

Global estimates of violence against women: prevalence, health effects & prevention options

Chair: [Rt Hon Baroness Scotland](#)

[Dr. Karen Devries](#)

[Professor Charlotte Watts](#)

[Dr. Lori Heise](#)

Camille Kumar, [Imkaan](#)

Improving health worldwide

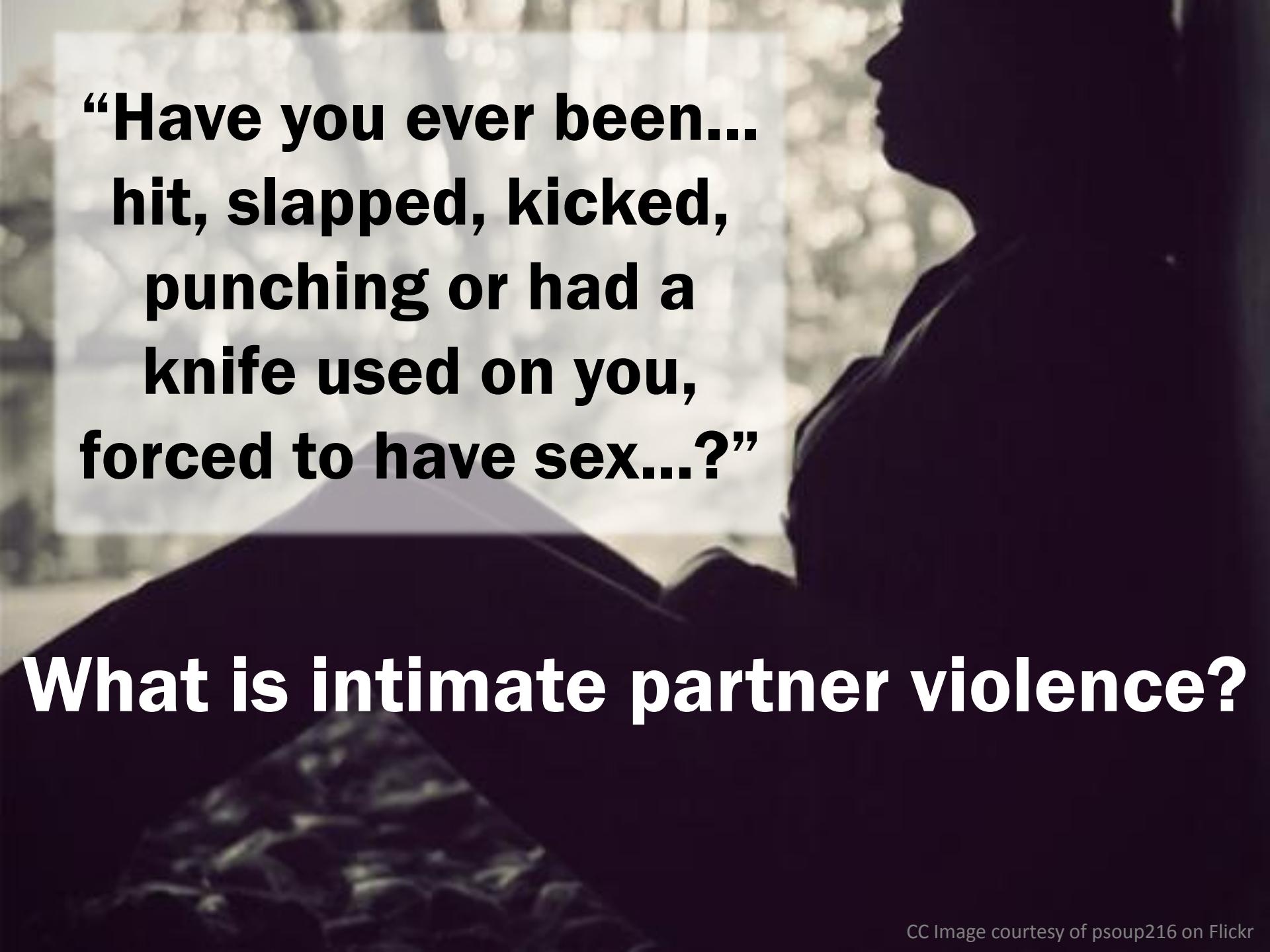
www.lshtm.ac.uk

<https://genderviolence.lshtm.ac.uk>

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**“Have you ever been...
hit, slapped, kicked,
punching or had a
knife used on you,
forced to have sex...?”**

What is intimate partner violence?

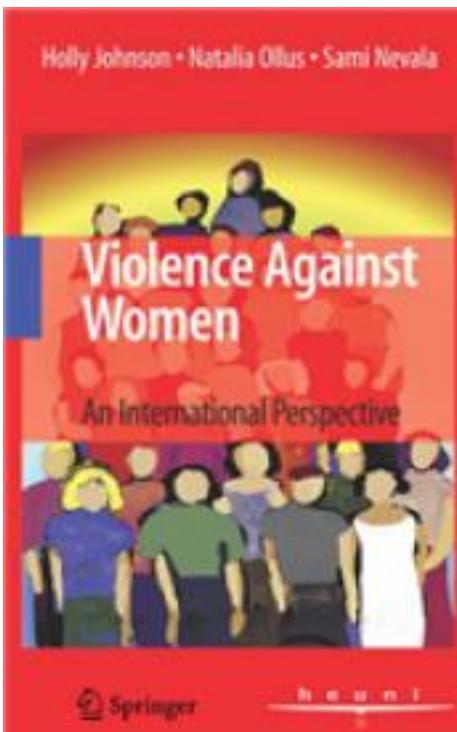
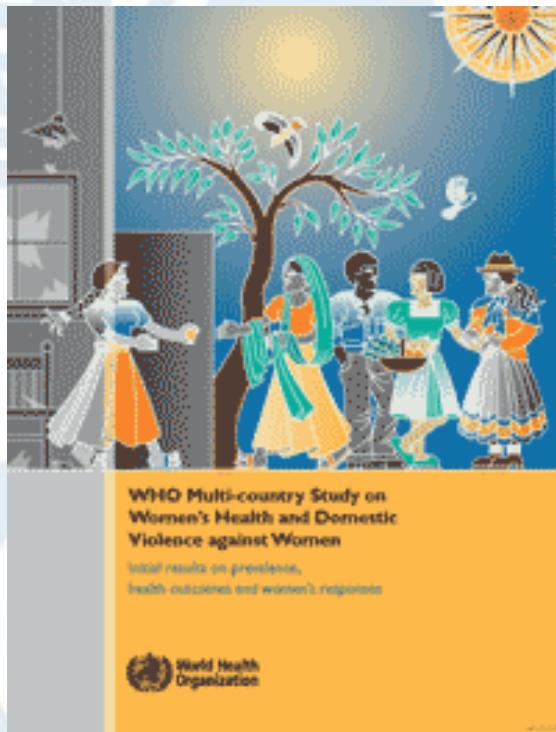
How did we estimate prevalence?

Systematic Reviews



How did we estimate prevalence?

Secondary Analysis



MEASURE DHS
Demographic and Health Surveys

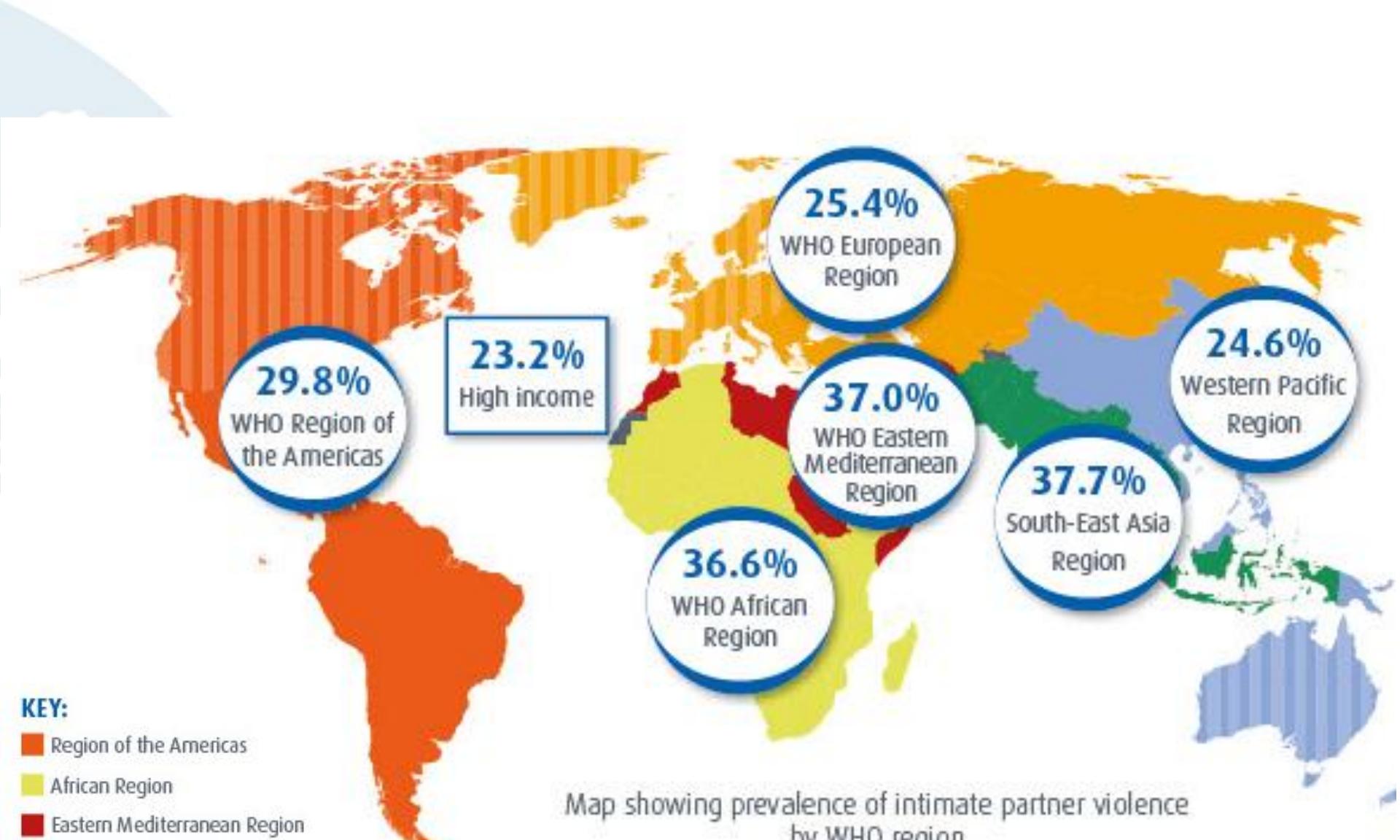
http://www.who.int/gender/violence/who_multicountry_study/en/

<http://www.springer.com/social+sciences/criminology/book/978-0-387-73203-9>

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KEY:

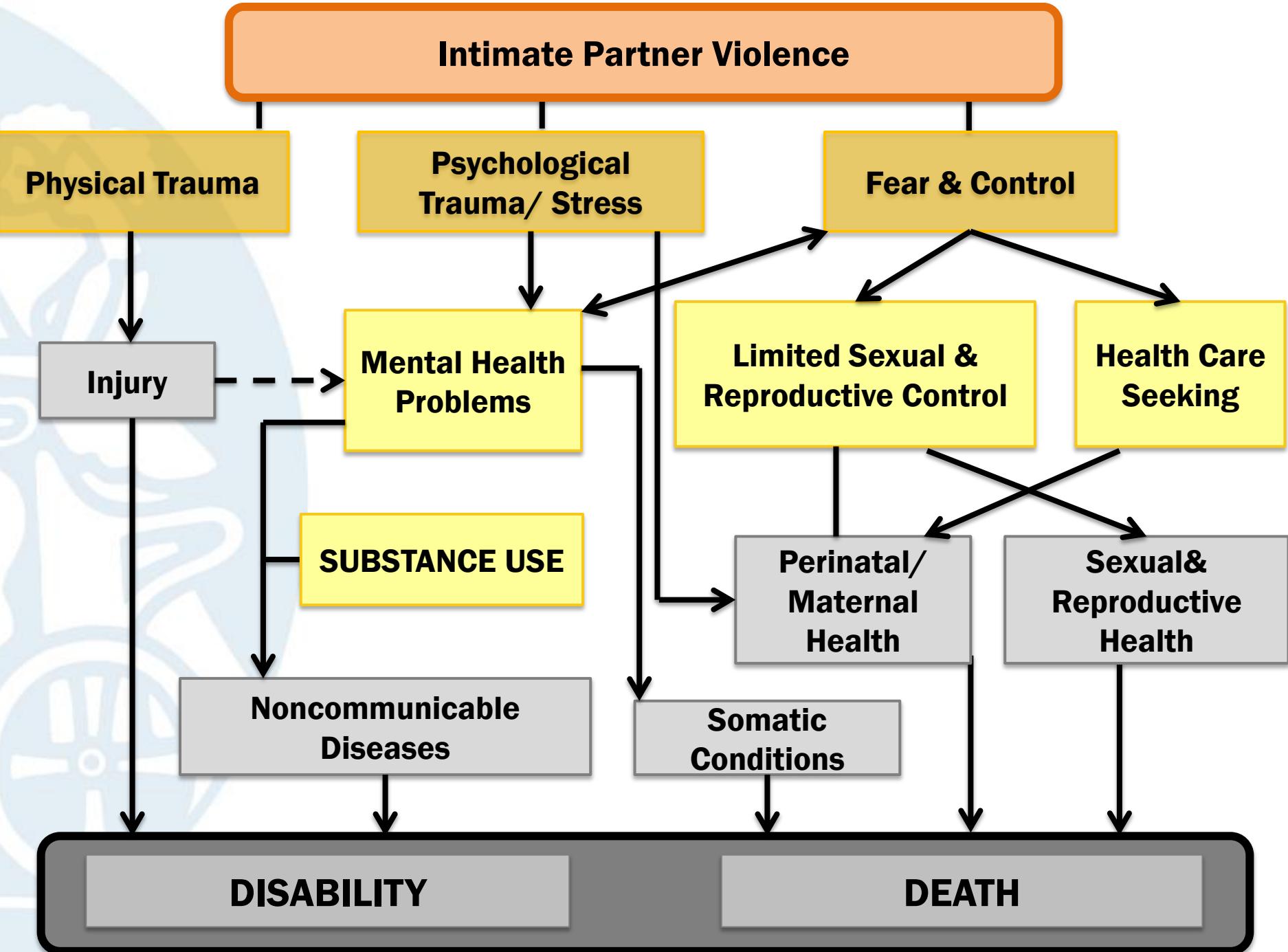
- Region of the Americas
- African Region
- Eastern Mediterranean Region
- European Region
- South-East Asia Region
- Western Pacific Region
- High income countries

Map showing prevalence of intimate partner violence
by WHO region



What are the health impacts of violence?





Intimate Partner Violence

Physical Trauma



42% of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result

Psychological Trauma/ Stress



TWICE
as likely to experience depression

Fear & Control

Limited Sexual & Reproductive Control

of women who have experienced physical or sexual violence at the hands of a partner have experienced injuries as a result

ALMOST TWICE
as likely to have alcohol use disorders

16%
more likely to have a low birth-weight baby

Health Care Seeking

1.5 TIMES
more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

Noncommunicable Diseases

Somatic Conditions

4.5x more likely to attempt suicide

DEATH

Why are women who experience violence at greater risk of HIV?

Unprotected forced sex

Perpetrator at higher risk of HIV

Gender power imbalance

Trauma and lacerations from violent forced sex may lead to heightened risk of transmission

Clustering of behaviours, with men who are violent also more likely to have concurrent sexual partners and/or engage in commercial sex

In violent & controlling relationships, fear of and use of violence reduces women's ability to negotiate sex

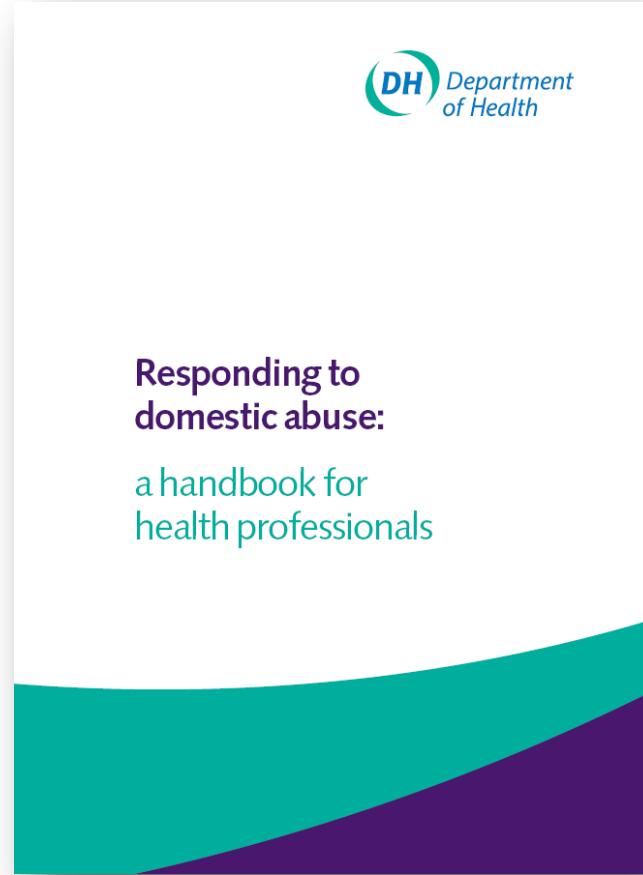
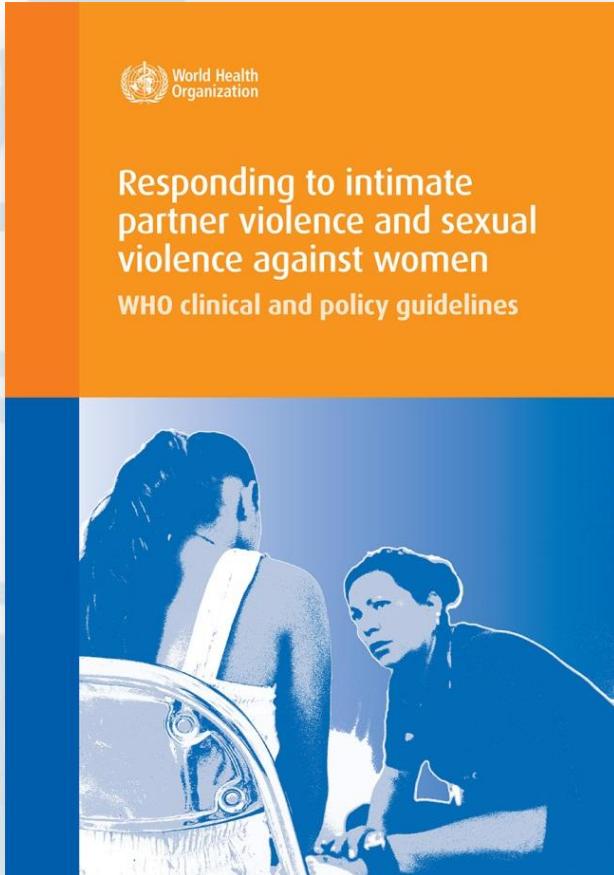
HIV & other STI



**38% of
female
homicides
are
perpetrated
by a partner**



We need to strengthen the health sector response



<http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/index.html>

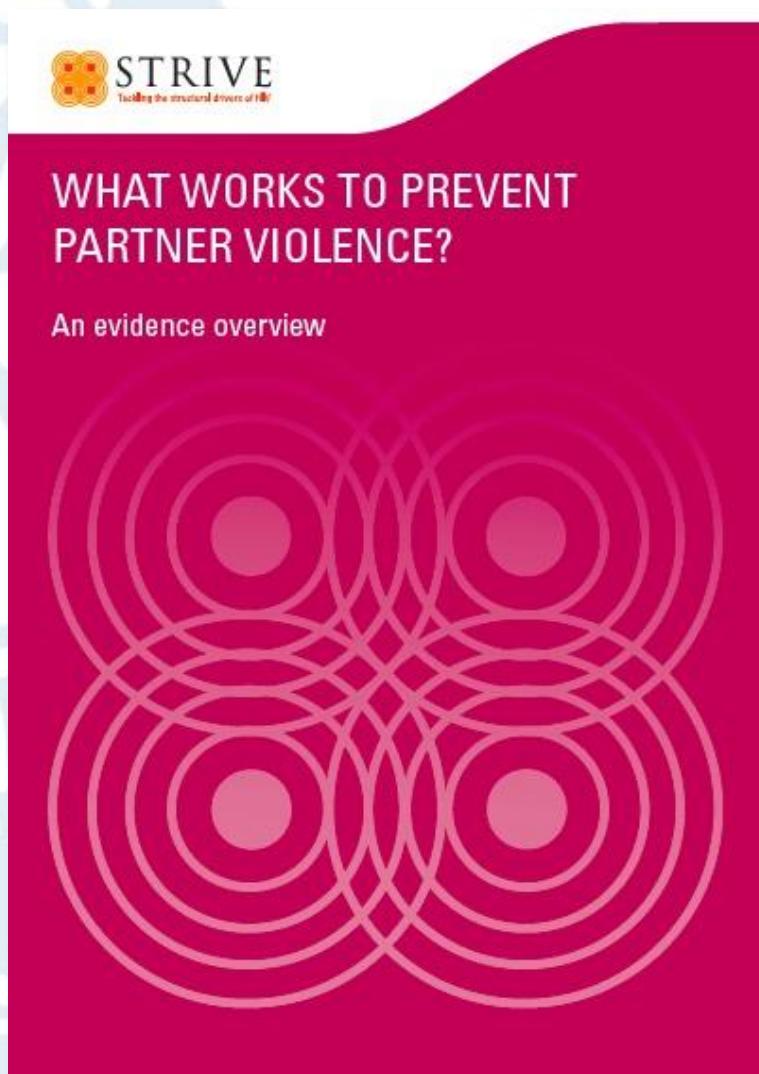
http://www.domesticviolencelondon.nhs.uk/uploads/downloads/DH_4126619.pdf

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Prevention Options



Commissioned by DfID

**Produced by STRIVE Research
Consortium**

Funded by STRIVE, DfID & ESRC

Available for download at:

strive.lshtm.ac.uk

Or

genderviolence.lshtm.ac.uk



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Towards a sense of scale...

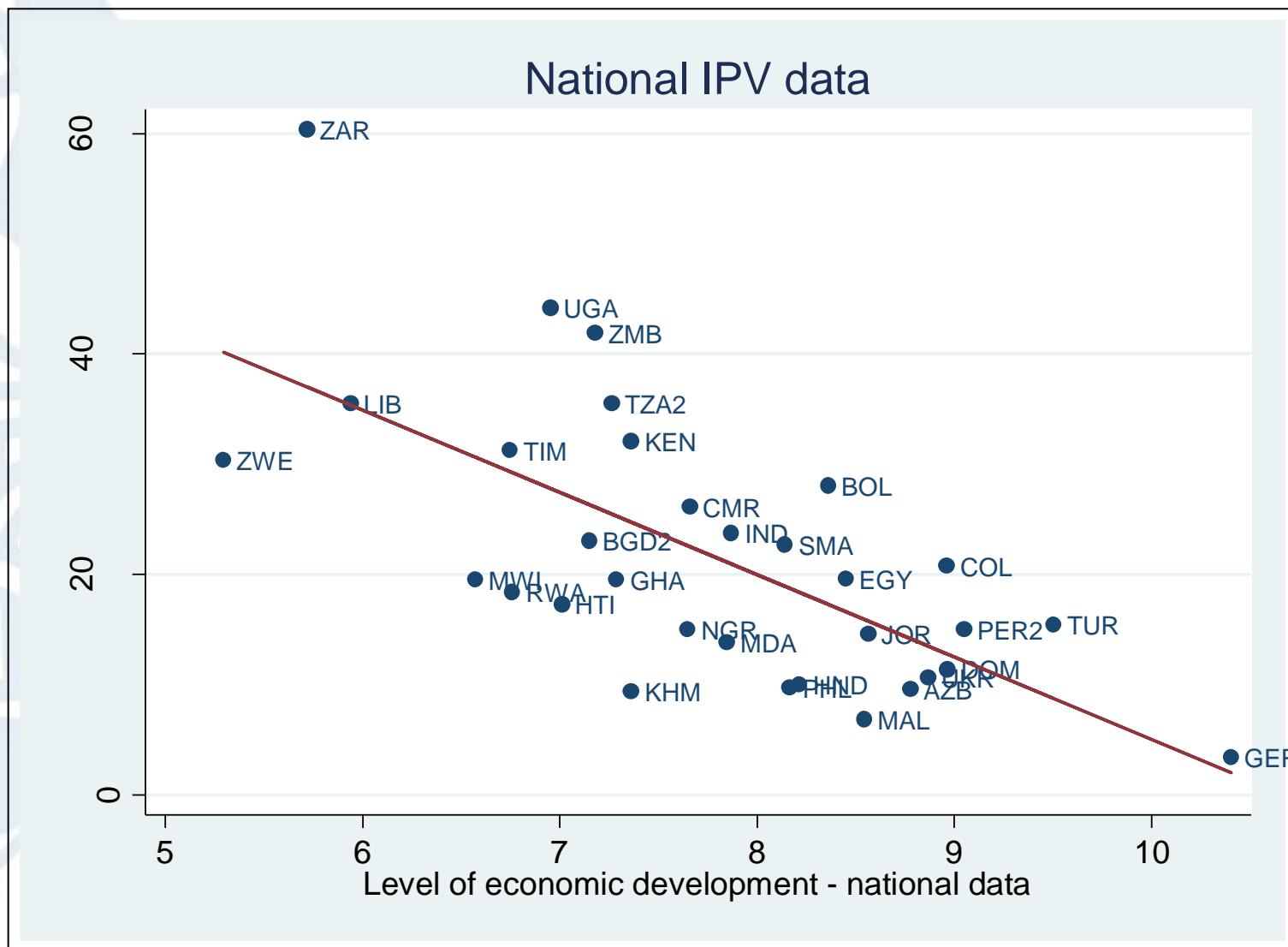


"Running the Numbers: An American Self- Portrait", Chris Jordan, See the video: www.chrisjordan.com/gallery/rtn/#barbie-dolls

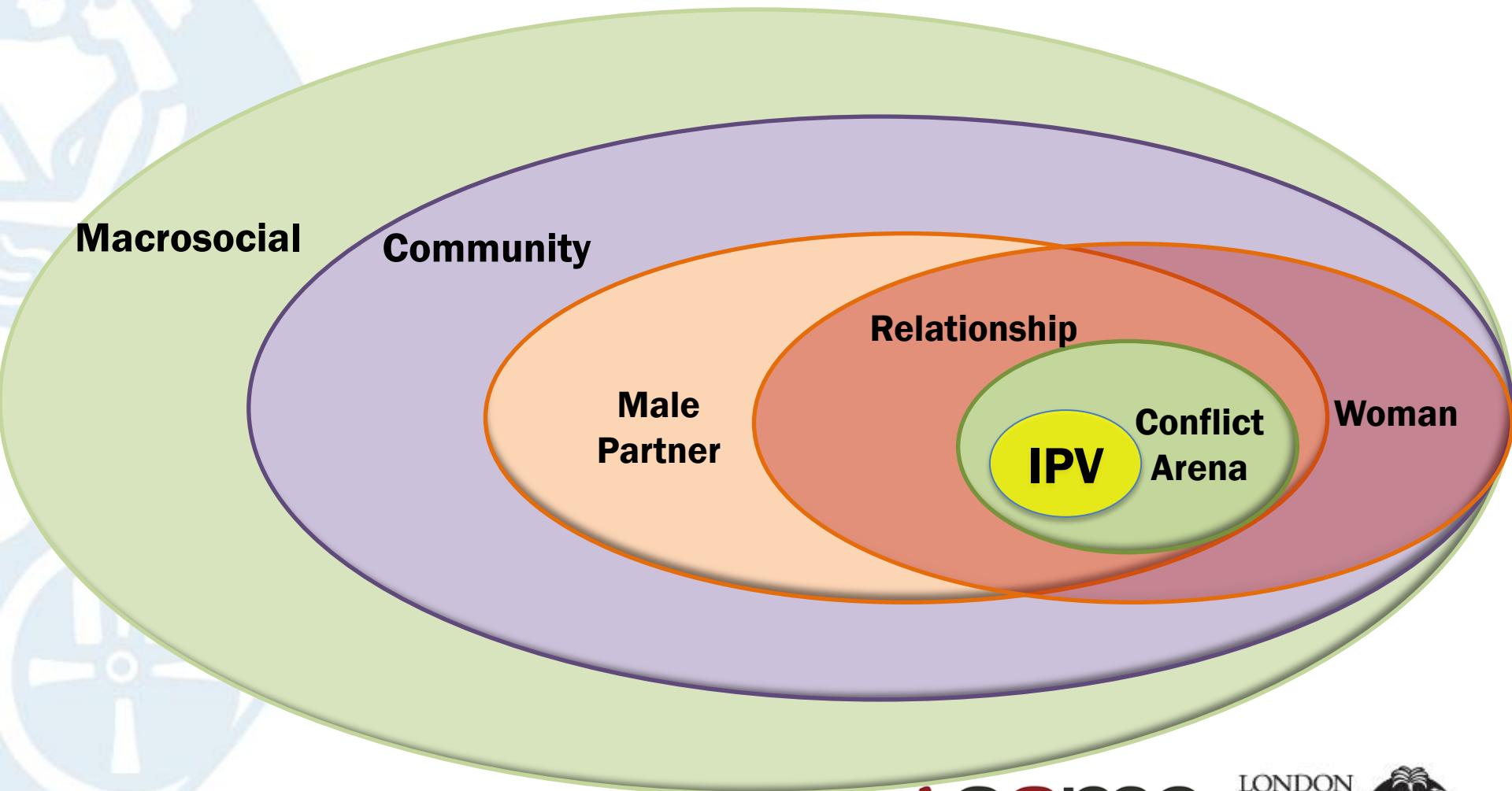
IMAGE: combining microfinance & participatory training on gender, violence & HIV



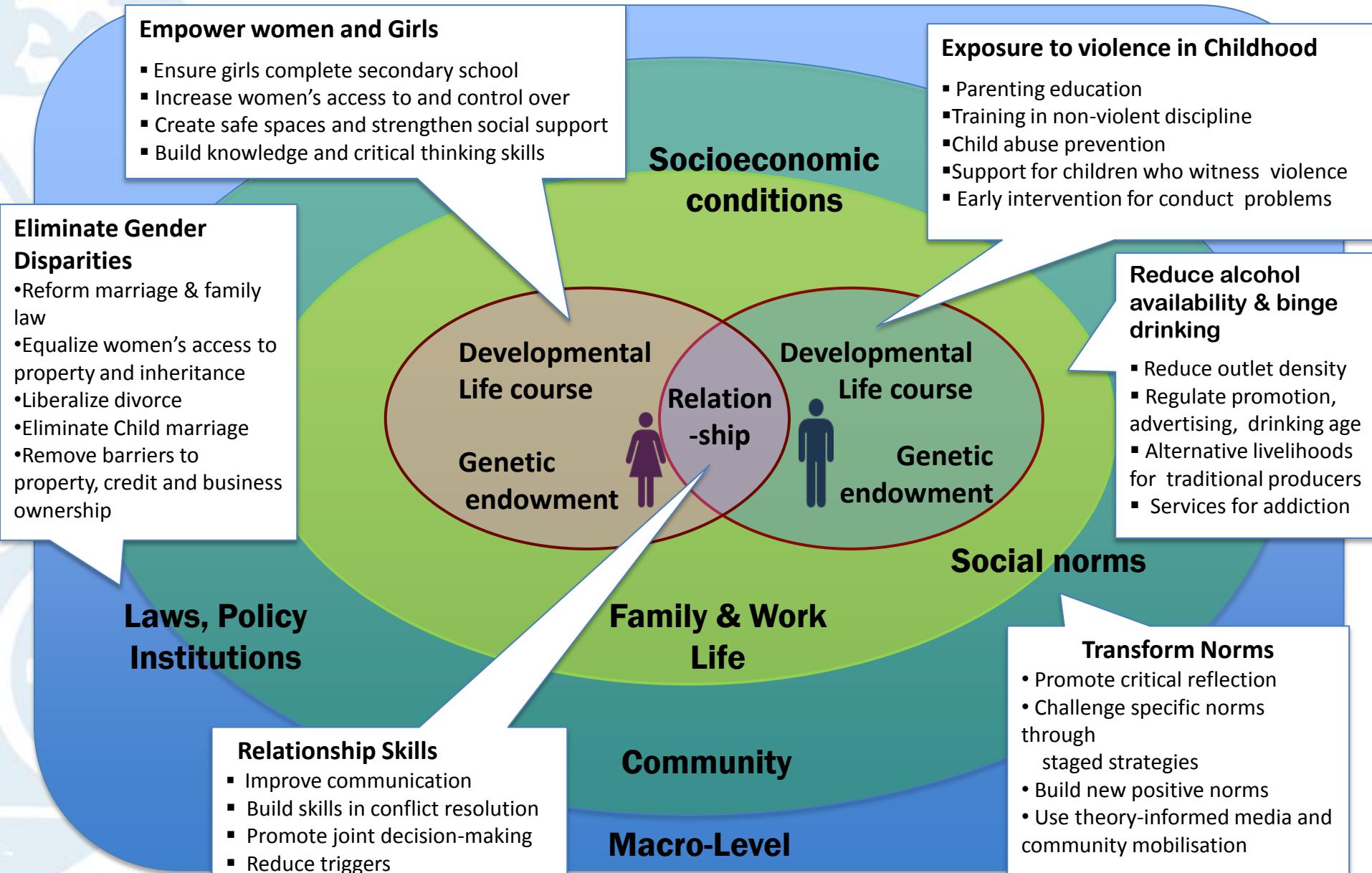
Country-level variation in 12 month prevalence of partner violence



Ecological Model of Partner Violence



Primary Prevention of Partner Violence





Tina Musuya
Executive Director, CEDOVIP

See the video [here](#)



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STRIVE
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WHAT WORKS TO PREVENT PARTNER VIOLENCE?

An evidence overview

STRIVE
Tackling the structural drivers of HIV

The global prevalence of intimate partner homicide: a systematic review

Summary
Background Homicide is an important cause of premature mortality globally, but evidence for the magnitude of homicides by intimate partners is scarce and hampered by the large amount of missing information about the victim-offender relationship. The objective of the study was to estimate global and regional prevalence of intimate partner homicide.

Methods A systematic search of five databases (Medline, Global Health, Embase, Social Policy, and Web of Science) yielded 2167 abstracts, and resulted in the inclusion of 118 full-text articles with 122 estimates of the prevalence of intimate partner homicide for all countries and regions. All studies were included that reported the number or proportion of intimate partner homicide who were murdered by an intimate partner, male or female, in a country, province, or town, using an inclusive definition of an intimate partner. Additionally, a survey of official sources of 169 countries provided a further 93 estimates. We selected one estimate per country/year, using a quality assessment if multiple homicide was calculated by country and region overall, at

Findings Data were obtained for 66 countries. Overall 13.5% (95% CI 9.2–17.8%) of intimate partners, and this proportion was six times higher for female (30.8–45.3%, vs. 6–13%, 3–16%) than male partners. The highest rates of intimate partner homicide were found in sub-Saharan Africa (30.8–45.3%, 11–31.8%, 58–83%, 58–83%), and South Asia (18–85%, 11–31.8%, 58–83%, 58–83%). Adjustments to account generally increased the prevalence, suggesting that results presented are

interpretation. At least one in seven homicides globally and more than a homicide. Such violence commonly represents the culmination of a long history of abuse. Strategies to reduce homicide risk include increased investment in intimate partner violence prevention, risk assessments at different points of care, support for women experiencing intimate partner violence, and control of gun ownership for people with a history of violence. Improvements in county-level data collection and monitoring systems are also essential, because data availability and quality varied strongly across regions.

Funding WHO, Sigrid Rausing Trust, and the UK Economic and Social Research Council.

Introduction

In 2010, nearly half a million people were estimated to have been killed worldwide, and 80% of these victims were male.¹ Strategies to prevent homicide therefore commonly focus on male victims and gang and male-on-street violence.² However, women and men are at risk of being killed by an intimate partner. For example, in particular, research has suggested that their greatest risk of homicide is from a current or former intimate partner.^{3–5} For example, in the USA, a country with high national homicide rates, in 2008, around 1000 women and 1600 men were killed by an intimate partner.⁶ Similarly, in the UK in 2009, 54% of female and 5% of male homicides were perpetrated by an intimate partner.⁷ However, evidence from the USA and South Africa suggests that the national study of female homicides for the Global Burden of Diseases, Injuries, and Risk Factor 2010 study,⁸ in this Article we present the findings from a systematic review of the prevalence of intimate partner homicide, a survey of 169 national statistical offices, summarizing global and regional estimates of the

availability and quality. In many countries, particularly low-income and middle-income settings, national data for intimate partner homicide are scarce. Strategies to prevent homicide therefore commonly focus on male victims and gang and male-on-street violence.² However, women and men are at risk of being killed by an intimate partner. For example, in particular, research has suggested that their greatest risk of homicide is from a current or former intimate partner.^{3–5} For example, in the USA, a country with high national homicide rates, in 2008, around 1000 women and 1600 men were killed by an intimate partner.⁶ Similarly, in the UK in 2009, 54% of female and 5% of male homicides were perpetrated by an intimate partner.⁷ However, evidence from the USA and South Africa suggests that the national study of female homicides for the Global Burden of Diseases, Injuries, and Risk Factor 2010 study,⁸ in this Article we present the findings from a systematic review of the prevalence of intimate partner homicide, a survey of 169 national statistical offices, summarizing global and regional estimates of the



GLOBAL HEALTH

The Global Prevalence of Intimate Partner Violence Against Women

K. M. Devries,^{1,2} J. Y. T. Mak,¹ C. Garcia Moreno,^{3,4} M. Petzold,¹ J. C. Child,⁵ G. Falder,⁶ S. Lim,⁷ L. J. Bacchus,⁸ R. E. Engell,⁹ L. Rosefield,¹⁰ C. Palitza,¹¹ T. Ves¹², N. Abraham,¹³ K. Wats,¹⁴ and the UN Secretary General's UNITE Campaign to end violence against women, and Millennium Development Goal 3 aims specifically "to promote gender equality and empower women." Similarly, many national governments have laws that prohibit intimate partner violence against women.

Violence against women is a phenomenon that occurs in all countries (1). Since the 1993 World Conference on Human Rights and the Declaration on the Elimination of Violence against Women, the international community has acknowledged that a violence against women is an important public health, social policy, and human rights concern. However, documenting the magnitude of violence against women is a challenging and reliable endeavour.

The most common type of intimate partner violence experienced by women is physical violence (IPV). The social and economic impacts of intimate partner violence against women are multiple (2). For example, it is a leading cause of homicide, and/or the most common cause of non-fatal injuries, and/or the most common cause of mental health problems, and/or the most common cause of social and economic problems. The impacts of intimate partner violence against women are multiple (2). For example, it is a leading cause of homicide, and/or the most common cause of non-fatal injuries, and/or the most common cause of mental health problems, and/or the most common cause of social and economic problems.

against women, over the past decade, there has been a steady increase in the number of studies examining IPV prevalence. However, existing surveys vary considerably in the specific measure of exposures to violence used, the methods used to collect data, and the characteristics of the population studied. This has resulted in a large body of available prevalence data, but underlying challenges in interpretation, because of the lack of comparability across studies. We present a synthesis of current evidence that provides new estimates of global and regional prevalence of IPV against women.

Synthesizing Evidence to Estimate Prevalence
Our synthesis evaluated two types of evidence collected in supplementary materials (SM). First, we did a systematic review of all available global prevalence data from studies representative at national or subnational levels. We searched 26 medical and social science databases, and the WHO Mortality and Health Surveys (10 countries), and the WHO Multicountry Study on Women's Health and Domestic Violence (10 countries). Second, we conducted additional analysis of the International Violence Against Women Survey (8 countries), the United Nations Crime and Justice Survey, the International Social Survey (16 countries), and the Demographic and Health Surveys to 2009 (20 countries) to obtain further prevalence estimates.

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regional estimates against women: and health effects of partner violence and sexual violence

Data from 83 countries was used to estimate global prevalence of partner-caused violence against women.

Second, we used classical meta-regression methods to estimate women's lifetime prevalence of IPV (see SM). We modeled estimates for 21 global regions, adjusted for differences in study quality and characteristics, and provided age-standardized estimates, which account for age- and sex-specific population structures in 2010.

Data from 141 studies in 81 countries provided

partner violence, and included data on age, gender, and for age collected data of estimates that from studies with women. In all, 80% of data used the standard definition of IPV.

globally, in 2010,

30.1% (17.5% confidence interval (CI) 27.8–32.5%) of women aged 15–49 years experienced, during their lifetime, physical and/or sexual intimate partner violence.

There is considerable regional variation in the prevalence of physical and/or sexual partner violence (see the graphs) (Fig. 1).

Implications for Policy

Given the high prevalence of IPV in all regions of the world, a greater focus on primary prevention is needed, including the provision of health, social, legal, and other support services (10). The prevention field is still in its nascent, but emerging evidence suggests several promising areas of intervention.

The association between exposure to violence in childhood and later experiences or perpetration of violence highlights the potential importance of interventions to prevent child maltreatment and witness violence by their parents (10). For example, parental interventions and social norm change to reduce the use of violence against children (10) and the provision of support to children living in violent families are promising.

Secondly, education for women is consistently associated with lower levels of IPV, but women's employment has been shown to have the potential to either reduce or increase

prevalence estimates.



Thank you!

Donor Acknowledgements:

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