

Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence

Executive summary

“There is one universal truth, applicable to all countries, cultures and communities: violence against women is never acceptable, never excusable, never tolerable.”

United Nations Secretary-General, Ban Ki-Moon (2008)¹

Violence against women is a significant public health problem, as well as a fundamental violation of women's human rights.

This report, developed by the World Health Organization, the London School of Hygiene and Tropical Medicine and the South African Medical Research Council presents the first global systematic review and synthesis of the body of scientific data on the prevalence of two forms of violence against women — violence by an intimate partner (intimate partner violence) and sexual violence by someone other than a partner (non-partner sexual violence). It shows, for the first time, aggregated global and regional prevalence estimates of these two forms of violence, generated using population data from all over the world that have been compiled in a systematic way. The report also details the effects of violence on women's physical, sexual and reproductive, and mental health.

The findings are striking:

- overall, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. While there are many other forms of violence that women may be exposed to, this already represents a large proportion of the world's women;
- most of this violence is intimate partner violence. Worldwide, almost one third (30%) of all women who have been in a relationship have experienced physical and/or sexual violence by their intimate partner. In some regions, 38% of women have experienced intimate partner violence;
- globally, as many as 38% of all murders of women are committed by intimate partners;
- women who have been physically or sexually abused by their partners report higher rates of a number of important health problems. For example, they are 16% more likely to have a low-birth-weight baby. They are more than twice as likely to have an abortion, almost twice as likely to experience depression, and, in some regions, are 1.5 times more likely to acquire HIV, as compared to women who have not experienced partner violence;
- globally, 7% of women have been sexually assaulted by someone other than a partner. There are fewer data available on the health effects of non-partner sexual violence. However, the evidence that does exist reveals that women who have experienced this form of violence are 2.3 times more likely to have alcohol use disorders and 2.6 times more likely to experience depression or anxiety.

There is a clear need to scale up efforts across a range of sectors, both to prevent violence from happening in the first place and to provide necessary services for women experiencing violence.

1. Secretary-General says violence against women never acceptable, never excusable, never tolerable, as he launches global campaign on issue. New York, United Nations Department of Public Information, News and Media Division, 2008 (SG/SM/11437 WOM/1665).

The variation in the prevalence of violence seen within and between communities, countries and regions, highlights that violence is not inevitable, and that it can be prevented. Promising prevention programmes exist, and need to be tested and scaled up.² There is growing evidence about what factors explain the global variation documented. This evidence highlights the need to address the economic and sociocultural factors that foster a culture of violence against women. This also includes the importance of challenging social norms that support male authority and control over women and sanction or condone violence against women; reducing levels of childhood exposures to violence; reforming discriminatory family law; strengthening women's economic and legal rights; and eliminating gender inequalities in access to formal wage employment and secondary education.

Services also need to be provided for those who have experienced violence. The health sector must play a greater role in responding to intimate partner violence and sexual violence against women. WHO's new clinical and policy guidelines on the

health-sector response to violence against women emphasize the urgent need to integrate issues related to violence into clinical training. It is important that all health-care providers understand the relationship between exposure to violence and women's ill health, and are able to respond appropriately. One key aspect is to identify opportunities to provide support and link women with other services they need – for example, when women seek sexual and reproductive health services (e.g. antenatal care, family planning, post-abortion care) or HIV testing, mental health and emergency services. Comprehensive post-rape care services need to be made available and accessible at a much larger scale than is currently provided.

The report shows that violence against women is pervasive globally. The findings send a powerful message that violence against women is not a small problem that only occurs in some pockets of society, but rather is a global public health problem of epidemic proportions, requiring urgent action. It is time for the world to take action: a life free of violence is a basic human right, one that every woman, man and child deserves.

2. *Preventing intimate partner violence and sexual violence against women. Taking action and generating evidence.* Geneva, World Health Organization, 2010.

WHO/RHR/HRP/13.06

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