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## **VIOLENCE AGAINST WOMEN**

### **INTIMATE PARTNER & SEXUAL VIOLENCE AGAINST WOMEN**

Fact sheet N°239  
Updated September 2011

#### **Key Facts:**

- Violence against women - both intimate partner violence and sexual violence against women - are major public health problems and violations of women's human rights.
- A WHO multi-country study found that between 15–71% of women reported experiencing physical and/or sexual violence by an intimate partner at some point in their lives.
- These forms of violence result in physical, mental, sexual, and reproductive health and other health problems, and may increase vulnerability to HIV.
- Risk factors for being a perpetrator include low education, past exposure to child maltreatment or witnessing violence between parents, harmful use of alcohol, attitudes accepting of violence and gender inequality. Most of these are also risk factors for being a victim of intimate partner and sexual violence.
- School-based programmes to prevent relationship violence among young people (or dating violence) are supported by the best evidence of effectiveness. Other primary prevention strategies, such as microfinance combined with gender equality training and community-based initiatives that address gender inequality and communication and relationship skills, hold promise.
- Situations of conflict, post conflict and displacement may exacerbate existing violence and present new forms of violence against women.

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## **Introduction**

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

**Intimate partner violence** refers to behaviour 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.

## Scope of the Problem

Population-level surveys based on reports from victims provide the most accurate estimates of the prevalence of intimate partner violence and sexual violence in non-conflict settings. The *WHO Multi-country study on women's health and domestic violence against women* in 10 mainly developing countries found that, among women aged 15 to 49 years:

- between 15% of women in Japan and 70% of women in Ethiopia and Peru reported physical and/or sexual violence by an intimate partner;
- between 0.3–11.5% of women reported experiencing sexual violence by a non-partner;
- the first sexual experience for many women was reported as forced – 24% in rural Peru, 28% in Tanzania, 30% in rural Bangladesh, and 40% in South Africa.

Intimate partner and sexual violence are mostly perpetrated by men against girls and women. However, sexual violence against boys is also common. International studies reveal that approximately 20% of women and 5–10% of men report being victims of sexual violence as children.

Population-based studies of relationship violence among young people (or dating violence) suggest that this affects a substantial proportion of the youth population. For instance, in South Africa a study of people aged 13-23 years found that 42% of females and 38% of males reported being a victim of physical dating violence.

## Health Consequences

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

- Health effects can include headaches, back pain, abdominal pain, fibromyalgia, gastrointestinal disorders, limited mobility and poor overall health. In some cases, both fatal and non-fatal injuries can result.
- Intimate partner violence and sexual violence can lead to unintended pregnancies, gynaecological problems, induced abortions and sexually transmitted infections, including HIV. Intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight.

- These forms of violence can lead to depression, post-traumatic stress disorder, sleep difficulties, eating disorders, emotional distress and suicide attempts.
- Sexual violence, particularly during childhood, can lead to increased smoking, drug and alcohol misuse, and risky sexual behaviours in later life. 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 intimate partner violence may suffer a range of behavioural and emotional disturbances that can be associated with the perpetration or experiencing of violence later in life.
- Intimate partner violence has also been associated with higher rates of infant and child mortality and morbidity (e.g. diarrhoeal disease, malnutrition).

### **Social and economic costs**

The social and economic costs 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.

### **Risk Factors**

Factors found to be associated with intimate partner and sexual violence – or risk factors – occur within individuals, families and communities and wider society. Some factors are associated with perpetrators of violence, some are associated with the victims of violence and some are associated with both.

Risk factors for both intimate partner and sexual violence include:

- lower levels of education (perpetrators and victims);
- exposure to child maltreatment (perpetrators and victims);
- witnessing parental violence (perpetrators and victims);
- antisocial personality disorder (perpetrators);
- harmful use of alcohol (perpetrators and victims);
- males who have multiple partners or are suspected by their partners of infidelity (perpetrators); and
- attitudes that are accepting of violence (perpetrators and victims).

Risk factors specific to intimate partner violence include:

- past history of violence as a perpetrator or victim;
- marital discord and dissatisfaction (perpetrators and victims).

Risk factors specific to sexual violence perpetration include:

- beliefs in family honour and sexual purity;

- ideologies of male sexual entitlement; and
- weak legal sanctions for sexual violence.

The unequal position of women relative to men and the normative use of violence to resolve conflicts are strongly associated with both intimate partner violence and sexual violence by any perpetrator.

## **Prevention**

Currently, there are few interventions whose effectiveness has been scientifically proven. More resources are needed to strengthen the primary prevention of intimate partner and sexual violence – i.e. stopping it from happening in the first place.

The primary prevention strategy with the best evidence for effectiveness for intimate partner violence is school-based programmes for adolescents to prevent violence within dating relationships. These, however, remain to be assessed for use in resource-poor settings. Evidence is emerging for the effectiveness of several other primary prevention strategies: those that combine microfinance with gender equality training; that promote communication and relationship skills within communities; that reduce access to, and the harmful use of alcohol; and that change cultural gender norms.

To achieve lasting change, it is important to enact legislation and develop policies that protect women; address discrimination against women and promote gender equality; and help to move the culture away from violence.

An appropriate response from the health sector can contribute in important ways to preventing the recurrence of violence and mitigating its consequences (secondary and tertiary prevention). Sensitization and education of health and other service providers is therefore another important strategy. To address fully the consequences of violence and the needs of victims/survivors requires a multi-sectoral response.

## **WHO Response**

WHO, in collaboration with a number of partners, is:

- building the evidence base on the scope and types of intimate partner and sexual violence in different settings and supporting countries' efforts to document and measure this violence. This is central to understanding the magnitude and nature of the problem at a global level;
- developing technical guidance for evidence-based intimate partner and sexual violence prevention and for strengthening the health sector responses to such violence;
- disseminating information and supporting national efforts to advance women's rights and the prevention of and response to intimate partner and sexual violence against women; and
- collaborating with international agencies and organizations to reduce/eliminate intimate partner and sexual violence globally.