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Violence against women

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Violence against women causes suffering and misery to victims and their families and places a heavy burden on societies worldwide. It mostly happens within intimate relationships or between people known to each other. Violence against women is a social construction based on a societal consensus about the roles and rights of men and women. Two prevalent forms of violence against women are physical and sexual victimization by an intimate partner, and sexual victimization outside intimate relationships. Explanations of why men engage in aggressive behavior toward women address different levels, including the macro level of society, the micro level of dyadic interactions, and the individual level of perpetrator characteristics. Prevention efforts are needed that address each of these levels.

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Violence against women is recognized as a serious social problem and a criminal offence in many, but by no means all countries in the world [1]. Violence against women is a form of gender-based aggression because it is connected to the membership of perpetrators and victims in distinct gender groups. It comprises any behavior intended by a male actor to cause harm to a female target. This review presents studies that refer to physical and sexual violence against women. Studies examining psychological maltreatment are covered in other recent reviews [2^{••},3].

Definition and prevalence of physical and sexual violence against women

According to the World Health Organization (WHO) [4^{••}], *physical violence* is defined as “being slapped or having something thrown at you that could hurt you, being pushed or shoved, being hit with a fist or something else that could hurt, being kicked, dragged or beaten up, being choked or burnt on purpose, and/or being

threatened with, or actually, having a gun, knife or other weapon used on the person”. *Sexual violence* is defined as “being physically forced to have sexual intercourse when you did not want to, having sexual intercourse because you were afraid of what your partner might do, and/or being forced to do something sexual that you found humiliating or degrading” [4^{••}, p. 6].

Based on these definitions, the WHO compiled a report including evidence from 151 original population-based studies from 81 countries to establish the life-time prevalence rate of women’s experience of physical and sexual victimization by an intimate partner from the age of 15 years. Only women who had ever been in a relationship were included, and countries were classified into regions as shown in [Table 1](#).

Across all 81 countries, the mean rate of women experiencing physical assault, sexual assault, or both from an intimate partner was 30%. However, there was considerable variation by region. The report also compiled prevalence rates of non-partner sexual assault among women regardless of whether they had ever been in a relationship. Across all countries, 7.2% of women reported non-partner sexual assault, but again there was a substantial variability between regions.

In combination with other recent reviews and cross-cultural research [5^{••},6,7,8[•]], these figures clearly show that physical and sexual violence inflicted by an intimate partner is a reality for many women. The likelihood of being sexually assaulted by a man outside an intimate relationship is far lower than being sexually assaulted by a romantic or dating partner, contradicting the stereotype of the ‘real rape’ as an attack by a stranger (see Ref. [9[•]] on the ‘real rape’ stereotype).

Explanations of violence against women

Explanations of why men show physical and sexual violence against women focus on three levels: (a) the macro level of the society, or social group, in which violence against women occurs; (b) the micro level of dyadic relationship functioning and interaction patterns between the partners, and (c) the individual level of the perpetrator.

Macro-level explanations

Theories at the macro level consider causes of violence against women that lie in the social structure and value systems of a society or a particular social group [10,11[•]]. The acceptance of violence has been linked to the patriarchal structure of societies that create a favorable

Table 1

Lifetime prevalence in % of violence against women worldwide [4**]

	Physical and/or sexual intimate partner violence among ever-partnered women	Non-partner sexual violence
Low- and middle-income regions		
Africa	36.6	11.9
Americas	29.8	10.7
Eastern Mediterranean	37.0	– ^a
Europe	25.4	5.2
South-East Asia	37.7	4.9
Western Pacific	24.6	6.8
High income regions	23.2	12.6
Overall rate	30.0	7.2

Adapted from WHO, 2013. See p. 17 and p. 19 for the figures in this table and p. 18 for countries included in each category.

^a No studies were found for countries in this region.

context for men's violence against female partners [12]. Patriarchal societies are characterized by a clear-cut power differential between men and women, with men dominating women in most areas of public and private life. Male dominance is linked to a positive evaluation of male assertiveness and aggressiveness. A study including victimization rates in 16 countries showed that the less power women had in the respective country, the higher women's victimization rates were compared to those of men [13].

Micro-level explanations

At the level of dyadic interactions, explanations look at the couple as the unit of analysis and try to identify features of relationship functioning and situational interactions that increase the likelihood of aggression. Low marital satisfaction was identified as a risk factor for physical partner violence in a meta-analysis [14]. In specific situations, alcohol use by one or both of the partners plays a major role in precipitating violent interactions [15,16,17]. Meta-analytic evidence showed small to moderate associations between drinking and perpetration of intimate partner violence among both men and women [18]. Moreover, acts of physical aggression tend to be more severe and more likely to lead to serious harm when the perpetrator, the victim, or both are drunk, as shown in data from 13 countries across the world [19].

Individual-level explanations

Finally, research has examined causes for intimate partner violence at the level of the individual perpetrator, considering a range of socio-demographic and personal characteristics of men acting violently against their female partners. A meta-analysis of risk factors for physical partner abuse showed that younger, less educated, and less affluent men were more likely to abuse their partners than were older, more educated, and more affluent men [20]. Individuals suffering from personality disorders or mental illness have a higher risk of abusing their partners [21,22]. Endorsement of the traditional male gender role and attitudes condoning violence, dispositional proneness

to anger, and attachment difficulties, particularly jealousy, were found to increase the likelihood that men become abusive toward an intimate partner [20].

Not every man growing up in a patriarchal society turns into an abuser, nor does everyone experiencing marital conflict or drinking in sexual interactions. It is the combination and interaction of these different risk factors that may eventually precipitate physical and sexual aggression toward women.

Consequences of violence against women

Violence against women leads to a variety of adverse effects on victims' physical and mental health as well as their economic situation [23**,24,25*]. Many victims of physical partner violence are traumatized by the experience, especially because severe forms of partner abuse tend to persist over time. A recent meta-analytic review found a twofold to threefold increased risk of developing major depressive disorder in women who experience intimate partner violence in comparison to non-victimized women [26]. The WHO report [4**] summarized evidence on the adverse health effects of exposure to intimate partner violence and non-partner sexual assault across studies from a wide range of countries, as presented in Table 2.

The figures show that women who experienced physical violence from an intimate partner were almost twice as likely as women without a victimization history to suffer from mental health problems, such as depression and alcohol-related problems, and were 1.5 times more likely to be infected with HIV. Women who suffered sexual violence from a non-partner were about 2.5 times more likely to suffer from depression and alcohol-related problems compared to non-victimized women. Furthermore, many victims developed the symptomatology of PTSD in the weeks and months following the assault, and sexual assault has been identified as one of the strongest risk factors for PTSD in women [27]. Women who experienced sexual assault also had a higher risk of suicide [28],

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