

Violence against women

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Key facts

- Violence against women – particularly intimate partner violence and sexual violence – is a major public health problem and a violation of women's human rights.
- Estimates published by WHO indicate that globally about 1 in 3 (30%) of women worldwide have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.
- Most of this violence is intimate partner violence. Worldwide, almost one third (27%) of women aged 15-49 years who have been in a relationship report that they have been subjected to some form of physical and/or sexual violence by their intimate partner.
- Violence can negatively affect women's physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings.
- Violence against women is preventable. The health sector has an important role to play to provide comprehensive health care to women subjected to violence, and as an entry point for referring women to other support services they may need.

Overview

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" (1).

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, attempted rape, unwanted sexual touching and other non-contact forms."

- [World report on violence and health](#)

Scope of the problem

Population-level surveys based on reports from survivors provide the most accurate estimates of the prevalence of intimate partner violence and sexual violence. A 2018 analysis of prevalence data from 2000–2018 across 161 countries and areas, conducted by WHO on behalf of the UN Interagency working group on violence against women, found that worldwide, nearly 1 in 3, or 30%, of women have been subjected to physical and/or sexual violence by an intimate partner or non-partner sexual violence or both (2).

- [Global and regional estimates of violence against women](#)

Over a quarter of women aged 15–49 years who have been in a relationship have been subjected to physical and/or sexual violence by their intimate partner at least once in their lifetime (since age 15). The prevalence estimates of lifetime intimate partner violence range from 20% in the Western Pacific, 22% in high-income countries and Europe and 25% in the WHO Regions of the Americas to 33% in the WHO African region, 31% in the WHO Eastern Mediterranean Region, and 33% in the WHO South-East Asia region.

Globally as many as 38% of all murders of women are committed by intimate partners. In addition to intimate partner violence, globally 6% of women report having been sexually assaulted by someone other than a partner, although data for non-partner sexual violence are more limited. Intimate partner and sexual violence are mostly perpetrated by men against women.

Lockdowns during the COVID-19 pandemic and its social and economic impacts have increased the exposure of women to abusive partners and known risk factors, while limiting their access to services. Situations of humanitarian crises and displacement may exacerbate existing violence, such as by intimate partners, as well as non-partner sexual violence, and may also lead to new forms of violence against women.

- [COVID-19 and violence against women](#)

Factors associated with intimate partner violence and sexual violence against women

Intimate partner and sexual violence is the result of factors occurring at individual, family, community and wider society levels that interact with each other to increase or reduce risk (protective). Some are associated with being a perpetrator of violence, some are associated with experiencing violence and some are associated with both.

Risk factors for both intimate partner and sexual violence include:

- lower levels of education (perpetration of sexual violence and experience of sexual violence);
- a history of exposure to child maltreatment (perpetration and experience);
- witnessing family violence (perpetration and experience);
- antisocial personality disorder (perpetration);
- harmful use of alcohol (perpetration and experience);
- harmful masculine behaviours, including having multiple partners or attitudes that condone violence (perpetration);
- community norms that privilege or ascribe higher status to men and lower status to women;
- low levels of women's access to paid employment; and
- low level of gender equality (discriminatory laws, etc.).

Factors specifically associated with intimate partner violence include:

- past history of exposure to violence;
- marital discord and dissatisfaction;
- difficulties in communicating between partners; and
- male controlling behaviours towards their partners.

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.

Gender inequality and norms on the acceptability of violence against women are a root cause of violence against women.

Health consequences

Intimate partner (physical, sexual and psychological) and sexual violence cause serious short- and long-term physical, mental, sexual and reproductive health problems for women. They also affect their children's health and well-being. This violence leads to high

social and economic costs for women, their families and societies. Such violence can:

- Have fatal outcomes like homicide or suicide.
- Lead to injuries, with 42% of women who experience intimate partner violence reporting an injury as a consequence of this violence (3).
- Lead to unintended pregnancies, induced abortions, gynaecological problems, and sexually transmitted infections, including HIV. WHO's 2013 study on the health burden associated with violence against women found that women who had been physically or sexually abused were 1.5 times more likely to have a sexually transmitted infection and, in some regions, HIV, compared to women who had not experienced partner violence. They are also twice as likely to have an abortion (3).
- Intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight babies. The same 2013 study showed that women who experienced intimate partner violence were 16% more likely to suffer a miscarriage and 41% more likely to have a pre-term birth (3).
- These forms of violence can lead to depression, post-traumatic stress and other anxiety disorders, sleep difficulties, eating disorders, and suicide attempts. The 2013 analysis found that women who have experienced intimate partner violence were almost twice as likely to experience depression and problem drinking.
- Health effects can also include headaches, pain syndromes (back pain, abdominal pain, chronic pelvic pain) gastrointestinal disorders, limited mobility and poor overall health.
- Sexual violence, particularly during childhood, can lead to increased smoking, substance use, and risky sexual behaviours. It is also associated with perpetration of violence (for males) and being a victim of violence (for females).

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 (through, for example diarrhoeal disease or malnutrition and lower immunization rates).

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, 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

There is growing evidence on what works to prevent violence against women, based on well-designed evaluations. In 2019, WHO and UN Women with endorsement from 12 other UN and bilateral agencies published *RESPECT women* – a framework for preventing violence against women aimed at policy makers.

Each letter of RESPECT stands for one of seven strategies: Relationship skills strengthening; Empowerment of women; Services ensured; Poverty reduced; Enabling environments (schools, work places, public spaces) created; Child and adolescent abuse prevented; and Transformed attitudes, beliefs and norms.

For each of these seven strategies there are a range of interventions in low and high resource settings with varying degree of evidence of effectiveness. Examples of promising interventions include psychosocial support and psychological interventions for survivors of intimate partner violence; combined economic and social empowerment programmes; cash transfers; working with couples to improve communication and relationship skills; community mobilization interventions to change unequal gender norms; school programmes that enhance safety in schools and reduce/eliminate harsh punishment and include curricula that challenges gender stereotypes and promotes relationships based on equality and consent; and group-based participatory education with women and men to generate critical reflections about unequal gender power relationships.

RESPECT also highlights that successful interventions are those that prioritize safety of women; whose core elements involve challenging unequal gender power relationships; that are participatory; address multiple risk factors through combined programming and that start early in the life course.

To achieve lasting change, it is important to enact and enforce legislation and develop and implement policies that promote gender equality; allocate resources to prevention and response; and invest in women's rights organizations.

- [RESPECT women: Preventing violence against women](#)

Role of the health sector

While preventing and responding to violence against women requires a multi-sectoral approach, the health sector has an important role to play. The health sector can:

- **advocate to make violence against women unacceptable and for such violence to be addressed as a public health problem;**

- provide comprehensive services, sensitize and train health care providers in responding to the needs of survivors holistically and empathetically;
- prevent recurrence of violence through early identification of women and children who are experiencing violence and providing appropriate referral and support;
- promote egalitarian gender norms as part of life skills and comprehensive sexuality education curricula taught to young people; and
- generate evidence on what works and on the magnitude of the problem by carrying out population-based surveys, or including violence against women in population-based demographic and health surveys, as well as in surveillance and health information systems.

WHO response

At the World Health Assembly in May 2016, Member States endorsed a global plan of action on strengthening the role of the health systems in addressing interpersonal violence, in particular against women and girls and against children.

- [Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children](#)

WHO, in collaboration with partners, is:

- building the evidence base on the size and nature of violence against women in different settings and supporting countries' efforts to document and measure this violence and its consequences, including improving the methods for measuring violence against women in the context of monitoring for the Sustainable Development Goals. This is central to understanding the magnitude and nature of the problem and to initiating action in countries and globally;
- strengthening research and capacity to assess interventions to prevent and respond to violence against women;
- undertaking interventions research to test and identify effective health sector interventions to address violence against women;
- developing guidelines and implementation tools for strengthening the health sector response to intimate partner and sexual violence and synthesizing evidence on what works to prevent such violence;
- supporting countries and partners to implement the global plan of action on violence and monitoring progress including through documentation of lessons learned; and
- collaborating with international agencies and organizations to reduce and eliminate violence globally through initiatives such as the Sexual Violence Research Initiative, Together for Girls, the UN Women-WHO Joint Programme on Strengthening Violence against Women measurement and data Collection and use, the UN Joint Programme on Essential Services Package for Women Subject to Violence, and the Secretary General's political strategy to address violence against women and COVID-19.

WHO and UN Women, along with other partners, co-lead the Action Coalition on Gender-based Violence, an innovative partnership of governments, civil society, youth leaders, private sector and philanthropies to develop a bold agenda of catalytic actions and leverage funding to eradicate violence against women.

(1) United Nations. Declaration on the elimination of violence against women. New York : UN, 1993.

(2) Violence against women Prevalence Estimates, 2018. Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. WHO: Geneva, 2021

(3) WHO, LSHTM, SAMRC. Global and regional estimates of violence against women: prevalence and health impacts of intimate partner violence and non-partner sexual violence. WHO: Geneva, 2013.