that use corporal punishment; acceptance of violence)</td>
<td>(high proportion of poverty; unemployment; female literacy; acceptance of violence; low proportion of women with high level of autonomy and with higher education)</td>
</tr>
<tr>
<td><strong>Ideologies of male sexual entitlement</strong></td>
<td><strong>Divorce regulations by government</strong></td>
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<td><strong>Protective marriage law</strong></td>
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</tbody>
</table>

Source: Based on tables of risk factors for intimate partner violence and sexual violence\(^2\) - WHO, 2010, p.21, 27 and 30

Some of these risk factors can be modified (for example, the multiple partners/infidelity and harmful use of alcohol), while others cannot (for example, sex and age). Some risk factors are specific to intimate partner violence, such as past history of violence as a perpetrator or victim, or marital discord. Other factors are specific to sexual violence, for example beliefs in family honour and sexual

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\(^2\) "Intimate partner violence refers to behaviour in an intimate relationship 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, unwanted sexual comments or advances, or acts to traffic, or otherwise 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” (WHO, 2011, p.1).
purity, ideologies of male sexual entitlement, and weak legal sanctions for sexual violence (WHO, 2011).

Key facts about these risk factors are outlined in further depth in WHO’s (2010) document ‘Preventing intimate partner and sexual violence against women’, and are based on the 2002 World Report on Violence and Health and a systematic review of peer-reviewed literature on risk and protective factors. Some selected facts on risk factors (bolded in the table above) include:

- **Being young** increases the risk of sexual violence. Data from justice systems and rape-crisis centres in Chile, Malaysia, Mexico, Papua New Guinea, Peru and the United States shows that between one third and two thirds of all victims of sexual assault are aged 15 years or under, although this also may reflect reporting bias (WHO, 2002).

- **Women with low education** are more likely to experience sexual violence. Studies have found that women with lower levels of education (primary or none) have a 2 to 5-fold increased risk of intimate partner violence compared to higher educated women, and lower-educated men are 1.2 to 4.1 times more likely to perpetrate violence than higher-educated men (WHO, 2010).

- **Exposure to prior episodes of violence, particularly as a child**, is a risk factor strongly associated with being a perpetrator or victim of VAWG. For example, a systematic review of the evidence linking childhood experiences of violence with intimate partner violence found that men who were exposed to violence as a child have a 3 or 4-fold likelihood of perpetrating intimate partner violence, compared to men without violent childhood experiences (Gil-Gonzalez et al, 2008).

- **Men displaying anti-social behaviour** and personality disorders are at increased risk or perpetrating VAW, although more studies are needed to empirically support a causal relationship (WHO, 2010). A study of sexual violence against women and children in China found that a key risk factor increasing men’s risk of perpetrating violence was a sense of insecurity, an aggressive personality, poor anger management, a lack of empathy, and/or psychological disorders (Chan, 2009).

- **Harmful use of alcohol** is associated with a 4.6 times increased risk of exposure to intimate partner violence compared to mild or no alcohol use (Gil-Gonzalez et al, 2006).

- **Women and men’s acceptance of violence**, men’s attitudes towards women as inferior, restrictive gender roles, and dominant patriarchal values are all associated with increased risk of VAWG (WHO, 2010).

- **Multiple partners and infidelity** have also been linked with a greater risk of intimate partner violence and sexual violence, with estimates ranging from a 1.5-fold increase in India to 17.1-fold increase in South Africa (WHO, 2010).

- **Laws and policies at the societal level** are also important risk factors, with weak legal sanctions for sexual violence sending the message that violence is condoned (WHO, 2010). Also important are policies aimed at preventing or responding to VAWG, for example an emphasis on police training, priority given to investing cases of sexual assault and resources made available to support victims and provide medico-legal services (WHO, 2002).
The World Health Organisation (2010) has identified two main gaps in the research about risk factors: (1) few studies from low- and middle-income countries (LMIC); and (2) paucity of information about risk factors at the community and societal levels, for example the impact of social norms, traditional gender roles, ideologies of male sexual entitlement, community sanctions, poverty, and community characteristics.

Studies of VAWG have identified several key facts about the effects of violence, including:

- Violence against women, particularly during childhood, are strongly associated with a range of increased health-risk behaviours, including smoking, drug and alcohol misuse, risky sexual behaviour and vulnerability to HIV, emotional distress, and attempted suicide (WHO, 2010).

- One quarter to a half of all women who had been physically assaulted by their partners said that they had suffered physical injuries as a direct result. The abused women were also twice as likely as non-abused women to have poor health and physical and mental problems, even if the violence occurred years before (WHO, 2005). Sexual abuse experienced during childhood accounts for serious health problems in the general population including 27% of post-traumatic stress disorders, 10% of panic disorders, 8% of suicide attempts, 6% of cases of depression, alcohol misuse, and illicit drug abuse (Andrews et al, 2004).

- As many as 1 in 4 women experience physical or sexual violence during pregnancy (WHO, 2005). Violence during pregnancy harms reproductive, maternal and child health, and it is estimated that between 23 and 53 percent of women physically abused during pregnancy are kicked or punched in the abdomen (WHO, 2005). Intimate partner violence is linked with an increased risk of abortion, miscarriage, stillbirth, pre-term delivery and low birth weight (WHO, 2010).

- The total costs of violence against women and girls have been calculated as:
  - United Kingdom: almost £17 billion a year, including the cost to public services, losses in economic output, and the human and emotional costs (Walby, 2009)
  - Australia: $8.1 billion a year, based on pain, suffering and premature mortality, health costs, production-related costs, consumption-related costs, second generation costs, administrative and other costs, and transfer costs (Access Economics, 2004)
  - United States: calculations vary from $3.5 billion (Womankind Worldwide, 2002) to $12.6 billion (Women’s Advocates, 2002), depending on the methodology used (cited in ICRW, 2009).

- Violence against women has economic consequences (both directly and indirectly) for survivors and employers in terms of absenteeism, lost wages, productivity and long-term earnings of women. For example, according to a study in Colombia, women who suffered extreme physical violence earn 70 per cent less in monthly income than do non-abused women. Translating this into macroeconomic outcomes, Skaperdas et al. (2009) estimate that VAW led to a loss in productivity equivalent to 2.43 percent of GDP annually. An Indian study found that intimate partner violence causes affected women to lose an average of at least five days paid work days per incident (ICRW, 2000).

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3 Few studies have attempted to explore the financial costs of violence against women in developing countries (ICRW, 2009) or to measure the private psychological costs, such as depression and suffering (GSDRC, 2011).
Children who grow up in families where there is intimate partner violence are at risk of higher rates of infant and child mortality and morbidity (e.g. diarrhoeal disease, malnutrition). These children are also more likely to suffer a range of behavioural and emotional disturbances, as well as anxiety, depression and low self-esteem. Witnessing parental violence is also a risk factor for the perpetration or experiencing of violence later in life (WHO, 2011).

Many adolescent girls are forced to withdraw from school due to child marriage and school-related violence (UNIFEM, 2010b). Sexual violence increases absenteeism, dropping-out, and undermines educational achievement (Pinheiro, 2006). For example, in Nicaragua, 63 percent of children of abused women had to repeat a school year and they left school on average four years earlier than other children (Larrain et al, 1997, cited in UNIFEM, 2010a).

Violence against women, particularly young women and girls, is associated with a greater risk of HIV and AIDS, as forced sex or rape limits condom use and causes physical injuries. Studies from Tanzania, Rwanda and South Africa suggest that women who have experienced partner violence are more likely to contract HIV than those who have not (cited in UNIFEM, 2010a).

4. Data collection – methods and limitations

The main methods for collecting data on prevalence, risks and effects of VAWG are:

- **Service-based and criminal data** is sometimes collected by the agencies that provide relevant services, including in the areas of health, criminal and civil justice, public housing, social services, refuges, advocacy and other support. However, a significant limitation of service-based data is under-reporting. The majority of victims of violence (particularly from intimate partners or family members) do not seek help. Injuries and other physical and mental health problems resulting from these types of violence are either self-treated or treated by primary care or other health providers such as pharmacists (WHO, 2002). Data from the World Values Survey confirms this under-reporting - across 57 countries, on average 10 percent of women say they have experienced sexual assault, but of these only 11 percent reported it (UN Women, 2011). It can also be difficult to interpret trends. For example, in Nicaragua more than 8,000 cases were reported in 1997 compared to 3,000 cases in 1995, suggesting that rates of violence more than doubled in two years. However, during this period special police stations for women were opened throughout the country, and media campaigns carried out, which could explain the increase in reported cases (Garcia-Morena and Jansen, 2009). Indeed, data from 39 countries show that the presence of women police officers correlates positively with reporting of sexual assault (UN Women, 2011).

- **Population-based surveys**, including national crime victimization surveys; demographic and reproductive health surveys; focused specialized surveys; and short modules added to other surveys. As the UN (2007) have suggested, “When conducted properly, population-based surveys that collect information from representative samples are the most reliable method for collecting information on the extent of violence against women in a general population” (p.9). Survey results are useful for understanding the magnitude and characteristics of violence, but prevalence figures on violence are highly sensitive to methodological issues and can raise major issues of safety and ethics, particularly when VAW modules are embedded in a general survey designed for other purposes (UN, 2007).
There are several challenges in measuring violence against women. For example:

- How do you define 'violence'? Who defines: the researcher or the respondent? What time frame and frequency should be used? What about multiple perpetrators? Studies have used a range of definitions:
  - Any kind of physical, sexual, or emotional violence by any perpetrator at any time
  - One or more acts of physical violence by a partner at any time.
  - Only physical violence of a certain level of severity, or which has been repeated a certain number of times.
  - Only acts of partner violence occurring in the last year.
  - Economic, as well as physical, sexual, or emotional violence.
  - Any behaviour that women themselves identify as abusive by virtue of its intent or effect (Garcia-Moreno and Jansen, 2009)

- Several factors affect disclosure, and therefore prevalence rates, for example:
  - How the questions are phrased;
  - Number of opportunities to disclose;
  - Context in which questions are asked;
  - Characteristics and skill of interviewers; and
  - Social stigma attached to issue. (Garcia-Moreno and Jansen, 2009)

- Gaps in documentation and the methodology used to reach particular groups of women, for example victims of emotional abuse and forms of violence that are less common or occur primarily in specific populations or age groups, such as female genital mutilation or VAW in armed conflict. Large scale national surveys that are conducted only in the dominant national language also tend to omit certain population groups, such as immigrant/refugee women, or women in detention (UN, 2007).

Key sources of data on VAWG by country⁴ include:

- The International Violence against Women Survey (IVAWS) is a comparative study, based on interviews with over 23,000 women in eleven countries (including Australia, Costa Rica, the Czech Republic, Denmark, Greece, Hong Kong, Italy, Mozambique, the Philippines, Poland and Switzerland) about their experiences with gender-based violence. IVAWS country-level data is available for purchase from Springer.⁵

- Violence against Women Prevalence Data: surveys by country (compiled by UN Women, 2011), which present data available for 86 countries on the prevalence of physical and sexual violence against women, forced sexual initiation and abuse during pregnancy, mainly compiled from the leading international surveys shown below.⁶

- Demographic and Health Surveys (DHS) - Domestic Violence Module. Country data available from Measure DHS.⁷

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• The **WHO Multi-Country Study** on Women’s Health and Domestic Violence against Women, based on interviews with 24,000 women in ten countries: Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand and Tanzania.  

• The **UN Secretary-General’s Database on Violence against Women and Girls**, based on: responses received from Member States to the VAW questionnaire; country requests to human rights treaty bodies; information provided by Member States in follow-up to the Fourth World Conference on Women (1995); for reports of the Secretary-General; and in statements made at the UN; and information available through relevant UN entities.

• The **Virtual Knowledge Centre to End Violence against Women and Girls** – Tools Section. Filter for data/survey and country reports.

5. Sources


GSDRC, 2011, ‘Helpdesk Research Report: Monetary values of the private psychological costs of VAWG’.

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9 [http://webapps01.un.org/vawdatabase/about.action](http://webapps01.un.org/vawdatabase/about.action) (Go to ‘Advanced Search’)

10 [http://www.endvawnow.org/](http://www.endvawnow.org/)


UN WOMEN Virtual Knowledge Centre to end Violence against Women and Girls
www.endvawnow.org


Walby, S., 2009, ‘The Cost of Domestic Violence’ (Updated)


http://www.who.int/mediacentre/factsheets/fs241/en/


http://www.who.int/mediacentre/factsheets/fs239/en/

Key websites visited

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