

# Understanding and addressing violence against women

## Overview

### **Violence against women is a major public health problem and a violation of human rights.**

For women in many parts of the world, violence is a leading cause of injury and disability, as well as a risk factor for other physical, mental, sexual and reproductive health problems (1–3). Violence has long-term consequences for these women and their children, as well as social and economic costs for all society (1,4).

Many international agreements, including the United Nations Universal Declaration of Human Rights and the Declaration on the Elimination of Violence against Women, have recognized women's fundamental human right to live free from violence (4).

The United Nations broadly defines violence against women to include any act that produces harm to women's physical, sexual or mental health (**Box 1**). Nonetheless, legal systems and social norms in many settings continue to tolerate, or even condone, men's use of violence against women in many circumstances (5).

#### **BOX 1. DEFINITION OF VIOLENCE AGAINST WOMEN**

“[V]iolence against women” is 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.’

**United Nations Declaration on the Elimination of Violence against Women,  
85th plenary meeting, December 1993**

### **WHO information sheets on violence against women**

This information sheet is a brief introduction to the evidence on violence against women. It is the first in a series developed by the WHO and the Pan American Health Organization that summarizes what is known about the prevalence, patterns, consequences, risk factors and strategies to address violence against women. This series is for programme managers, practitioners, researchers, policy-makers and others working in a wide range of sectors and in every country. Some information sheets address specific forms of violence against women, while others address related health and social issues (see pages 2 and 3).

## The magnitude and scope of violence against women

Researchers have documented violence against women in all countries where it has been studied and among all social, economic, religious and cultural groups. In virtually all settings, women are most likely to experience violence by male intimate partners or people known to them, often over long periods. Although men and boys are also the targets of violence, in certain forms of aggression – such as intimate partner violence and sexual violence – the majority of victims (and fatalities) are female (6), while the vast majority of perpetrators are male (1).

Measurement of prevalence poses challenges because women often underreport their experiences of violence. Increasingly, however, researchers have gathered comparative data on prevalence in a growing number of countries. This has been done through population-based surveys such as Demographic and Health Surveys (7,8), CDC Reproductive Health Surveys (6) and the *WHO multi-country study on women's health and domestic violence against women* (9). The latter, for example, measured prevalence in 15 sites in 10 countries and found that 15–71% of ever-partnered women aged 15–49 years, reported physical and/or sexual violence by an intimate partner at some point in their lives.

## Definitions and forms of violence against women

The term 'gender-based violence' is often used to highlight that much violence against women is rooted in gender inequality and also perpetuates women's subordinate legal, social or economic status in society (**Box 2, Box 3**) (4). At the global level, the most common forms of violence against women include:

- intimate partner violence<sup>1</sup> and other forms of family violence;
- sexual violence;
- female genital mutilation (FGM);
- femicide, including honour and dowry-related killings;
- human trafficking, including forced prostitution and economic exploitation of girls and women; and
- violence against women in humanitarian and conflict settings.

Each of these topics is addressed by an information sheet in this series. Other issues covered include violence against women and HIV; violence against women and its intersections with child maltreatment; costs and consequences of violence against women; and promising practices to address violence against women.

## How does violence affect women's health?

Violence against women has both fatal and non-fatal health consequences (1,3,10,11). Fatal consequences include homicide, suicide, maternal mortality and AIDS-related deaths. Non-fatal consequences include physical and mental health conditions, such as:

- physical injuries and disability;
- unwanted pregnancy and unsafe abortion;

<sup>1</sup> **'Intimate partner violence'** is sometimes called **'domestic violence'**, though the latter is less specific since it also includes child and elder abuse, or abuse by any member of the household.

- pregnancy and birth complications, including low birth weight (when it occurs during pregnancy);
- sexually transmitted infections, including HIV;
- traumatic gynaecological fistula;
- depression and anxiety;
- eating and sleep disorders;
- harmful drug and alcohol use;
- low self-esteem;
- post-traumatic stress disorder;
- self-harm;
- gastrointestinal disorders; and
- chronic pain syndromes.

On average, women who experience violence report more surgeries, doctor visits and hospital stays than those without a history of abuse (1,10) and health effects may persist long after the violence ends. The consequences for women's sexual and reproductive health may include unwanted pregnancy, which results either directly from forced sexual intercourse or indirectly because of the inability to use contraception or to negotiate condom use (12–15). Another indirect pathway may be through high-risk sexual behaviour by women who experienced sexual abuse as children. Violence against women is also an important risk factor associated with other health problems. For example, in some settings, experiencing violence has been shown to be associated with being HIV positive; conversely, being HIV positive is a risk factor for experiencing violence (12,16).

#### BOX 2. GENDER DIMENSIONS OF VIOLENCE AGAINST WOMEN

**Patterns of violence against women are different from those against men.**

Globally, men are more likely to die as a result of armed conflict, interpersonal violence by strangers and suicide, while women are more likely to die at the hands of someone close to them, including husbands and other intimate partners. Thus, women are often emotionally involved with, and economically dependent upon, their aggressors.

**Prevailing attitudes in many societies serve to justify, tolerate or condone violence against women, often blaming women for the violence they experience.**

These attitudes often stem from traditional beliefs that view women as subordinate to men or entitle men to use violence to control women.

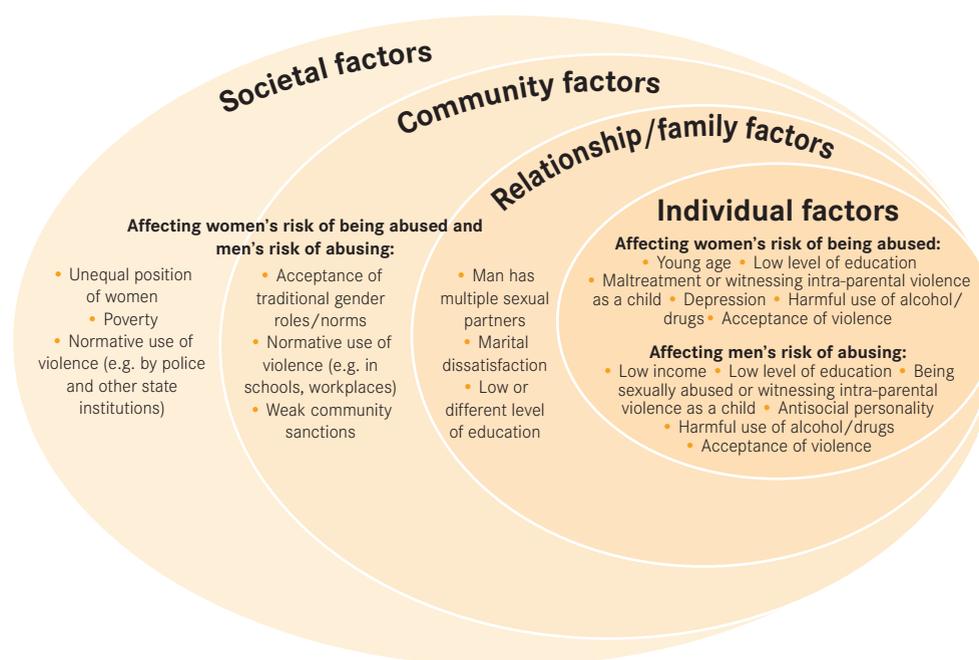
**Many countries have legal systems that minimize or ignore acts of violence against women.**

Even where appropriate legislation exists, it may be inadequately implemented or may allow interpretation that reflects harmful traditional attitudes.

#### Which factors increase a woman's risk of experiencing violence?

Violence against women is the result of the complex interaction between individual, relationship, and social, cultural and environmental factors. To understand this interplay, researchers often use the ecological model **Figure 1** (10).

FIGURE 1  
**Factors associated with violence against women based on the ecological model (10)**



Research shows that, although some factors are consistently associated with increased risk of violence against women across many countries, others are context specific and vary between countries – or even within countries (e.g. between rural and urban settings). In some cases, the factors associated with a woman experiencing violence may be the same as those associated with a man perpetrating violence (such as low level of education and witnessing intra-parental violence as a child). In other cases, the factors may differ – for example, young age is a known risk factor for a woman's likelihood of experiencing violence at the hands of an intimate partner, but not necessarily for a man perpetrating violence.

Most research has focused on individual factors such as low levels of education; having experienced physical or sexual abuse as a child; and harmful use of alcohol (1,17,18). Increasingly, however, researchers have recognized the importance of community and societal risk factors, such as traditional gender norms (Box 3), unequal social, legal and economic status of women, the use of violence to resolve conflict more generally, and weak community sanctions against violence (18).

### What is known about how to address violence against women?

In light of the health, human rights, social and economic consequences of violence against women, there has been a burgeoning international call to address it within a wide range of programmes and policies. The evidence base on how to prevent and respond to violence against women is limited but continues to grow.

Most programmes and policies to date have been aimed at responding to survivors of violence. This approach includes training for health, social service and legal aid providers to support the immediate needs of women who experience violence, or strengthening law-enforcement sanctions against perpetrators.

### BOX 3. SOCIAL AND CULTURAL NORMS THAT SUPPORT VIOLENCE AGAINST WOMEN (18–20)

Studies from diverse settings have documented many social norms and beliefs that support violence against women, such as:

- a man has a right to assert power over a woman and is considered socially superior;
- a man has a right to physically discipline a woman for ‘incorrect’ behaviour;
- physical violence is an acceptable way to resolve conflict in a relationship;
- sexual intercourse is a man’s right in marriage;
- a woman should tolerate violence in order to keep her family together;
- there are times when a woman deserves to be beaten;
- sexual activity – including rape – is a marker of masculinity; and
- girls are responsible for controlling a man’s sexual urges.

Increasingly, however, policy-makers and programmers are devoting attention to preventing violence against women. Approaches include media campaigns and community-based interventions to change unequal gender norms; strategies for women’s economic empowerment; school-based programmes to prevent dating violence; and approaches to preventing child maltreatment, which is a risk factor for later perpetration and victimization (18).

The information sheets in this series highlight the evidence about both the problem and the strategies that have been found effective or at least promising, identify areas where more research is needed, and how different sectors can address violence against women. They also underscore that, regardless of sector and approach, a human rights perspective should underpin all interventions to prevent and respond to violence against women.

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The full series of “Understanding and Addressing Violence Against Women” information sheets can be downloaded from the WHO Department of Reproductive Health web site: <http://www.who.int/reproductivehealth/publications/violence/en/index.html>, and from the Pan American Health Organization web site: [www.paho.org](http://www.paho.org)

Further information is available through WHO publications, including:

*Preventing intimate partner and sexual violence against women: taking action and generating evidence*

[http://whqlibdoc.who.int/publications/2010/9789241564007\\_eng.pdf](http://whqlibdoc.who.int/publications/2010/9789241564007_eng.pdf)

*WHO multi-country study on women’s health and domestic violence against women: initial results on prevalence, health outcomes and women’s responses*

[http://www.who.int/gender/violence/who\\_multicountry\\_study/en/](http://www.who.int/gender/violence/who_multicountry_study/en/)

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