

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



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Abbreviations

AIDS	acquired immunodeficiency syndrome
aOR	adjusted odds ratio
CDC	Centers for Disease Control and Prevention
CES-D	Centre for Epidemiological Studies Depression Scale
CI	confidence interval
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CTS	Conflict Tactics Scale
DHS	Demographic and Health Survey
DSM-IV	<i>Diagnostic and statistical manual of mental disorders</i> , fourth edition
GBD	Global Burden of Disease
GENACIS	<i>Gender, alcohol and culture: an international study</i>
HIV	human immunodeficiency virus
IMEMR	Index Medicus for the WHO Eastern Mediterranean Region
IMSEAR	Index Medicus for the WHO South-East Asia Region
IVAWS	International Violence Against Women Survey
LSHTM	London School of Hygiene and Tropical Medicine
OR	odds ratio
PTSD	post-traumatic stress disorder
RHS	reproductive health survey (CDC)
SAMRC	South African Medical Research Council
STI	sexually transmitted infection
USA	United States of America
WHO	World Health Organization
WPRIM	Western Pacific Region Index Medicus

Preface

Violence against women is not a new phenomenon, nor are its consequences to women's physical, mental and reproductive health. What is new is the growing recognition that acts of violence against women are not isolated events but rather form a pattern of behaviour that violates the rights of women and girls, limits their participation in society, and damages their health and well-being. When studied systematically, as was done with this report, it becomes clear that violence against women is a global public health problem that affects approximately one third of women globally.

By compiling and analysing all available data from studies designed to capture women's experiences of different forms of violence, this report provides the first such summary of the violent life events that many women experience. It documents not only how widespread this problem is, but also how deeply women's health is affected when they experience violence.

This report marks a big advance for women's health and rights. It adds to the momentum of the 57th session of the Commission on the Status of Women, which emphasized the need to address the root causes of violence against women and to strengthen multisectoral responses for women who have experienced violence. It also contributes to advocacy efforts such as the United Nations Secretary General's campaign UNiTE to end violence against women.

Action is clearly needed, and the health sector has an especially important role to play, considering the serious health risks faced by women and their families. WHO's new clinical and policy guidelines on the health sector response to violence against women provide specific evidence-based guidance that can help to strengthen the way health-care providers respond to women who have experienced violence. They also stress the importance of incorporating issues of violence into clinical training curricula, strengthening health systems to support women through direct services and multisectoral responses, identifying key entry points, such as sexual and reproductive health services and mental health services for addressing violence, and scaling up appropriate post-rape care responses.

No public health response is complete without prevention. Violence against women can and should be prevented. Promising programmes exist and many hinge on promoting gender equality so that the full potential of the world's women and girls can be realized. Let this report serve as a unified call to action for those working for a world without violence against women.

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