

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



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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

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Executive summary

Violence 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	NON-PARTNER SEXUAL VIOLENCE
<p>Violence by a husband or male intimate partner (physical, sexual or psychological) is the most widespread form of violence against women globally.</p> 	<p>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.</p> 
<p>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.</p>	

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.¹

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)

¹ 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 estimates² of physical and/or sexual intimate partner violence, which were not produced in 2013.

² 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.



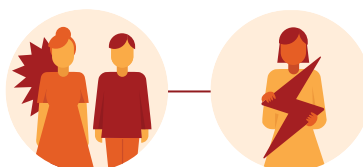
To provide the most accurate estimates of the prevalence of violence against women, the previous database has been greatly expanded and the estimation methods have been refined to optimize the use of country-level data.



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.

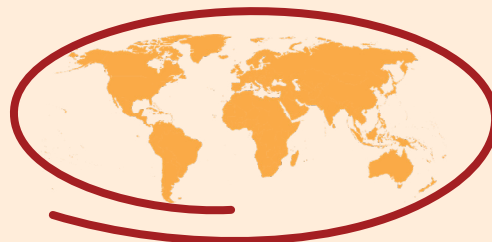
* Available at: <https://www.who.int/health-topics/violence-against-women>



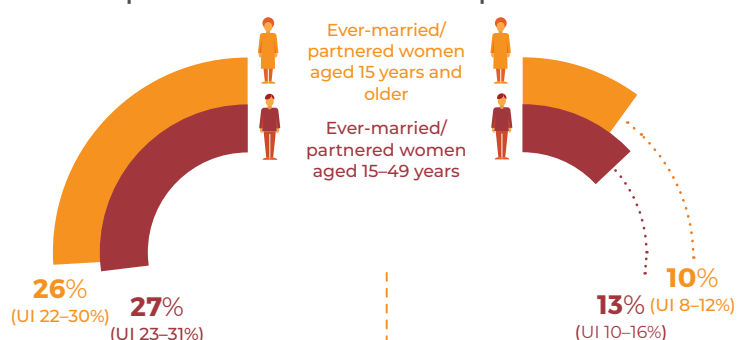
GLOBAL, REGIONAL AND NATIONAL PREVALENCE ESTIMATES OF INTIMATE PARTNER VIOLENCE

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).

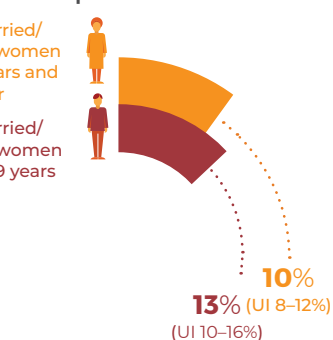
This indicates that

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 15.³

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*.

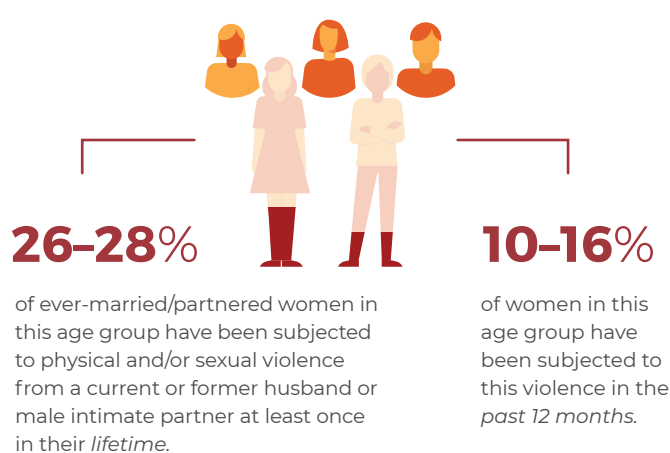
This indicates that

245

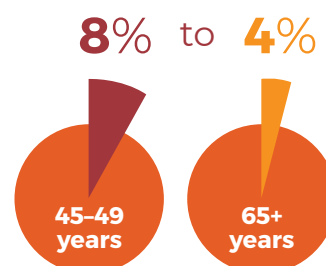
MILLION

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*.



³ 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.

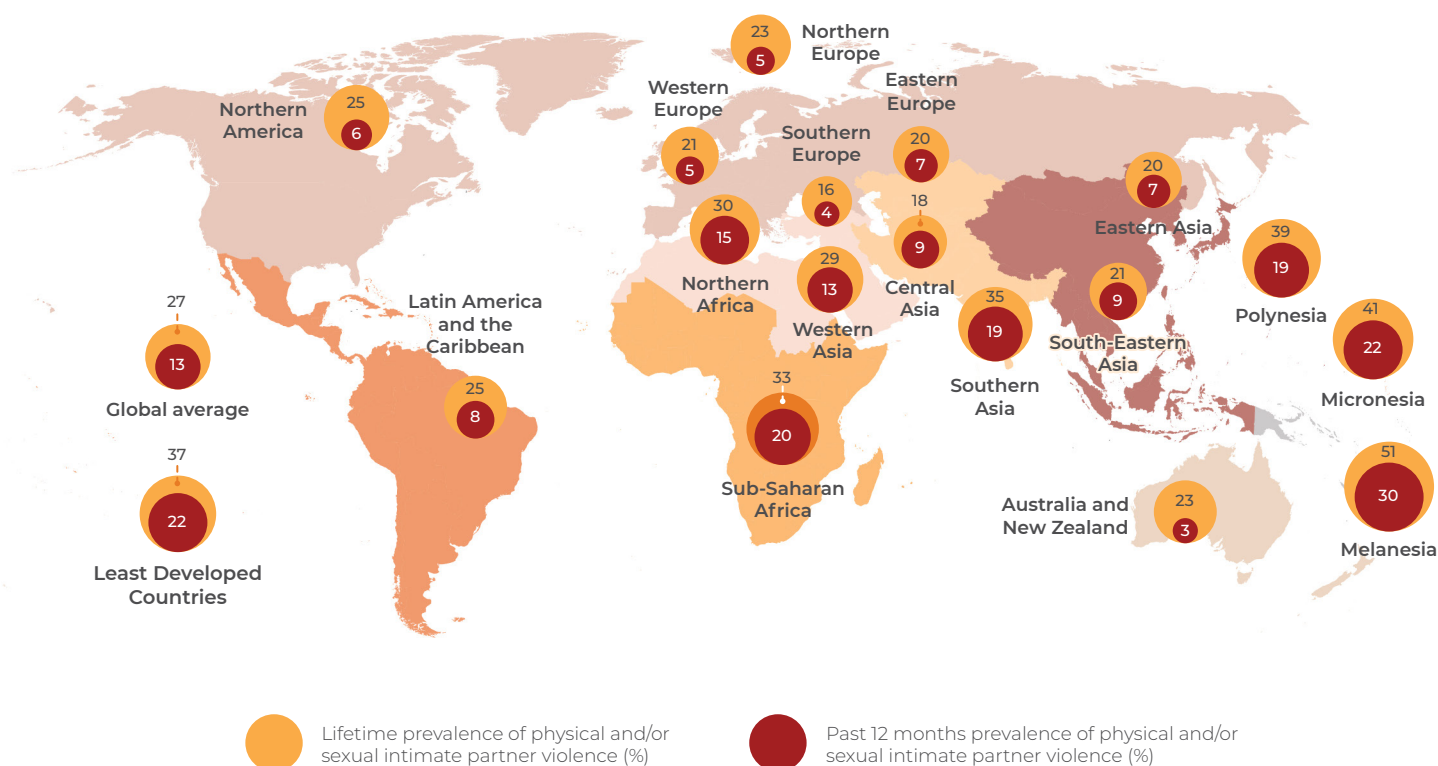
The **lowest** rates, meanwhile, were in the four subregions of Europe (16–23%) and also in Central (18%), Eastern (20%) and South-Eastern Asia (21%), and in Australia and New Zealand (23%).

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.



NATIONAL PREVALENCE ESTIMATES OF INTIMATE PARTNER VIOLENCE



Estimates were derived for 161 countries and areas (see Annex 6) that had at least one available data source that met the inclusion criteria for the analysis in this report: a population-based study representative at the national or subnational level, conducted between 2000 and 2018 and using acts-based measures of physical and/or sexual intimate partner violence.

The 2018 estimates indicate that:

Lifetime prevalence

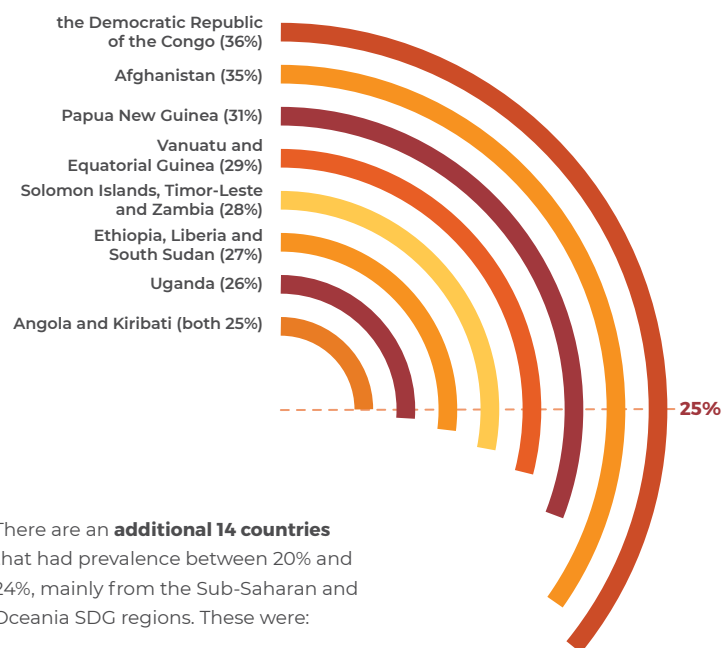
The prevalence estimates for 19 countries fell within the **highest** range (40–53%) for lifetime physical and/or sexual intimate partner violence among ever-married/partnered women age 15–49 years.



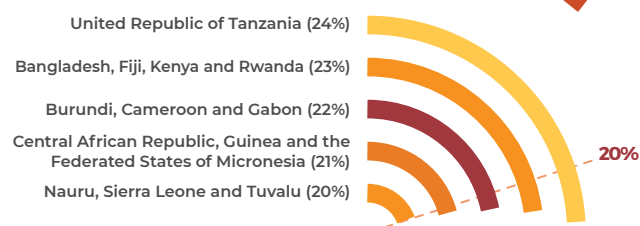
The **lowest** group of prevalence estimates for lifetime physical and/or sexual intimate partner violence among ever-married/partnered women aged 15–49 years (i.e. prevalence of 10–14%) includes 12 countries and 2 areas. Six of the 12 countries are in the subregions of Europe, three are in Western Asia and the remaining three are Cuba (14%), the Philippines (14%) and Singapore (11%).

Prevalence in the past 12 months

The prevalence estimates for 14 countries fell within the **highest** range (25% and higher) for past 12 months physical and/or sexual intimate partner violence. These countries are:



There are an **additional 14 countries** that had prevalence between 20% and 24%, mainly from the Sub-Saharan and Oceania SDG regions. These were:



The **lowest** group of prevalence estimates for past 12 months physical and/or sexual violence (up to 4%) includes 30 countries and one area, 24 of which are high-income. Twenty-three of the 30 are in Europe while the other 8 are: Australia, Japan, New Zealand, Singapore, Sri Lanka and Uruguay (all 4%), and Canada (3%).

There are wide variations in prevalence of intimate partner violence among countries and also among regions of the world, and this is more marked for the prevalence of past 12 months intimate partner violence. In most places, however, the prevalence of physical and/or sexual intimate partner violence remains extremely high.



GLOBAL AND REGIONAL PREVALENCE ESTIMATES OF LIFETIME NON-PARTNER SEXUAL VIOLENCE

Non-partner sexual violence refers to acts of sexual violence against women, experienced since the age of 15 years, perpetrated by someone other than a current or former husband or male intimate partner (i.e. a male relative, friend, acquaintance or stranger). For this type of violence, all

women are considered to be “at risk” and are thus included in the denominator for calculations (not only those who have ever been married or had an intimate partner). For this type of violence, only “lifetime” estimates are presented in this report.

The 2018 **global** estimates indicate that:



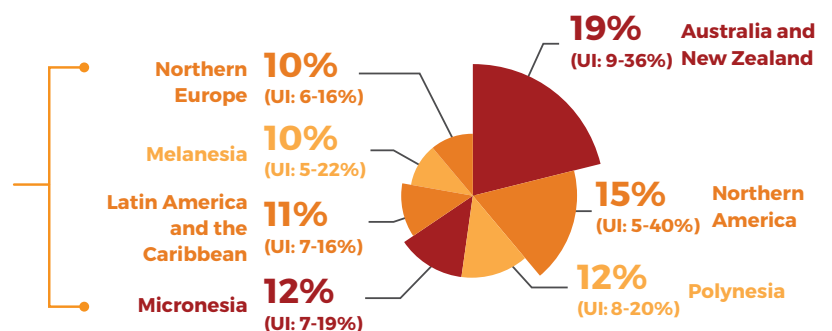
Overall, an estimated **6%** (UI 4–9%) of women from both age groups (15–49 years, and 15 years and older) have been subjected to non-partner sexual violence at least once in their lifetime (since reaching the age of 15).

Disaggregated estimates of global non-partner sexual violence by age groups did not show any significant differences in the lifetime prevalence of non-partner sexual violence. Given the limitations of currently available data

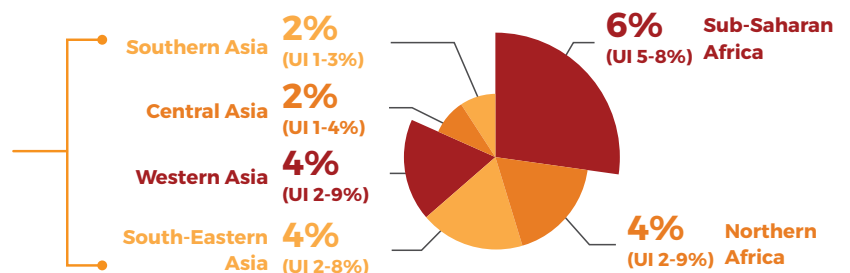
and low prevalence estimates of lifetime non-partner sexual violence overall, it is unlikely that any true differences in the experience of this type of violence across the different age groups would be detected.

The 2018 **regional** estimates indicate that for women and girls aged 15–49 years:

Using the United Nations SDG regional and subregion classifications, the **highest** estimated prevalence of lifetime non-partner sexual violence is in high-income regions, including:



The **lowest** prevalence estimates, on the other hand, are in the regions of:



The overall estimate for Least Developed Countries was relatively lower at:

5% (UI 4–7%)

* See Table 4.4 in Section 4 for uncertainty intervals.

These findings must be interpreted with caution, considering that this form of violence is particularly stigmatized globally and especially so in highly traditional and patriarchal societies, where disclosure is associated with fear of blame and often grave repercussions for the victim. With this in mind, in addition to the other challenges with current survey measures of non-partner sexual violence and quality of interviewer training, the true prevalence of non-partner sexual violence is likely to be much higher than the reported or estimated rates of this form of violence in low- and middle-income countries.



COMBINED PREVALENCE ESTIMATES OF INTIMATE PARTNER VIOLENCE AND NON-PARTNER SEXUAL VIOLENCE

While there are many other forms of violence that women are exposed to, these two forms represent a large proportion of the violence that women experience globally. Having prevalence estimates for these two forms of violence

combined provides a broader picture of the proportions and numbers of women subjected to violence during their lifetime, although this still does not represent the full extent of violence that women experience.

The 2018 **global combined** estimates indicate that overall:



31%

(UI 27–36%) of women aged 15–49 years



30%

(UI 26–34%) of women aged 15 years and older

have been subjected to physical and/or sexual violence from any current or former husband or male intimate partner, or to sexual violence from someone who is not a current or former husband or intimate partner, or to both these forms of violence at least once since the age of 15.



On average, **736 million** and up to **852 million** women who were aged 15 years or older in 2018 (almost **1 in 3** women) have experienced one or both of these forms of violence at least once in their lifetime.

These estimates confirm that physical and sexual intimate partner violence and sexual violence more broadly remain pervasive in the lives of women and adolescent girls across the globe.

MEASUREMENT CHALLENGES AND RESEARCH GAPS

There has been an important increase in the number of countries with nationally representative surveys on violence against women that use acts-based measures. This is particularly the case for intimate partner violence.

2010

82

countries and areas with survey data

2018

161

countries and areas with at least one population-based survey

From 82 countries and territories that had a survey up to 2010 and were included in the estimates published by WHO in 2013, now 161 countries and areas have at least one population-based survey that was conducted between 2000 and 2018 with data on intimate partner violence. However, there are still a number of countries and areas with no population-based survey data on violence against women and some regional gaps persist. There is also room for improvement in how data are collected and reported, particularly when it comes to the measurement of non-partner sexual violence.

Key remaining gaps and challenges to accurate prevalence estimation and comparability of data:

 <p>variations in case definitions and recall periods used in survey questions</p>	 <p>lack of age-disaggregation or variation in age group ranges (e.g. 15–49 versus 15 and older, or 5-year age groups versus other age groupings)</p>
 <p>need for standardization in measures and denominators used</p>	 <p>lack of data on women aged 50 years and older to capture older women's experiences</p>
 <p>lack of disaggregation by different forms of intimate partner violence (physical, sexual, psychological), and lack of agreed measures for and data on psychological intimate partner violence (including emotional abuse, controlling behaviours/coercive control)</p>	 <p>lack of data on intimate partner violence against women by same-sex partners, to understand this form of violence against women</p>
 <p>need for better understanding of economic/financial partner abuse and its relationship to psychological abuse and controlling behaviours</p>	 <p>lack of data about the prevalence, magnitude and forms of violence against women living with intersecting forms of discrimination who may be at higher risk (e.g. women with disabilities, migrants, Indigenous and transgender women)</p>
 <p>the low quality of data on non-partner sexual violence (especially from low- and middle-income countries), and the fact that the available data are skewed towards more severe forms like rape or attempted rape – better measures are needed for non-partner sexual violence</p>	 <p>lack of data in some countries and areas, or too few data points, or most recent data are more than a decade old – key geographical data gaps include the South-East Asian and Eastern Mediterranean Regions for intimate partner violence, and the Eastern Mediterranean Region for non-partner sexual violence</p>
 <p>differences in eligibility criteria for respondents to questions on intimate partner violence and/or non-partner sexual violence (e.g. different age ranges, or limited to never, ever or currently partnered women)</p>	 <p>data remain scarce in humanitarian and conflict settings, and there is a need for such data to better reflect different perpetrators and the different forms, nature and magnitude of violence in these contexts</p>
 <p>differences in types of perpetrators of intimate partner violence recorded (current/most recent/any previous partners), differences in definitions of “partner”, and/or lack of disaggregation by intimate partner versus non-partner perpetrators for sexual violence</p>	 <p>lack of information in study and survey reports on ethical and safety considerations such as specialized training of female interviewers and provision of referrals if necessary</p>

Collecting sound data on the magnitude and nature of the problem is a necessary first step to acknowledge and understand the problem and to initiate discussions on policies and strategies to address it. It will also provide a baseline against which countries can measure progress. For data to be reliable, surveys need to adhere to internationally agreed standards such as those in the United Nations Statistics Division *Guidelines for producing statistics on violence against women*.



All surveys underestimate the true prevalence of violence against women as there will always be women who do not disclose these experiences; however, a poorly designed or implemented survey will lead to even greater underestimation and potentially misleading figures.

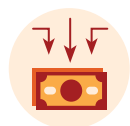
This study has highlighted some of the data gaps and measurement challenges in relation to both intimate partner violence and non-partner sexual violence, and the need to improve the way in which results from surveys and studies of violence against women are reported.

ADDRESSING POLICY AND PROGRAMMATIC CHALLENGES

With up to 852 million women aged 15 and older estimated to have experienced physical and/or sexual intimate partner violence or non-partner sexual violence, or both, violence against women is clearly an enormous public health problem globally and in all regions; it leads to great human suffering and has important social and economic costs. These high numbers should raise awareness and a sense of urgency for all leaders to take the necessary actions.



The commitments made by governments to address all forms of violence against women need to be put into action and accelerated if we are to achieve the SDG targets set for 2030.



Addressing violence against women requires concerted action and dedicated public funding and investment across multiple sectors.



Financial support to the women's organizations and movements that have been at the forefront of addressing violence against women is also needed.

The variations in the prevalence of violence seen within and between countries and regions highlight the fact that this violence is not inevitable, and that it can be prevented. The regional and national variations also highlight the need to address this issue with policies and programmes at all levels, appropriate to each context and population.

There is an urgent need to implement prevention programmes and policies, while ensuring services for survivors. It is critical that we work simultaneously to prevent this violence from happening in the first place and to ensure that those suffering from it receive the support and services they need. Prevention requires addressing gender inequality and economic and

social inequities, and changing discriminatory gender norms and institutions that foster and perpetuate violence against women. Promising prevention programmes exist, particularly for intimate partner violence, and need to be tested more widely and scaled up when appropriate.



Interventions for prevention need to include multilevel strategies that, for example:



challenge social norms that support masculinities based on power and control over women and that condone violence against women



reform discriminatory family laws



strengthen women's economic rights



eliminate gender inequalities in access to formal wage employment and secondary education



at an individual level, strategies that address attitudes that justify violence against women and reinforce gender-stereotypical roles within the family



reduce exposure to violence in childhood; and



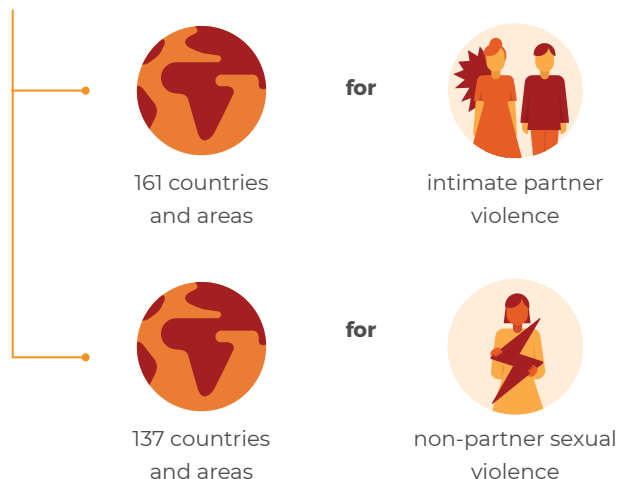
address substance abuse.

Access to comprehensive, survivor-centred health care services, including for post-rape care, for survivors of violence against women is essential. This includes having a multisectoral referral pathway to other support services. This needs to be maintained and strengthened as part of essential services, particularly in the context of COVID-19.

CONCLUSION

The estimates presented in this report were obtained through a systematic and comprehensive review of available prevalence data from the period 2000–2018.

These estimates are based on data from:



“ These estimates show unequivocally that violence against women is pervasive globally. ”

They show unequivocally that violence against women is pervasive globally. It is not a small problem that only occurs in some pockets of society; rather, it is a global public health problem of pandemic proportions, affecting hundreds of millions of women and requiring urgent action. We must all work to make governments and policy-makers everywhere take notice that progress has been too slow, the prevalence of violence against women remains unacceptably high everywhere, and action to eliminate it must be accelerated. All sectors, including the health sector, need to take the

necessary action in the context of a multisectoral approach to violence against women, as agreed in the WHO Plan of Action to address violence, in particular against women and girls, endorsed by the Sixty-ninth World Health Assembly in 2016 and in many United Nations resolutions and consensus documents. As we take stock of progress in the past 25 years since the Fourth World Conference on Women, in Beijing in 1995, it is time for the world to act with urgency to ensure that all women and girls live a life free from violence and coercion of any kind (See the call to action on page 43 of the full report).



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