

# Violence Against Women Prevalence Estimates, 2018

## Executive summary

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, on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (VAW-IAWGED)



United Nations

Department of  
Economic and  
Social Affairs



UNODC

United Nations Office on Drugs and Crime



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ISBN 978-92-4-002668-1 (electronic version)

ISBN 978-92-4-002669-8 (print version)

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**Suggested citation.** 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. Executive summary. Geneva: World Health Organization; 2021. Licence: [CC BY-NC-SA 3.0 IGO](#).

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# Executive summary

**V**iolence against women is a major human rights violation and a global public health problem. This report provides updated estimates for two of the most common forms of violence against women:

## INTIMATE PARTNER VIOLENCE

Violence by a husband or male intimate partner (physical, sexual or psychological) is the most widespread form of violence against women globally.



## NON-PARTNER SEXUAL VIOLENCE

Sexual violence by perpetrators other than a current or former husband or partner – including male relatives, friends, acquaintances or strangers – referred to as non-partner sexual violence is another globally common form of violence against women.



Other forms of violence against women not included in this report are physical violence by relatives, employers or other individuals; femicide, including murders in the name of “honour”; and trafficking, among others.

This report is based on an analysis of available prevalence data from surveys and studies conducted between 2000 and 2018, obtained through a systematic and comprehensive review of all available data on the prevalence of these two forms of violence against women.

Violence against women has significant short-, medium- and long-term effects on the physical and mental health and well-being of women, children and families. It also has serious social and economic consequences for countries and societies.

Violence against women has been internationally recognized as a serious and pervasive phenomenon affecting women's lives and health, and a violation of their rights, for almost three decades. Calls for its elimination have been led by women's health and rights organizations for decades. At the global level, these calls most notably date back to the 1993 United Nations Declaration on the Elimination of Violence against Women and the 1995 Beijing Platform for Action, as well as various other global and regional conventions and consensus documents.<sup>1</sup>

1993

**United Nations Declaration on the Elimination of Violence against Women**

1995

**Beijing Declaration and Platform for Action** emerging from the Fourth World Conference on Women

2015

**The 2030 United Nations Agenda for Sustainable Development**, adopted by countries in 2015, included a global target to eliminate “all forms of violence against women and girls in the public and private spheres”, as well as indicators for measuring progress towards this target (see Box 1)

2016

**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 (World Health Assembly resolution 69.5)

<sup>1</sup> These include: the Committee on the Elimination of Discrimination against Women (CEDAW) General Recommendation No. 35 (in 2017) on gender-based violence against women, updating General Recommendation No. 19 (from 1979); the agreed conclusions of the 57th session of the Commission on the Status of Women in 2013; the 1994 Belém do Pará Convention (for the region of the Americas); the 2003 Maputo Protocol (for the African region); and the 2011 Istanbul Convention (for the European region).

## BOX 1.

## TARGET 5.2

### 5 GENDER EQUALITY



**Sustainable Development Goal 5 (SDG 5): Achieve gender equality and empower all women and girls**

**Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation**



### Indicator 5.2.1

Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age



### Indicator 5.2.2

Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence

In 2016, the World Health Organization's (WHO's) Member States endorsed the *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*, which includes improving the collection and use of robust data as one of its four strategic directions. Accurate and reliable statistics on violence against women are crucial to improve our understanding of the prevalence, nature and impact of this violence and how these may differ across settings and age cohorts, and to monitor changes over time.

The collection, analysis and reporting of these data also play an important role in informing targeted investments into the development of effective and sustainable intersectoral prevention and response policies and programmes for reducing violence against women. While progress has been made, challenges remain in the availability, quality and timely reporting of data on violence against women.

In 2020, the **Coronavirus Disease (COVID-19) pandemic** brought new attention to the importance of addressing violence against women as a public health priority. Measures

taken to address the pandemic, such as lockdown and distancing rules, have led to an increase in reports of domestic violence – in particular intimate partner violence against women – to helplines, police forces and other service providers.

However, these data indicating a recent increase in violence against women rely on service use and are not representative of the overall prevalence, which can only be obtained through population-based surveys. The overall impact of COVID-19 (and other humanitarian crises) on prevalence rates of intimate partner violence and non-partner sexual violence can only be accurately ascertained as surveys and studies resume. The estimates presented in this report predate the COVID-19 pandemic, highlighting that violence against women was already highly prevalent globally.

The estimates in this report (also referred to as the “2018 estimates”) update the global and regional prevalence estimates published by WHO in 2013 (the “2010 estimates”), and this report also presents cross-nationally comparable country-level prevalence estimates<sup>2</sup> of physical and/or sexual intimate partner violence, which were not produced in 2013.

<sup>2</sup> In the context of this report, the terms “national” and “country” should be understood as referring to 161 countries and areas that provided data related to intimate partner violence and/or non-partner sexual violence. This designation and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



## METHODS

The United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (VAW-IAWGED) was formed of representatives from WHO, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC) and the United Nations Statistics Division (UNSD).

### THE VAW-IAWGED

The VAW-IAWGED was established in 2017 to improve the measurement of violence against women and strengthen its monitoring and reporting globally, including of the relevant SDG indicators.



### TAG

For the production of these estimates, the VAW-IAWGED was supported by a Technical Advisory Group (TAG) comprising external, independent academic and technical experts.



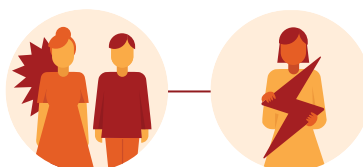
To provide the most accurate estimates of the prevalence of violence against women, the previous database has been greatly expanded and the estimation methods have been refined to optimize the use of country-level data.



Data were sought for all countries and territories, including – but not limited to – all 194 WHO Member States. A new and updated systematic review was conducted on the prevalence of violence against women.



Next, data were extracted and compiled in a Global Database on Prevalence of Violence Against Women (<https://srhr.org/vaw-data>).



2020

This database includes data on physical, sexual and psychological intimate partner violence, sexual violence by any perpetrator (including husbands/intimate partners), and non-partner sexual violence from all available prevalence surveys and studies.

A consultation on the intimate partner violence estimates was conducted in early 2020 with all WHO Member States and one territory. During the consultation period, additional eligible studies and data were identified. Country engagement and generation of data demonstrated an expansion of in-country efforts to measure the prevalence of violence against women through population-based surveys using act-specific measures.

The main sources of data on violence against women are:



(i) **specialized surveys on violence against women; and**

(ii) **modules on violence against women within larger national health surveys**, mainly the Demographic and Health Surveys (DHS).

For a handful of countries, data came from other surveys.

The variability in many factors between studies (e.g. the operational definitions of physical and sexual violence and non-partner sexual violence, the perpetrators of this violence, the time period covered and the differing age ranges used for disaggregation) affects comparability of data between countries. Data comparability is important in the production of global and regional aggregate statistics and for global

monitoring of violence against women across countries and regions. Therefore, robust statistical models are needed to adjust for this heterogeneity and generate comparable estimates, which are also useful to strengthen national data collection. The statistical methods are explained in more detail in Section 3 of the full report.\*

Internationally comparable prevalence estimates for 2018 were derived for presentation in the report and its annexes (See: <https://srhr.org/vaw-data>), for two age groups (women aged 15-49 and women aged 15 and older), including:



(i) **global, regional and national estimates of lifetime (since age 15) and past 12 months physical and/or sexual intimate partner violence**

→ The **lifetime prevalence** estimates of intimate partner violence draw on **307** studies from **154** countries and areas.

→ The **past 12 months prevalence** estimates are informed by **332** studies from **159** countries and areas.

→ These data, from across all global regions, represent 90% of the world's population of women and girls aged 15 and older.



(ii) **global and regional estimates of lifetime (since age 15) non-partner sexual violence**

→ The **lifetime prevalence** estimates for non-partner sexual violence are based on **227** studies from **137** countries and areas.

→ These data represent 88% of the world's population of women and girls aged 15 and older.

(iii) **combined global and regional prevalence estimates of lifetime (since age 15) intimate partner violence, non-partner sexual violence, or both**

The results presented in this report are the first available internationally comparable estimates for intimate partner violence in the SDG reporting period, which started in 2015. The new estimates presented in this report, based on data for the period 2000–2018, supersede all previously published WHO or United Nations estimates for years that fall within

the same period. Due to modifications in methodology and data availability, changes in prevalence estimates between the 2010 estimates and these new 2018 estimates are not strictly comparable and should not be interpreted as representing time trends. The data profiles for each country are available upon request.

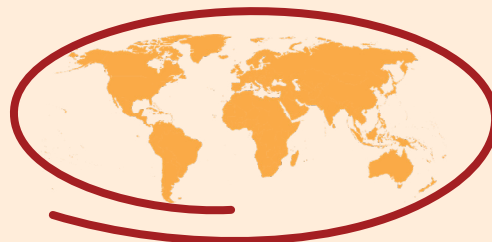
\* Available at: <https://www.who.int/health-topics/violence-against-women>



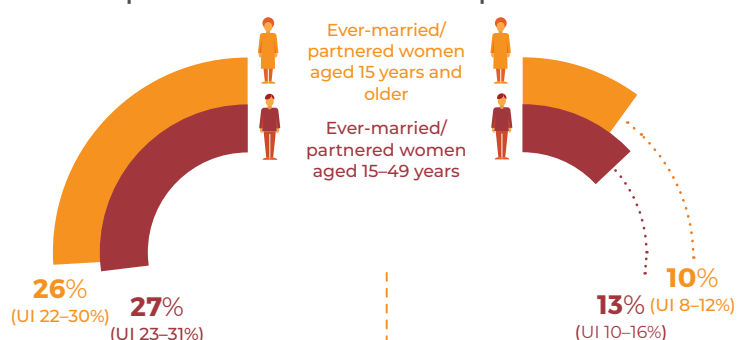
# GLOBAL, REGIONAL AND NATIONAL PREVALENCE ESTIMATES OF INTIMATE PARTNER VIOLENCE

## GLOBAL PREVALENCE ESTIMATES OF INTIMATE PARTNER VIOLENCE

The 2018 global estimates (based on data from 2000–2018) indicate that:



### Lifetime prevalence



have been subjected to physical and/or sexual violence from a current or former husband or male intimate partner at least once in their *lifetime* (since the age of 15).

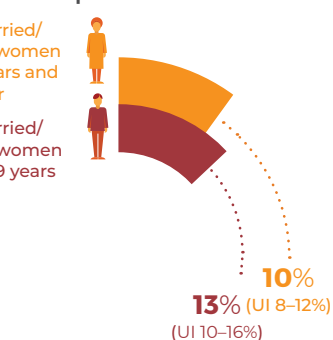
This indicates that

# 641

**MILLION**

and up to 753 million ever-married/partnered women aged 15 years and older had been subjected to physical and/or sexual intimate partner violence at least once since the age of 15.<sup>3</sup>

### Prevalence in the past 12 months



have been subjected to physical and/or sexual intimate partner violence at some point within the *past 12 months*.

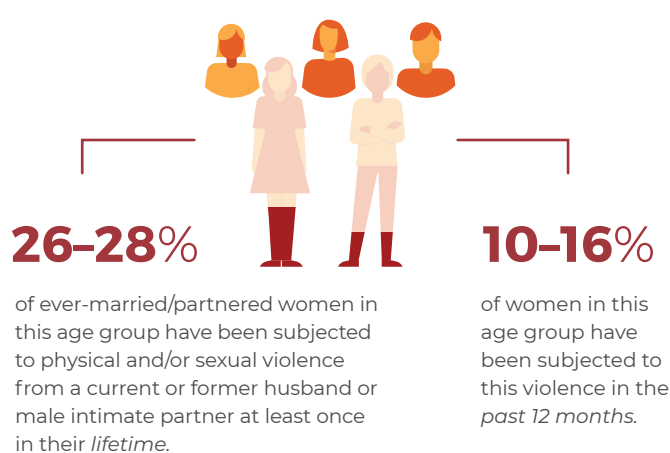
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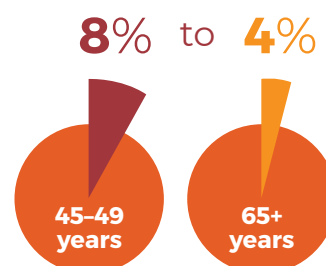
**MILLION**

and up to 307 million ever-married/partnered women aged 15 years and older had been subjected to recent physical and/or sexual intimate partner violence.

The estimated lifetime and past 12 months prevalence of this violence is highest for women between the ages of 20 and 44



The prevalence of intimate partner violence is comparatively lower for women in later age groups, with *past 12 months* intimate partner violence ranging from:



However, the data on intimate partner violence in women aged 50 and older are limited (less than 10% of all the eligible data in this analysis were for this age group) and mainly from high-income countries, where overall prevalence rates are also comparatively lower.

### Intimate partner violence starts early.



Almost **1 in 4** ever-married/partnered adolescent girls in the youngest age cohort (15–19 years old) is estimated to have already been subjected to physical and/or sexual violence from an intimate partner at least once in their *lifetime* (24%, UI 21–28%), and

**16%** of young women aged 15–24 experienced this violence within the *past 12 months*.



<sup>3</sup> These calculations are based on the 2018 country- and age-specific proportions from *World population prospects 2019*.

## REGIONAL PREVALENCE ESTIMATES OF INTIMATE PARTNER VIOLENCE

The 2018 regional estimates indicate that:



### Lifetime prevalence

Using the United Nations SDG regional and subregion classifications, the lifetime prevalence of physical and/or sexual intimate partner violence among ever-married/partnered women aged 15–49 years was **highest** among the “Least Developed Countries”, at 37% (UI 33–42%), and in the three subregions of Oceania: Melanesia, Micronesia and Polynesia.

The regions of Southern Asia (35%) and Sub-Saharan Africa (33%) have the **next highest** prevalence rates of lifetime intimate partner violence in this age range.

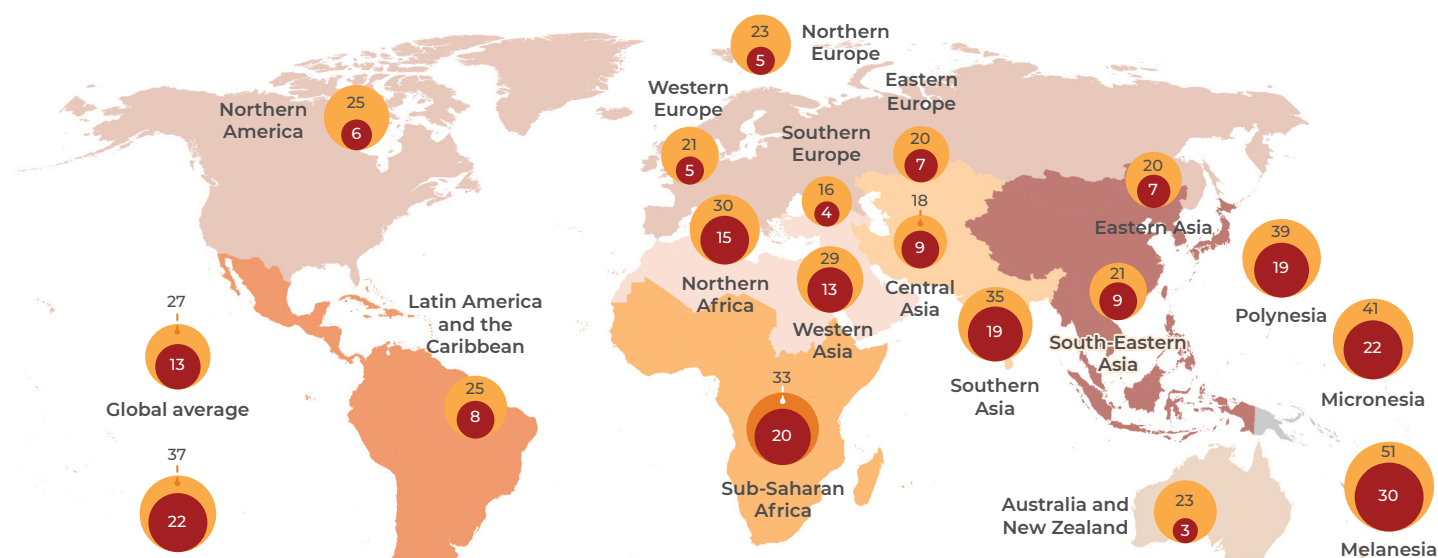
The **lowest** rates, meanwhile, were in the four subregions of Europe (16–23%) and also in Central (18%), Eastern (20%) and South-Eastern Asia (21%), and in Australia and New Zealand (23%).

### Prevalence in the past 12 months

Estimates for prevalence of this type of violence among ever-married/partnered women in the past 12 months were also **highest** among the “Least Developed Countries” (22%, UI 19–26%) and in the three subregions of Oceania: Melanesia, Micronesia and Polynesia.

The regions of Sub-Saharan Africa (20%) and Southern Asia (19%) have the **next highest** prevalence rates of past 12 months intimate partner violence.

The **lowest** estimated rates of this category of violence were in Australia and New Zealand (3%), Northern America (6%), Eastern Asia and the subregions of Europe (4–7%) – regions comprising mostly high-income countries.



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