

Box 2.5**WHO Multi-country Study on Women's Health and Domestic Violence against Women: topics covered by the women's questionnaire**

Section 1:	Characteristics of the respondent and her community
Section 2:	General health
Section 3:	Reproductive health
Section 4:	Information regarding children
Section 5:	Characteristics of current or most recent partner
Section 6:	Attitudes towards gender roles
Section 7:	Experiences of partner violence
Section 8:	Injuries resulting from partner violence
Section 9:	Impact of partner violence and coping mechanisms used by women who experience partner violence
Section 10:	Non-partner violence
Section 11:	Financial autonomy
Section 12:	Anonymous reporting of childhood sexual abuse; respondent feedback

disclose their experiences of violence. For this reason, in designing the questionnaire, an attempt was made to ensure that women would feel able to disclose any experiences of violence. The questionnaire was structured so that early sections collected information on less sensitive issues, and that more sensitive issues, including the nature and extent of partner and non-partner violence, were explored later, once a rapport had been established between the interviewer and the respondent.

Partner violence often carries a stigma, and women may be blamed, or blame themselves, for the violence they experience. For this reason, all questions about violence and its consequences were phrased in a supportive and non-judgemental manner. The word "violence" itself was avoided throughout the questionnaire. In addition, careful attention was paid to the wording used to introduce the different questions on violence. These sections forewarned the respondent about the sensitivity of the forthcoming questions, assured her that the questions referred to events that many women experience, highlighted the confidentiality of her responses, and reminded her that she

could choose not to answer any question or to stop the interview at any point. For example, the wording used to introduce the section on intimate-partner violence was:

"When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?"

This form of introduction also ensured that women were given a second opportunity (in addition to the informed consent) to decline to answer questions about violence.

Country adaptation and translation of the questionnaire

Once the questionnaire had been finalized, country teams were able to make minor adaptations. Country modifications generally involved either adding a limited number of questions to explore country-specific issues or modifying the response categories used to make them appropriate to the particular setting. To ensure that cross-country comparability was not jeopardized, all proposed changes were reviewed by the core research team. Relatively significant changes were made to the questionnaire only in Ethiopia, Japan, and Serbia and Montenegro (see Annex 1).

References

1. **Krug EG et al.** *World report on violence and health*. Geneva, World Health Organization, 2002.
2. **Straus MA, Gelles RJ.** Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and the Family*, 1986, 48:465–480.
3. **Straus MA et al.** The revised Conflict Tactics Scales (CTS2). *Journal of Family Issues*, 1996, 17:283–316.

CHAPTER 3

Sample design, ethical and safety considerations, and response rates

This chapter contains basic information on sample design, the ethical and safety considerations in the study methodology, and the response rates in the study sites. Details on the following subjects are given in Annex 1 Methodology:

1. Ensuring comparability across sites and sampling strategies
2. Enhancing data quality
3. Interviewer selection and training
4. Respondents' satisfaction with the interview
5. Data processing and analysis
6. Characteristics of respondents
7. Representativeness of the sample.

Sample design

In each country, the quantitative component of the study consisted of a cross-sectional population-based household survey conducted in one or two sites (Box 3.1).

In Bangladesh, Brazil, Peru, Thailand, and the United Republic of Tanzania, surveys were conducted in two sites: one in the capital or a large city; and one in a province or region, usually with urban and rural populations. One rural setting was used in Ethiopia, and a single large city in Japan, Namibia, and Serbia and Montenegro. In Samoa the whole country was sampled. In this report, sites are referred to by country name followed by either "city" or "province"; where only the country name is used, it should be taken to refer to both sites.

The following criteria were used to help select an appropriate province:

- availability of, or the possibility of establishing, support services for women who, through the course of the survey, were identified as having experienced some form of violence and needing support;
- location broadly representative of the country as a whole, in terms of the range of communities, ethnic groups and religions;

- population not marginalized, and not perceived as being likely to have higher levels of partner violence than in the rest of the country.

In general, a woman was considered eligible for the study if she was aged between 15 and 49 years, and if she fulfilled one of the following three conditions:

- she normally lived in the household;
- she was a domestic servant who slept for five nights a week or more in the household;
- she was a visitor who had slept in the household for at least the past 4 weeks.

In Japan, where for legal reasons it was not feasible to interview women under 18 years of age, women aged 18–49 years were sampled.

The initial sample size calculations suggested that an obtained sample size of 1500 women in each site would give sufficient power to meet the study objectives (see Chapter 1). In order to make up for losses to the sample as a result of households without eligible women, refusals to participate, or incomplete interviews, the initial number of households to be visited was set approximately 20–30% higher than the target sample size in most sites. Appendix Table 1 shows details of the sample sizes obtained.

For most sites, a two-stage cluster sampling scheme was used to select households. In settings where the site (city or province) was very large, a multistage procedure was used in which districts (or analogous administrative units) were first selected, and then clusters were selected from within the chosen districts. Either explicit or implicit stratification by an appropriate socioeconomic indicator was used to ensure that the sample was representative of all socioeconomic groups. Depending on the sampling frame, between 22 and 200 clusters were selected from each of the sites participating in the study.

Box 3.1 WHO Multi-country Study on Women's Health and Domestic Violence against Women: survey sites		
Country	Capital or large city	Provincial site
Bangladesh	Dhaka: country's capital, largest city and commercial centre, situated in the middle of the country in the delta region of the Ganges and Brahmaputra rivers. Population of over 10 million and growing rapidly; includes areas of extreme poverty. While overall literacy rate is still low, positive change has been noticed in recent years. Almost 90% Muslim.	Matlab: densely populated rural district, dominated by subsistence agriculture and widespread landlessness; site of demographic and health surveillance project operated by ICDDR,B: Centre for Health and Population Research.
Brazil	São Paulo: largest city in Brazil, with a population of 14 million (2000); dynamic commerce and trade. Base for major political parties and social movements.	Zona da Mata de Pernambuco: north-eastern province, largely rural, with small villages and towns. Sampling excluded major city of Recife. Mostly agricultural – emphasis is on sugar cane production – with a considerable service industry sector.
Ethiopia		Butajira: densely populated, largely rural district characterized by subsistence agriculture; majority Muslim. Principal town, Butajira, is 130 km south of the capital Addis Ababa; site of demographic and health surveillance project.
Japan	Yokohama: second largest city in Japan, highly urban, 3.3 million population. About 70% of women have post-secondary education.	
Namibia	Windhoek: capital and seat of Government; administrative, commercial and industrial centre. Population, 250 000 (2002 census). Melting pot of cultures: African, European and others. Official language, English; other commonly heard languages: Afrikaans, German, Oshiwambo, Otjiherero, Nama-Damara.	
Peru	Lima: Peru's capital and largest city, situated on the Pacific coast; estimated 7.5 million inhabitants (2000), nearly half of whom live in large periurban settlements, characterized by self-built or inadequate housing, with few green areas and insufficient basic services. Language, Spanish.	Department of Cusco: in the south-east region of the Peruvian Andes; historically the seat of great Inca civilizations. Cusco city, at 3350 m above sea level, is a centre for tourism. Most of the rest of the department consists of largely rural communities and isolated and remote settlements. Languages, Spanish and Quechua.
Samoa ^a	Samoa: fertile, volcanic islands half-way between Hawaii and Australia. Largely rural communities located mainly on the coast engaged in subsistence agriculture, although tourism is also important. Predominantly Polynesian and Christian.	
Serbia and Montenegro	Belgrade: capital city; economic, political and administrative centre. 1.7 million residents, mainly Serbs; 22 nationalities. One of the oldest towns in Europe, with extensive cultural tradition. Aerial bombing in 1999 caused substantial damage. After elections in 2000, major demonstrations led to democratic changes.	
Thailand	Bangkok: Thailand's capital and by far its largest city. Major metropolitan centre in the heart of the major commercial rice-growing region. 93% Buddhist.	Nakhonsawan: 70% rural province, 266 km north of Bangkok. Largely Buddhist.
United Republic of Tanzania	Dar es Salaam: Main seaport, largest city and seat of government. Population, 2.5 million (2002). It is a metropolitan city with a mixed population.	Mbeya district: in the south of the country. It is a mountainous, agricultural area with a population of 521 000 (2002). The region's rural population is largely indigenous.

^a Whole country sampled.

Within each cluster, households were enumerated and mapped after careful definition of what a household was (for example, an address, a residence containing one family unit, a group who share the same stove). One of two methods was used to select the households within a cluster in a way that ensured that the sample was self-weighting with respect to the household:

- The cluster was selected with probability proportional to size and then a fixed number of households were systematically selected in each cluster.
- The cluster was selected randomly regardless of size and a fixed proportion of households were selected systematically in each cluster.

Box A1.1 in Annex 1 shows details of the sampling strategy employed in each site and how self-weighting at the level of the household was ensured.

In Japan and Ethiopia, a full listing of women in the study location was available, making it possible to directly sample eligible women, either in the whole study site (Ethiopia province) or in each selected cluster (Japan city), thus ensuring that the samples were self-weighted at the level of the individual woman.

In order to ensure the safety and confidentiality of interviews, only one woman per household was selected for interview. In all sites, except Ethiopia province and Japan city, the age and initials of all females in each selected household were recorded on a household selection form. From this list, the women eligible for interview were identified. The interviewer then randomly selected one woman to participate in the study. Where the selected woman was not available, the interviewer made an appointment to return to conduct the interview. At least two additional visits were made before the woman was considered lost to follow-up. In practice, particularly in urban areas, more than two repeat visits were often made. No replacements were made for interviews that could not be completed.

Ethical and safety considerations

The WHO Study drew upon IRNVAW experience, as well as the Council for International Organizations of Medical Science (CIOMS) *International guidelines for ethical review of epidemiological studies* (1). Discussions were held with the WHO Steering Committee for the

Box 3.2	WHO ethical and safety guidelines
	• The safety of respondents and the research team was taken to be paramount, and guided all project decisions. • The Study aimed to ensure that the methods used built upon current research experience about how to minimize the underreporting of violence and abuse. • Mechanisms were established to ensure the confidentiality of women's responses. • All research team members were carefully selected and received specialized training and support. • The Study design included actions aimed at minimizing any possible distress caused to the participants by the research. • Fieldworkers were trained to refer women requesting or needing assistance to available local services and sources of support. Where few resources existed, the Study created short-term support mechanisms. • In each country, WHO funds were committed to help ensure that the study findings were disseminated, and research teams were encouraged to use the findings to advance policy and the development of interventions.

Study and with key members of the Scientific and Ethical Review Group (SERG) of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development, and Research Training in Human Reproduction (HRP), to develop ethical guidelines on the conduct of domestic violence research (2). These ethical and safety guidelines (see Box 3.2) were adhered to in each country, and have since served to set standards for research on this and other sensitive issues in several of the research institutions involved in the WHO Study and elsewhere.

The WHO guidelines emphasize the importance of ensuring confidentiality and privacy, both as a means to protect the safety of respondents and field staff, and to improve the quality of the data. Researchers have a responsibility to ensure that the research does not lead to the participant suffering further harm and does not further traumatize the participant. Furthermore, interviewers must respect the respondent's decisions and choices.

Ethical permission for the study was obtained from WHO's own ethical review group (WHO Secretariat Committee for Research in Human Subjects), and from the local institution and, where necessary, national ethical review boards at each site.

All respondents were interviewed in private. Because of the low levels of literacy in many of the study populations and to protect confidentiality (no names were written on the questionnaire), consent to participate in the interview was in general given orally by participants, with the interviewer signing to confirm that the consent procedures had been completed. Participation was fully voluntary, and no payment or other incentive was offered to participants. In addition, before starting on particularly sensitive sections of the interview, women were again asked whether they wanted to proceed, and were reminded that they were free to terminate the interview or to skip any questions. If the interview was interrupted, the interviewers were trained either to terminate the interview, or to stop asking about violence and to move on to another, less sensitive topic until privacy could be ensured. (For more information on interviewer selection and training see Annex 1.)

The interview was scripted to end on a positive note, highlighting the respondent's strengths and the unacceptability of violence. At the end of the interview, irrespective of whether the respondent had disclosed violence or not, respondents were offered a card, leaflet or booklet giving contact details about available health, support and violence-related services, often coupled with information on other more general community services. In some places, cards with information about violence-related services were produced in a small format, in an attempt to ensure that women would be able to keep the information discreetly. Where necessary, and if the respondent requested immediate assistance, referrals were made to support services. In practice, however, requests for referral were generally low.

Response rates

In general, and particularly when compared with other surveys, the Study achieved a high response rate in each setting. Across the 15 different sites in 10 countries, 24 097 women completed interviews about their experiences of violence, with between 1172 and 1837

interviews per site, except for Ethiopia province, where 3016 women completed interviews.

In 12 of the 13 sites that sampled households, between 91.3% and 99.6% of inhabited households completed the initial household interview. The only outlier was Serbia and Montenegro city, where the *household response rate* was around 60% (Table 3.1). Although this rate was low in comparison to the other sites, it was better than that usually obtained in surveys conducted in Serbia and Montenegro city sites (Strategic Marketing, survey company in Belgrade, personal communication, 2003). It is possible that the response rate may have been influenced by the assassination of the Serbian Prime Minister, which occurred as the fieldwork was starting. This exceptional event made many people mistrustful of interviewers and other strangers at their door. (See Appendix Table 1 (a) for more details on the household response rate by site.)

The *individual response rate* was calculated as the number of completed women's questionnaires divided by the number of households in which either eligible women had been identified or it could not be ascertained whether they contained eligible women or not. While thus erring towards underestimation, the response rate at the individual level among eligible women was generally very high. In all but one of the sites, over 85% of selected women completed the interview. (See Appendix Table 1 (b) for details on the individual response rate by site.) The exception was Japan city, where a direct sample of women was used and where the individual response rate was 60%. Although this rate is considerably lower than that in the other sites, it is better than the rates achieved by other population surveys in Japan (Central Research Services Inc., Tokyo, personal communication, 2000). In Ethiopia province, where a direct sample of women was also used, the individual response rate was 98%.

In countries where two sites were surveyed, both household and individual response rates were slightly lower in the city than in the province, except in Bangladesh where the individual response rates were almost identical. This tendency for cities to have lower response rates is likely to reflect the additional difficulties associated with conducting household surveys in urban areas, and the tendency for people in higher socioeconomic groups to be less willing to answer survey questions than people in poorer groups.

Because of the sampling strategy adopted to minimize risk, the age distribution of the sample obtained differed slightly from that of the overall population of eligible women. (For a detailed assessment of respondent characteristics, the representativeness of the sample, and potential biases, see Annex 1.) This is of concern, however, only if it affects the subsequent population prevalence figures obtained. Such an effect can be compensated for by weighting the prevalence by the number of eligible women in the households. This is discussed further in Box 4.1 in Chapter 4.

Overall, most respondents found participating in the study to be a positive experience. Indeed, in all countries, the overwhelming impression gathered by the interviewers was that women were not only willing to talk about their experiences of violence, but were often deeply grateful for the opportunity to tell their stories in private to a non-judgemental and empathetic person. The fact that so many women who had never discussed their experiences previously (see Chapter 9) chose to do so with the study interviewers underscores how the quality of interpersonal communication between interviewers and respondents may enhance or inhibit disclosure (3). For a more detailed analysis of respondent satisfaction with the interviews, see Annex 1.

As women are commonly stigmatized and blamed for the abuse they experience, there is unlikely to be overreporting of violence. In practice, the main potential form of bias is likely to reflect respondents' willingness to disclose their experiences of violence – which may differ between different age groups, between different geographical settings, and between different cultures and countries. The standardization of the study tools, the careful pretesting of the study questionnaire and intensive interviewer training will have helped minimize bias, maximize disclosure, and reduce the potential for intersite variability. (For further information on interviewer selection and training and other efforts to ensure comparability, please see Annex 1.) Nevertheless, remaining disclosure-related bias would be likely to lead to an underestimation of the levels of violence. Thus the prevalence figures presented in Chapters 4, 5, and 6 should be considered to be minimum estimates of the true prevalence of violence in each setting.

“After having lived an experience like this study, we will never be the same. Not only because of what we heard, but also because of what we learned as recipients of many life stories, each one of them with different levels and degrees of violence.”

Interviewer from Peru

Table 3.1 Household and individual sample obtained and response rates, by site

Site	Households		Individuals	
	No. of household interviews completed	Household response rate ^a (%)	No. of individual interviews completed	Individual response rate ^b (%)
Bangladesh city	1773	93.9	1603	95.9
Bangladesh province	1732	99.4	1527	95.8
Brazil city	1715	94.4	1172	89.9
Brazil province	1940	99.2	1473	95.7
Ethiopia province ^c	n.a.	n.a.	3016	97.8
Japan city ^c	n.a.	n.a.	1371	60.2
Namibia city	1925	98.0	1500	97.2
Peru city	1710	92.8	1414	91.8
Peru province	1955	98.9	1837	96.8
Samoa ^d	1646	(83–100)	1640	99.7
Serbia and Montenegro city	2769	59.8	1456	88.9
Thailand city	2131	91.3	1536	85.0
Thailand province	1836	98.9	1282	93.9
United Republic of Tanzania city	2042	98.9	1820	96.2
United Republic of Tanzania province	1950	99.6	1450	96.8

n.a., not available.

^a Household response rate is calculated as: the number of completed household interviews as a percentage of the total number of "true" households (i.e. all the houses in the sample minus those that were empty or destroyed).

^b Individual response rate is calculated as: the number of completed interviews as a percentage of the number of households with eligible women and those where it could not be ascertained whether they contained eligible women or not.

^c In Japan city and Ethiopia province, no household response rate was calculated because a direct sample of women (not of households) was used. Note also that the calculation of the individual response rate in Japan differs from that for the other sites because the denominator may include households where the interviewer was not able to establish whether or not the selected woman was actually living in that household. The calculated rate may therefore underestimate the real response rate.

^d The household response rate for Samoa is not precisely known because the data set consists of completed household interviews (1646) only and it is not known how many houses in the original sample (1995) were empty or destroyed or how many households refused the interview. Nevertheless, the rate cannot be lower than 83%, and according to information on household and individual participation, it is likely that the real rate is much closer to 100%.

References

1. *International guidelines for ethical review of epidemiological studies*. Geneva, 1993. Council for International Organizations of Medical Science.
2. *Putting women first: ethical and safety recommendations for research on domestic violence against women*. Geneva, World Health Organization. 1999 (WHO/EIP/GPE/99.2).
3. **Jansen HAFM et al.** Interviewer training in the WHO Multi-country Study on Women's Health and Domestic Violence. *Violence Against Women*, 2004, 10:831–849.

Results

“ The beating was getting more and more severe.... In the beginning it was confined to the house. Gradually, he stopped caring. He slapped me in front of others and continued to threaten me.... Every time he beat me it was as if he was trying to test my endurance, to see how much I could take. ”

Woman (27-year-old university graduate) interviewed in Thailand

“ I suffered for a long time and swallowed all my pain. That’s why I am constantly visiting doctors and using medicines. No one should do this. ”

Woman interviewed in Serbia and Montenegro

“ He stopped the car and I didn’t know... I was very afraid, very, very afraid. And then he said, “you’re going to take your clothes off and you’re going to have sex with me”. Then I said, “no, I can’t, please, I am sick”. AIDS was not around at that time, but I told him I had a disease and he was going to get it. “Ok, do you prefer we do this with me holding the gun against your forehead or without it?” And then I said, “without it”. ”

Woman, teacher, interviewed in Brazil (about the rape she suffered when her car was stolen by a criminal carrying a gun)

Main findings

- **For ever-partnered women, the range of lifetime prevalence of physical violence by an intimate partner was between 13% and 61%, with most sites falling between 23% and 49%. Between 4% and 49% of ever-partnered women reported severe physical violence.**
- **The range of lifetime prevalence of sexual violence by an intimate partner was between 6% and 59%, with most sites falling between 10% and 50%.**
- **The range of lifetime prevalence of physical or sexual violence, or both, by an intimate partner was between 15% and 71%. In most sites sexual violence was considerably less frequent than physical violence. Sexual violence was usually accompanied by physical violence, although in some settings a relatively large proportion of ever-abused women reported sexual violence only.**
- **Intimate partners who are physically or sexually violent also tend to have highly controlling behaviour.**

This chapter presents data on the prevalence of different forms of violence against women by a male partner or ex-partner. It also briefly discusses women's violence against their male partners. The data were all drawn from women's responses to the WHO Study questionnaire. Women's experiences of violence and abuse were measured using a series of behaviour-specific questions that asked whether a current or former partner had ever perpetrated different physically, sexually or emotionally abusive acts against her. For each act that elicited an affirmative response, the respondent was asked whether she had experienced that act within the past 12 months and about the frequency with which it had occurred. Women were also asked a series of questions on whether their partners tried to control their daily activities.

The results on the extent of physical or sexual violence by current or former partners

are presented by study site, according to the type and severity of violence, when the violence took place, and the extent of overlap of physical and sexual violence. Results are also given on women's reported experience of different emotionally abusive acts, but these data should be considered as preliminary. The association between ever having experienced physical or sexual partner violence, and women's views on the acceptability of violence in different situations is also explored.

With the exception of information regarding women's attitudes towards violence and coerced sex, all the data presented in this chapter pertain to women who report ever having had an intimate male partner; whether or not they currently have a partner. Although sexual abuse before the age of 15 years and coerced or forced first sex might also have been perpetrated by an intimate partner, these issues are addressed separately in Chapter 6.

Table 4.1 Prevalence of physical and sexual violence against women by an intimate partner, by site

Site	Physical violence		Sexual violence		Physical or sexual violence, or both		Total no. of ever-partnered women
	Ever (%)	Current ^a (%)	Ever (%)	Current ^a (%)	Ever (%)	Current ^a (%)	
Bangladesh city	39.7	19.0	37.4	20.2	53.4	30.2	1373
Bangladesh province	41.7	15.8	49.7	24.2	61.7	31.9	1329
Brazil city	27.2	8.3	10.1	2.8	28.9	9.3	940
Brazil province	33.8	12.9	14.3	5.6	36.9	14.8	1188
Ethiopia province	48.7	29.0	58.6	44.4	70.9	53.7	2261
Japan city	12.9	3.1	6.2	1.3	15.4	3.8	1276
Namibia city	30.6	15.9	16.5	9.1	35.9	19.5	1367
Peru city	48.6	16.9	22.5	7.1	51.2	19.2	1086
Peru province	61.0	24.8	46.7	22.9	69.0	34.2	1534
Samoa	40.5	17.9	19.5	11.5	46.1	22.4	1204
Serbia and Montenegro city	22.8	3.2	6.3	1.1	23.7	3.7	1189
Thailand city	22.9	7.9	29.9	17.1	41.1	21.3	1048
Thailand province	33.8	13.4	28.9	15.6	47.4	22.9	1024
United Republic of Tanzania city	32.9	14.8	23.0	12.8	41.3	21.5	1442
United Republic of Tanzania province	46.7	18.7	30.7	18.3	55.9	29.1	1256

^a At least one act of physical or sexual violence during the 12 months prior to the interview.

Physical and sexual violence

Table 4.1 presents, for each site, prevalence rates for physical and sexual violence by male partners or ex-partners against women in their lifetime or currently. The lifetime prevalence of partner violence was defined as the proportion of ever-partnered women who reported having experienced one or more acts of physical or sexual violence by a current or former partner at any point in their lives. Current prevalence was the proportion of ever-partnered women reporting that at least one act of physical or sexual violence took place during the 12 months prior to the interview. The lifetime prevalence of physical violence by partners ranged from 13% (Japan city) to 61% (Peru province), with most sites falling between 23% and 49%. The range of reported lifetime prevalence of sexual violence by partners was between 6% (city sites in Japan, and Serbia and Montenegro) and 59% (Ethiopia province), with most sites falling between 10% and 50%. The proportion of women reporting either sexual or physical violence, or both, by a partner ranged from 15% (Japan city) to 71% (Ethiopia province), with most sites falling between 29% and 62%. Japan city consistently reported the lowest prevalence of all forms of violence, whereas the provinces of Bangladesh, Ethiopia, Peru, and the United Republic of Tanzania reported the highest figures. The prevalence rates were not significantly affected by the study design (see Box 4.1).

Figure 4.1 shows the lifetime prevalence of violence by an intimate partner, in the form of a bar graph. The first bar portrays the percentage of women in each setting who have experienced

Box 4.1 Did the study design affect the results?

In order to assess the degree of bias that might have been introduced by using the selection criterion of one woman per household, the prevalence estimates for violence were compared with the weighted estimates, taking into account the number of eligible women in each household. Appendix Table 2 shows, for each of the sites, the unweighted and weighted lifetime prevalence of physical violence, sexual violence, and physical and/or sexual violence, by an intimate partner for ever-partnered women. These estimates were not significantly different in any of the sites, and so, throughout this report, unweighted estimates are used.

The extent to which the precision of the results might have been affected by cluster sampling (design effect) was also explored. In Appendix Table 2, two sets of 95% confidence intervals are given for each estimate. The first confidence interval assumes a simple random sample; and the second takes into account the study design (cluster sampling). A comparison between these estimates shows that the corrected confidence interval is the same or only slightly wider than that obtained assuming a simple random sample, suggesting that there was minimal clustering of the different outcomes (physical violence, sexual violence, physical and/or sexual violence).

Figure 4.1 Prevalence of lifetime physical violence and sexual violence by an intimate partner among ever-partnered women, by site

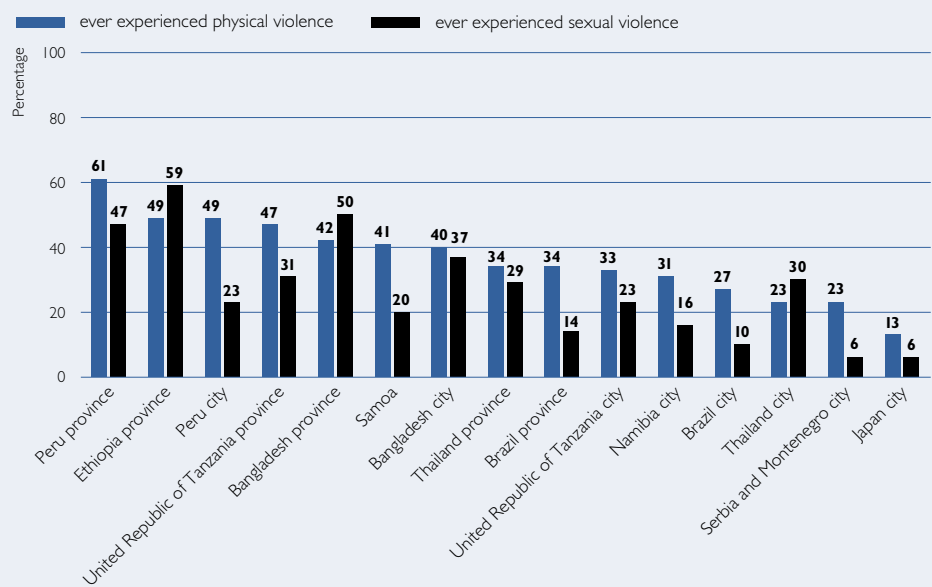
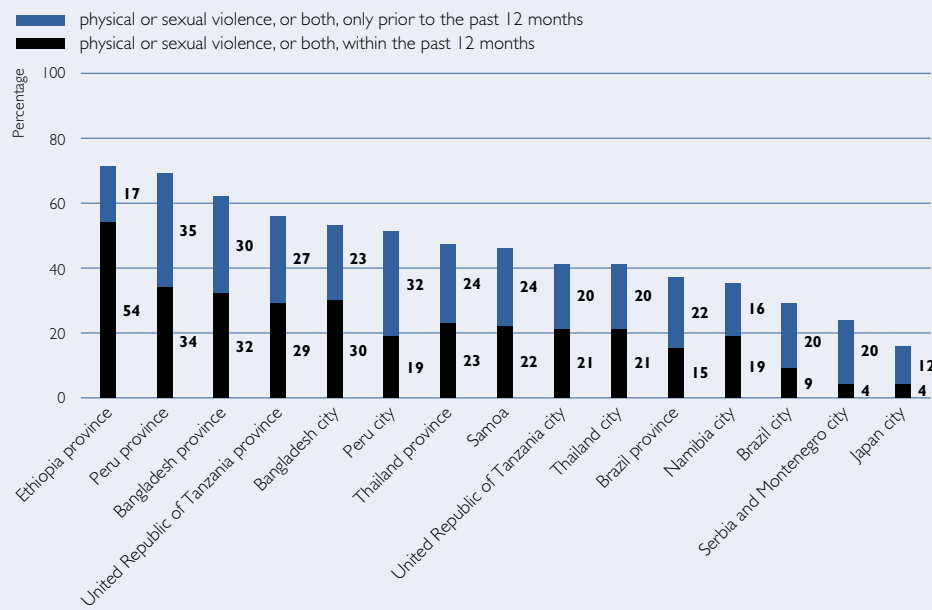


Figure 4.2 Prevalence of physical or sexual violence, or both, by an intimate partner among ever-partnered women, according to when the violence took place, by site



physical violence by a partner, ranked from highest prevalence (Peru province) to lowest (Japan city). The second bar presents the percentage of women reporting sexual violence by a partner. As Figure 4.1 demonstrates, the prevalence of sexual violence does not always correspond to that of physical violence. In Ethiopia province, Bangladesh province and Thailand city, women report more sexual violence than physical violence, whereas in all other sites, sexual violence is considerably less prevalent than physical violence.

Differences were also found among the sites with regard to the proportion of ever-partnered women who reported violence within the previous 12 months (see Figure 4.2). For example, in Ethiopia province, 54% of women reported physical or sexual violence, or both, in the past year; compared with 17% who reported violence prior to the past year. In contrast, only 4% of women in Serbia and Montenegro city reported violence within the past year compared with 20% prior to the past year, and in Japan city the corresponding figures were 4% and 12%. One possible explanation for these differences could

be the duration of a relationship. In countries such as Ethiopia, where women have less possibility to leave a violent relationship (only 12% of ever-partnered women in the Ethiopian sample were separated, divorced or widowed), women are more likely to have experienced recent violence. The observation that across most sites, younger women experience more current violence (see Appendix Table 3) suggests that age distribution may also be a factor. This finding will be further explored in future analyses.

Acts of physical violence

Appendix Table 4 summarizes, by site, data on the types of physical acts that abused women experienced. It also gives the percentages of women who experienced each act during the 12 months prior to the interview. The most common act of violence reported by women was being slapped or having something thrown at them, the prevalence of which ranged from 9% in Japan city to 52% in Peru province. The percentage of women who were hit with a fist by a partner ranged from 2% in Japan city to 42% in Peru province, with most sites falling between 11% and 21%. In general, the percentage of women who experienced a particular act decreased as the severity of the act increased.

The acts mentioned in Appendix Table 4 are listed in order of severity, according to the likelihood of their causing physical injury. Women who were slapped, pushed or shoved are categorized as having been subjected to

moderate violence, and those who had been hit with a fist, kicked, dragged or threatened with a weapon are categorized as having been subjected to severe violence (see Box 2.2 in Chapter 2).

Ranking acts of physical violence by severity is an exercise fraught with controversy. Critics of such schemes observe that a shove can, under certain circumstances, cause severe injury, even though it is categorized here as moderate violence. Nevertheless, the breakdown of acts by severity used in this report closely tracks other measures of severity, such as injury and mental health outcomes. Most injuries reported by women experiencing violence by an intimate partner occur in women who report physical acts categorized in this scheme as severe rather than moderate.

Using the classification in Box 2.2, the percentage of ever-partnered women in the population experiencing severe physical violence ranged from 4% of women in Japan city to 49% of women in Peru province. Significantly, in the majority of settings, the proportion of women who experienced only moderate physical violence was less than the proportion who experienced severe violence. This is clearly visible in Figure 4.3, which illustrates the percentage of ever-partnered women who have experienced moderate versus severe physical violence by an intimate partner.

Appendix Table 5 breaks down physical violence by severity and by when it occurred. In general, more women experienced acts of severe physical violence prior to the past 12 months than are currently experiencing severe acts. The

Figure 4.3 Prevalence of physical violence by an intimate partner according to severity of violence among ever-partnered women, by site

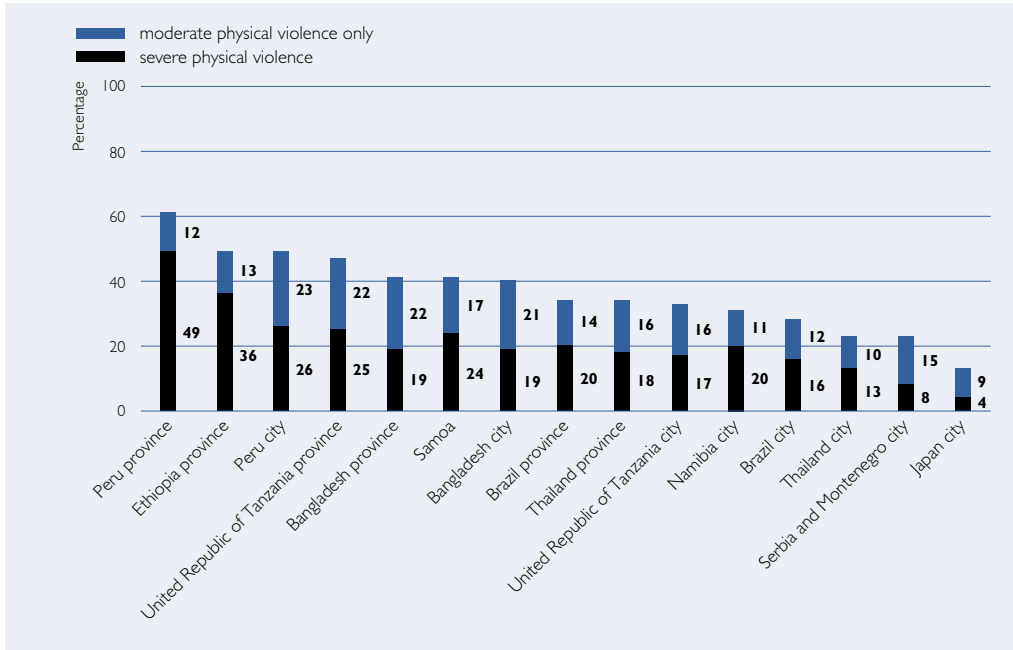


Table 4.2 Percentage of ever-partnered women who have experienced different acts of sexual violence by their intimate partners, by site

Site	Physically forced to have sexual intercourse		Had sex because afraid of what partner might do		Forced to do something degrading/humiliating		Experienced any of the 3 forms of sexual violence listed		Total no. of ever-partnered women
	Ever (%)	Current ^a (%)	Ever (%)	Current ^a (%)	Ever (%)	Current ^a (%)	Ever (%)	Current ^a (%)	
Bangladesh city	34.4	16.1	21.4	14.0	3.1	2.0	37.4	20.2	1373
Bangladesh province	45.7	18.4	31.7	18.3	3.8	1.7	49.7	24.2	1329
Brazil city	8.3	2.0	7.0	1.9	3.3	1.0	10.1	2.8	940
Brazil province	10.3	3.8	9.7	3.8	5.3	1.6	14.3	5.6	1188
Ethiopia province	46.0	32.6	57.6	42.5	0.4	0.3	58.6	44.4	2261
Japan city	4.9	1.2	3.1	0.7	1.3	0.2	6.2	1.3	1275
Namibia city	12.9	7.4	9.8	5.7	5.9	3.0	16.5	9.0	1367
Peru city	16.4	4.6	15.8	5.0	8.1	1.9	22.5	7.1	1087
Peru province	37.7	18.1	37.4	17.7	11.3	5.4	46.7	23.0	1534
Samoa	17.7	10.3	11.4	6.6	3.3	2.0	19.5	11.4	1204
Serbia and Montenegro city	3.5	0.2	4.0	0.9	1.5	0.1	6.3	1.1	1191
Thailand city	7.9	3.6	26.7	15.5	4.9	2.2	29.9	17.0	1048
Thailand province	7.5	3.5	26.1	14.0	4.1	2.0	28.9	15.6	1024
United Republic of Tanzania city	19.3	10.5	11.8	6.7	1.9	1.0	23.0	12.7	1442
United Republic of Tanzania province	27.1	16.2	17.5	10.0	2.0	1.4	30.7	18.3	1256

^a At least one act of sexual violence during the 12 months prior to the interview.

opposite pattern was found in Ethiopia province and Samoa and in the cities of Bangladesh and Namibia, where current severe violence is more frequent than former severe violence.

Appendix Table 6 provides additional information about the frequency distribution of the different acts of physical violence that occurred within the 12 months prior to the interview. For all acts, the vast majority of women experienced the act not once, but a few or many times in the 12 months prior to the interview. These data demonstrate that far from being an isolated event, most acts of physical violence by an intimate partner are part of a pattern of continuing abuse.

Acts of sexual violence

Table 4.2 shows the percentage of women who have experienced different forms of sexual abuse by an intimate partner during their lifetime and within the 12 months prior to being interviewed. The three different behaviours measured by the WHO Study were: being physically forced to have sexual intercourse against her will; having sexual intercourse because she was afraid of what her partner might do if she did not; or being forced to do something sexual that she thought was degrading or humiliating. Overall, the percentage of women who reported sexual abuse by a partner varied between 6% in Japan and Serbia and Montenegro cities and 59% in Ethiopia province, with the majority of settings

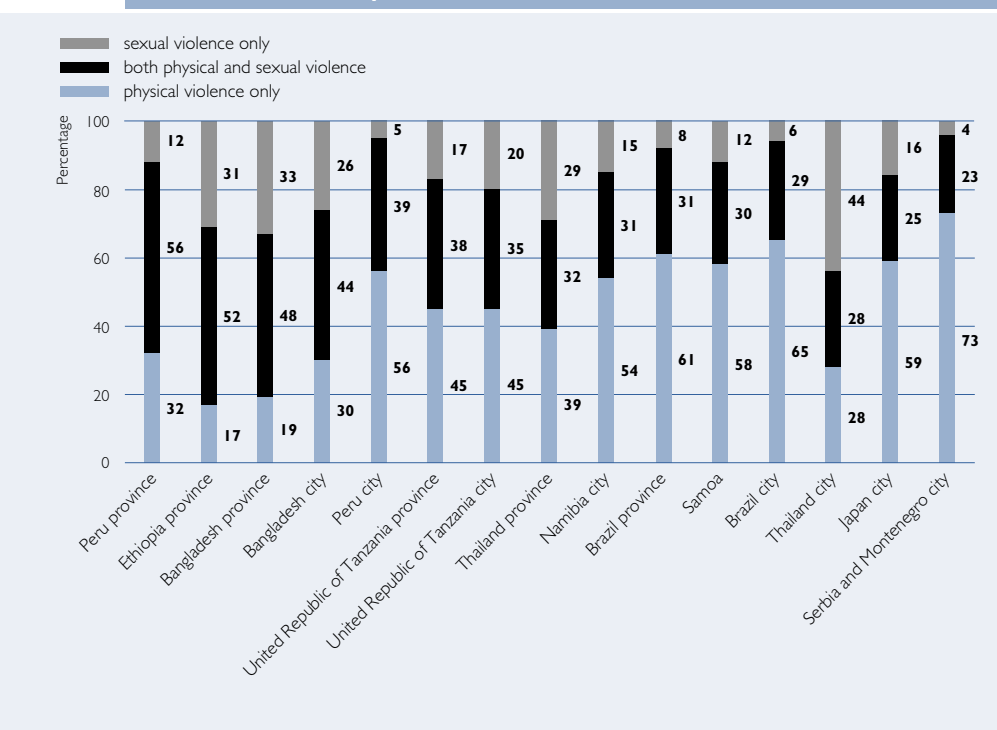
falling between 10% and 50%. In all countries where two-site surveys were conducted, except Thailand, the percentage of women reporting sexual abuse was higher in the province than in the city site.

The proportion of women physically forced into intercourse varied from 4% in Serbia and Montenegro to 46% in Bangladesh and Ethiopia provinces – a greater than tenfold difference. One third of Ethiopian women surveyed said that they had been physically forced to have intercourse by a partner within the past 12 months. This high rate of forced sex is particularly alarming in the light of the AIDS epidemic and the difficulty that women often face with protecting themselves from HIV infection (1, 2).

In Ethiopia province and Thailand, a higher proportion of women reported having intercourse because they were afraid to refuse than reported being physically forced. For example, in Thailand city, 8% of women reported being physically forced to have sex by a partner compared with 27% who were coerced through fear. Elsewhere, the ratio of physical force to fear is more equal, or even reversed.

Of the three behaviours, being forced by their partners into sexual behaviours that they found degrading or humiliating was the least prevalent everywhere. The lifetime prevalence of this occurrence ranged from less than 1% of women in Ethiopia province to 11% of women in Peru province.

Figure 4.4 Frequency distribution of types of violence by an intimate partner among ever-abused women, by site



Overlap between physical and sexual violence

In the majority of the sites studied, there was a substantial overlap between physical and sexual violence by intimate partners (see Figure 4.4). In all sites, more than half of the women who reported partner violence reported either physical violence only or physical violence accompanied by sexual violence. In most sites between 30% and 56% of women who had ever experienced any violence, reported both physical and sexual violence, whereas in the cities in Brazil, Japan, Thailand, and Serbia and Montenegro, the overlap was less than 30%. In all settings except Thailand city, less than one third of ever-abused women reported only sexual violence by a partner (see Figure 4.4).

Thailand city was exceptional in that a substantial proportion of women (44%) who experienced violence by an intimate partner reported sexual violence only (Figure 4.4). The corresponding statistic in Thailand province is lower, but still a relatively high 29%. Similarly high proportions of sexual violence only were reported by abused women in Bangladesh province (33%) and Ethiopia province (31%). A study performed in Indonesia using the WHO methodology also produced similar findings (3).

Demographic factors associated with violence

A combination of two approaches was used to assess how the prevalence of violence might be affected by common sociodemographic variables, and the degree to which these might account for the variation in prevalence estimates across sites. Firstly, the prevalence of all forms of violence was stratified by site, age, partnership status, and educational attainment (see Appendix Table 3). Then, multivariate logistic regression was used to assess the impact of these same variables on the prevalence of each type of violence.

Patterns of current violence (i.e. in the 12 months immediately prior to the interview) by age group were broadly similar across sites. With the exception of Japan city and Ethiopia province, younger ever-partnered women, especially those aged 15–19 years, were at higher risk of experiencing current physical or sexual violence, or both, by an intimate partner. In general, the differences between the age groups were more pronounced in the cities than in the provinces. For example, in Bangladesh city, 48% of 15–19-year-old women had experienced physical or sexual violence, or both, by an intimate partner in the 12 months preceding the interview, compared with 10% of 45–49-year-olds. The corresponding figures for Bangladesh province are 41% (15–19-year-olds) and 26% (45–49-year-olds). It thus seems that violence starts early in relationships, which then may break

up over time. It is also possible that older women in abusive relationships develop strategies that decrease the frequency of violence, or that they are less likely to report violence.

A pattern of increased risk for current violence among younger women has also been documented in Canada (4), the United States (5), and several developing countries (6). This pattern may reflect, in part, the fact that younger men tend to be more violent than older men, and that violence tends to start early in many relationships (7). Another explanation for the disparity in current violence between age groups may be that, in some settings, older women have greater status than young women, and therefore may be less vulnerable to violence. There may also be some confounding with cohabitation, given that the proportion of partnered women who are cohabiting (as opposed to being married) is higher among younger women than it is in older women.

The pattern of risk across different age groups is less consistent for lifetime experience of violence. The expected pattern is one of a higher prevalence of lifetime violence by an intimate partner among older women because they have been exposed to the risk of violence longer than younger women. However, this pattern rarely holds true in this study. There may be several explanatory factors for this finding. Older women may be less likely to remember or report violence, particularly incidents that took place many years previously (8). This may be a result of general recall problems or the desire to forget unpleasant events from early in a marriage that may or may not be continuing. Alternatively, the rates of violence may actually differ between the generations.

With regard to partnership status, women who were separated or divorced generally reported a higher lifetime prevalence of all forms of violence than currently married women. This was true in all sites, with the exception of Ethiopia and Bangladesh provinces, where the proportion of formerly married women is fairly low. The higher levels of violence among separated and divorced women suggest that violence may be an important cause of marital dissolution (6, 7). Another possible explanation is that separated women are more willing to disclose experiences of violence because they have less fear of negative consequences of disclosure, or perhaps because they are more willing to recognize their ex-partner's behaviour as violent once they are no longer with him.

Women who were living with a partner but were not married reported a higher lifetime prevalence of violence by an intimate partner than did married women, although in general the prevalence of violence in this subgroup was slightly lower than that among divorced or separated women. It is difficult to interpret the higher risk of violence among women who are cohabiting (relative to married women), even though this is a finding common to several other studies in both industrialized and developing countries (4, 6, 9). It may be that marriage confers a status that offers some protection from violence or that violent men are less likely to get married, at least in some cultures. In addition, marriage is an expensive prospect in some localities, so the association between violence and marriage could be confounded by income levels, or specific cultural practices such as dowry and bride price.

A similar pattern is observed with respect to current violence by an intimate partner. Women who were living with a partner but were not married were more likely to have experienced violence during the 12 months prior to the interview than were married women. (The practice of living with a partner while unmarried is virtually non-existent in both Bangladesh and Ethiopia.)

In about half of the settings, the prevalence of current violence was higher among women who were separated or divorced than among those who were married. This held true in Brazil and the cities in Namibia, Peru, Serbia and Montenegro, and Thailand, suggesting that, in these settings at least, violence may persist even after separation. A similar pattern of ongoing and even escalating risk despite separation has been documented in the United States and in a number of other industrialized settings (10–13).

Lower educational level was associated with increased risk of violence in many sites. In both sites in Peru, Thailand, and the United Republic of Tanzania – as well as the city sites in Brazil and Namibia – the protective effect of education does not appear to start until women achieve the very highest levels of education (i.e. beyond secondary school). This finding is in line with other international studies, which report that education has a protective effect on women's risk of violence (5, 14). It is not clear whether the association between violence and education is confounded by age or socioeconomic status; however, in multivariate analyses in other studies, higher educational attainment has been protective even after controlling for income and age. The protective effect may be related to the fact that women with

“ A woman I know was recently killed by her live-in partner. Now I am very fearful and hardly sleep at night. I keep watch because when my partner is drunk or has smoked marijuana, he sharpens his knife before going to bed. He regularly warns me that he will kill me if I leave him, or do not please him in any way.”
Woman interviewed in Namibia

Table 4.3 Percentage of ever-partnered women who have experienced different emotionally abusive acts by their intimate partners, by site

Site	Any act listed		Insults		Belittlement/ humiliation		Intimidation/ scaring		Threats of harm		At least 3 different acts	Total no. of ever-partnered women
	Ever	Current ^a	Ever	Current ^a	Ever	Current ^a	Ever	Current ^a	Ever	Current ^a	Ever	
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	
Bangladesh city	44.4	29.0	36.1	22.5	28.6	18.3	21.4	14.6	5.1	3.4	15.3	1373
Bangladesh province	30.9	19.6	21.3	12.9	17.4	9.8	17.3	10.9	3.5	2.5	8.3	1329
Brazil city	41.9	18.7	32.9	13.6	19.4	6.6	21.9	9.2	16.6	6.3	15.5	940
Brazil province	48.8	24.2	35.5	17.0	25.9	11.9	27.9	12.9	23.4	9.4	21.1	1188
Ethiopia province	75.1	57.5	73.8	55.5	12.7	9.0	23.0	15.7	3.5	2.7	9.2	2261
Japan city	34.7	15.4	27.8	10.6	8.1	3.5	17.3	7.5	1.8	0.5	4.5	1278
Namibia city	33.8	19.4	29.8	16.3	14.8	8.7	11.2	6.8	8.9	4.9	8.4	1373
Peru city	57.8	30.7	52.7	26.3	20.5	9.9	24.7	12.9	14.2	6.5	15.7	1090
Peru province	68.5	43.0	62.7	38.1	31.3	18.5	32.6	18.7	24.2	14.5	26.4	1536
Samoa	19.6	12.3	14.8	9.5	7.1	3.7	10.2	5.8	6.1	3.7	5.6	1206
Serbia and Montenegro city	33.3	11.7	28.1	9.6	11.8	3.1	13.7	4.5	10.0	2.4	9.8	1194
Thailand city	36.8	19.3	21.7	11.8	16.8	7.9	22.2	11.5	9.0	4.9	10.0	1051
Thailand province	39.1	20.7	21.8	11.7	15.9	8.0	26.8	14.4	10.4	5.5	11.3	1027
United Republic of Tanzania city	45.0	25.3	37.8	20.3	15.7	7.7	22.2	12.3	12.4	6.5	12.6	1454
United Republic of Tanzania province	58.8	32.0	54.4	28.5	17.7	8.2	25.2	13.6	13.3	6.5	15.3	1258

^a At least one emotionally abuse act during the 12 months prior to the interview.

more education tend to have partners who are also more educated. The association may also come about because more highly educated women have a greater range of choice in partners, have more freedom to choose whether to marry or not, and are able to negotiate greater autonomy and control of resources within the marriage. It is also possible that the apparent protective effect of more advanced education is actually an artefact of educated women being less likely to disclose

abuse because of the associated stigma or social consequences. More in-depth analysis is needed to unravel the links between women's education, other socioeconomic characteristics of both the woman and her partner, and women's risk of violence.

Japan city was unique in that no associations were found between violence and age, education or partnership status. This may be attributed to the relative homogeneity of the women in the sample, where over two thirds of the women

had higher education, and the majority were married and over 25 years of age (no women under 18 years old were included in the sample).

In order to assess the extent to which sociodemographic variables account for the variation among the sites, additional analyses were performed on the pooled data set using multivariate logistic regression techniques. The odds of experiencing physical or sexual violence, or both, were assessed across sites, controlling for age, partnership status and educational attainment. The results of the multivariate analysis confirmed the significant differences among sites, indicating that the variation in prevalence estimates is not primarily attributable to confounding by these sociodemographic variables. Future analysis will explore these issues in greater depth, and look for other potential risk and protective factors at an individual or community level that may help explain the variation found.

Acts of emotional abuse

In addition to asking about physical and sexual abuse by a partner, the WHO Study collected information on potentially emotionally abusive behaviour. The specific acts included were: being insulted or made to feel bad about oneself; being humiliated or belittled in front of others; being intimidated or scared on purpose (for example, by a partner yelling and smashing things); and being threatened with harm (either directly or

in the form of a threat to hurt someone the respondent cared about).

Table 4.3 shows the percentage of ever-partnered women in each site who had experienced one or more of the emotionally abusive behaviours measured in the survey. Between 20% and 75% of women had experienced one or more of the emotionally abusive acts they were asked about, and between 12% and 58% of women had done so within the 12 months prior to the interview. In the provinces of Ethiopia and Peru, among the women who reported emotional abuse, a large proportion reported that at least one of these acts had occurred in the 12 months prior to the interview, more than in any other site. Generally, the acts most frequently mentioned by women were insults, belittling and intimidation. Threats of harm were less frequently mentioned, although almost one in four women in the provinces in Peru and Brazil reported threats by intimate partners in their lifetime.

Among the women who reported experiencing a particular act, two thirds or more had experienced it a few or many times (see Appendix Table 7). Additionally, a substantial proportion of women experienced several types of emotionally abusive act, with between 5% and 26% of ever-partnered women reporting having experienced three or more of the various acts listed in their lifetime (see Table 4.3).

During the formative research stage of the Study, efforts were made to identify acts that were recognized as emotionally abusive across cultural settings. However, the development of a valid measurement for emotional abuse was hampered by the relative scarcity of research on emotional abuse in comparison with studies on physical or sexual violence. Not only is the qualitative record of emotional abuse across cultures sparse, but methodological work to explore the best means to elicit and measure such experiences has hardly started. For this reason, the WHO Study reports women's disclosure of different emotionally abusive acts by site, and does not assume that the findings represent the overall prevalence of emotional violence. Furthermore, in this report, the association between experiences of emotional abuse and different health consequences is not explored. This should not be taken as an indication that the authors consider emotional abuse to be less significant in shaping women's health and well-being than physical or sexual violence. Indeed, qualitative research routinely reveals that women frequently consider emotionally abusive acts to be more devastating than acts of physical violence. The decision to present the data in this

“My first husband never hit me, but while I was with him I have suffered so much psychological abuse that I cannot ever forget that. My current husband hits me but here mental suffering is less.”
Woman interviewed in Bangladesh

Table 4.4 Percentage of ever-partnered women reporting various controlling behaviours by their intimate partners, by site

Site	Percentage of women reporting that her partner:							Percentage of women who have experienced none, one or more acts of controlling behaviour:				Total no. of ever-partnered women
	Keeps her from seeing friends (%)	Restricts her contact with family (%)	Insists on knowing where she is at all times (%)	Ignores her, treats her indifferently (%)	Is suspicious that she is unfaithful (%)	Gets angry if she speaks with others (%)	Controls her access to health care (%)	none (%)	1 (%)	2 or 3 (%)	4 or more (%)	
Bangladesh city	10.4	8.7	14.8	15.9	7.3	18.9	34.5	49.3	24.5	17.3	8.9	1373
Bangladesh province	15.3	9.8	23.6	10.2	6.1	32.4	57.0	29.2	31.4	27.5	11.9	1329
Brazil city	25.7	13.1	38.3	12.0	12.4	37.7	5.1	43.3	18.6	23.8	14.3	940
Brazil province	24.3	13.8	33.9	17.8	14.1	38.7	18.8	40.3	21.0	20.5	18.2	1188
Ethiopia province	6.5	5.9	31.1	16.8	6.1	18.0	42.8	41.4	21.1	30.1	7.3	2261
Japan city	3.5	3.2	12.7	5.3	3.3	6.7	0.8	78.7	13.4	6.3	1.6	1287
Namibia city	18.9	8.3	38.5	11.8	17.3	31.1	6.9	48.9	17.7	19.5	13.9	1373
Peru city	28.6	15.5	44.3	16.7	14.4	44.0	14.0	30.9	25.3	25.7	18.1	1090
Peru province	27.9	23.2	54.4	32.6	28.6	43.0	41.7	23.2	16.3	30.7	29.8	1536
Samoa	30.9	13.0	67.9	5.3	18.6	20.8	36.0	24.7	24.0	32.7	18.7	1206
Serbia and Montenegro city	7.3	3.8	24.5	5.1	7.5	10.2	1.6	68.8	18.1	8.5	4.5	1194
Thailand city	18.0	3.7	29.6	18.5	22.2	26.4	9.6	41.8	24.5	23.5	10.3	1051
Thailand province	18.2	4.0	36.0	17.5	26.2	31.9	13.7	37.6	23.3	26.3	12.9	1027
United Republic of Tanzania city	23.0	10.5	70.7	10.5	18.1	58.2	67.7	10.5	17.6	46.9	25.0	1454
United Republic of Tanzania province	14.7	6.8	59.1	13.5	13.8	49.0	48.9	21.1	19.4	42.9	16.6	1258

way reflects recognition of the complexity of the issue, and that additional analysis will be required to ensure that the responses are appropriately aggregated and interpreted. Future work will explore whether emotional abuse alone is linked to various health outcomes and will examine the potential additive effects that emotional abuse may have on the consequences of physical or sexual violence by intimate partners.

Controlling behaviour

In addition to gathering data on emotionally abusive acts, the WHO Study also collected information on a range of controlling behaviours by a woman's intimate partner. Among the behaviours measured were whether the partner commonly attempts to restrict a woman's contact with her family or friends, whether he insists on knowing where she is at all times, whether he ignores her or treats her indifferently, whether he controls her access to health care (i.e. requires that she obtain his permission to seek health care) whether he constantly accuses her of being unfaithful, and whether he gets angry if she speaks with other men.

As shown in Table 4.4, the rate of women reporting one or more controlling behaviours by their intimate partner varied from a low of 21% in Japan city to almost 90% of ever-partnered women in the United Republic of Tanzania city. This suggests that male control over female behaviour is normative to different degrees in the various settings included in the Study.

The WHO Study findings suggest that the experience of physical or sexual violence, or both, tends to be accompanied by highly controlling behaviours by intimate partners. Appendix Table 8 further reveals that a woman who suffers violence by an intimate partner is significantly more likely to experience severe constraints on her physical and social mobility. For example, nearly 40% of women in Peru province who had ever suffered physical or sexual, violence, or both, by an intimate partner had experienced at least four of the controlling behaviours mentioned, compared with 7% of women who had never experienced violence. This pattern holds true for all of the sites.

These results are consistent with previous findings from a wide range of countries, including Cambodia, Colombia, Dominican Republic, Haiti, Nicaragua, South Africa, and the United States (6, 15, 16), that men who

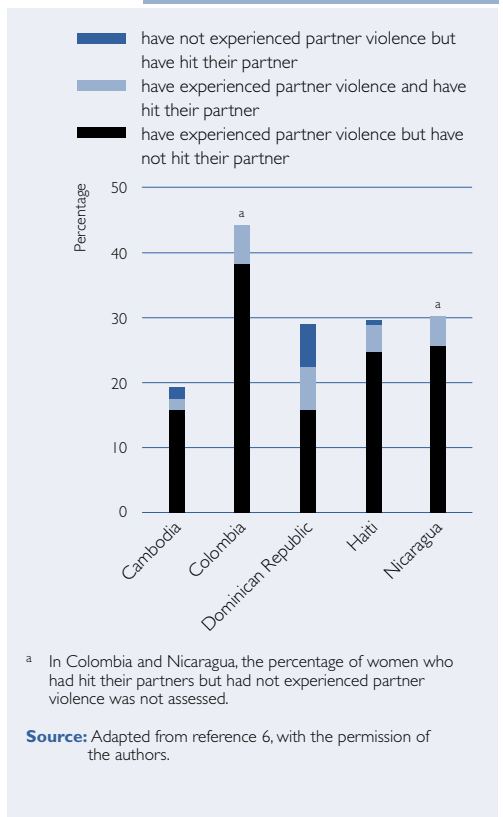
are physically violent towards their wives also exhibit higher rates of controlling behaviours than men who are not. Indeed, many argue that "power and control" is a defining element of the broader phenomenon known as "battering" (17). Future analysis will explore whether it is more appropriate to conceptualize controlling behaviour as a risk factor for physical or sexual violence, or as a constituent element of the phenomenon being studied.

Women's violence against men

The Steering Committee of the WHO Study agreed that interviews with men should not be included, largely because of the logistic and safety implications of interviewing men and women in the same study. The Committee recognized the importance of getting accurate data on violence from men but considered that such an endeavour was worthy of its own study.

Nevertheless, in Samoa, in addition to the survey of women, a survey of men was conducted to (a) determine the extent of violence against men, (b) document its characteristics and causes, and (c) identify strategies to minimize partner violence against men and women. A total of 664 men were

Figure 4.5 Percentage of ever-married women who have hit their partner under different circumstances of male violence



interviewed; 2% of them reported having experienced physical violence, and 3% sexual violence, while 45% reported having experienced emotional abuse.

Apart from this small supplemental survey, however, the WHO Study did not directly address a question that is on the minds of many: what is the prevalence of violence perpetrated against men by their female partners? Behind this question is a much larger debate about the supposed gender symmetry or asymmetry of violence by intimate partners.

Feminist researchers and advocates have long contended that, globally, physical and sexual violence in relationships are largely perpetrated by men against their female partners. More recently, a debate has erupted in the North American academic literature about whether this conclusion is accurate (18). An increasing number of researchers have argued that women are as aggressive as men in intimate partnerships and that therefore a focus on intimate-partner violence against women is misplaced. Most of the evidence fuelling the debate is drawn from

Table 4.5 Percentage of physically abused women who report they have initiated physical violence against their partner, by site

Site	Never (%)	Ever (%)	Once or twice (%)	Several times (%)	Many times (%)	Total no. of women reporting physical violence by partner
Bangladesh city	97.4	2.6	1.5	1.1	0.0	545
Bangladesh province	99.3	0.7	0.5	0.2	0.0	558
Brazil city	74.6	25.4	13.7	9.4	2.3	256
Brazil province	84.0	16.0	9.7	3.0	3.2	401
Ethiopia province	99.4	0.6	0.5	0.2	0.0	1 101
Japan city	66.9	33.1	18.8	13.3	1.1	181
Namibia city	90.6	9.4	7.2	2.2	0.0	416
Peru city	75.3	24.7	15.9	8.0	0.8	527
Peru province	87.1	12.9	9.9	2.2	0.7	935
Samoa	95.5	4.5	3.3	0.2	1.0	488
Serbia and Montenegro city	88.4	11.6	8.2	3.4	0.0	267
Thailand city	71.7	28.3	10.1	8.4	9.7	237
Thailand province	76.5	23.5	8.1	5.2	10.2	344
United Republic of Tanzania city	91.5	8.5	5.1	1.9	1.5	469
United Republic of Tanzania province	97.9	2.1	0.7	0.9	0.5	580

Table 4.6 Women's attitudes towards intimate-partner violence, by site

Site	Percentage of women who agree that a man has good reason to beat his wife if:						Women who agree with:		Total no. of women
	Wife does not complete housework (%)	Wife disobeys her husband (%)	Wife refuses sex (%)	Wife asks about other women (%)	Husband suspects infidelity (%)	Wife is unfaithful (%)	One or more of the reasons mentioned (%)	None of the reasons mentioned (%)	
Bangladesh city	13.8	23.3	9.0	6.6	10.6	51.5	53.3	46.7	1 603
Bangladesh province	25.1	38.7	23.3	14.9	24.6	77.6	79.3	20.7	1 527
Brazil city	0.8	1.4	0.3	0.3	2.0	8.8	9.4	90.6	1 172
Brazil province	4.5	10.9	4.7	2.9	14.1	29.1	33.7	66.3	1 473
Ethiopia province	65.8	77.7	45.6	32.2	43.8	79.5	91.1	8.9	3016
Japan city	1.3	1.5	0.4	0.9	2.8	18.5	19.0	81.0	1 371
Namibia city	9.7	12.5	3.5	4.3	6.1	9.2	20.5	79.5	1 500
Peru city	4.9	7.5	1.7	2.3	13.5	29.7	33.7	66.3	1 414
Peru province	43.6	46.2	25.8	26.7	37.9	71.3	78.4	21.6	1 837
Samoa	12.1	19.6	7.4	10.1	26.0	69.8	73.3	26.7	1 640
Serbia and Montenegro city	0.6	0.9	0.6	0.3	0.9	5.7	6.2	93.8	1 456
Thailand city	2.0	7.8	2.8	1.8	5.6	42.9	44.7	55.3	1 536
Thailand province	11.9	25.3	7.3	4.4	12.5	64.5	69.5	30.5	1 282
United Republic of Tanzania city	24.1	45.6	31.1	13.8	22.9	51.5	62.5	37.5	1 820
United Republic of Tanzania province	29.1	49.7	41.7	19.8	27.2	55.5	68.2	31.8	1 450

Table 4.7 Ever-partnered women's attitudes towards intimate partner violence according to their experience of physical or sexual violence, or both, by an intimate partner, by site

Site	Experience of violence	Percentage of women who agree that a man has good reason to beat his wife if:						Women who agree with at least one of the mentioned reasons (%)	Total no. of ever-partnered women
		Wife does not complete housework (%)	Wife disobeys her husband (%)	Wife refuses sex (%)	Wife asks about other women (%)	Husband suspects infidelity (%)	Wife is unfaithful (%)		
Bangladesh city	Never experienced violence	10.6	18.9	5.8	3.9	7.8	43.9	45.3	640
	Ever experienced violence	18.7	30.0	13.1	10.2	14.9	61.5	63.8 ****	733
Bangladesh province	Never experienced violence	21.2	35.8	19.3	13.9	22.2	71.1	73.3	509
	Ever experienced violence	29.1	43.4	28.5	17.2	27.7	84.8	86.1 ****	820
Brazil city	Never experienced violence	1.0	1.3	0.3	0.3	1.8	8.2	8.7	668
	Ever experienced violence	0.7	2.2	0.4	0.7	3.3	12.5	14.0 *	272
Brazil province	Never experienced violence	4.4	9.9	4.4	2.0	12.3	24.4	28.5	750
	Ever experienced violence	4.8	11.0	5.9	3.4	14.6	32.3	37.9 ***	438
Ethiopia province	Never experienced violence	62.8	75.4	43.6	26.3	36.6	76.3	89.4	659
	Ever experienced violence	71.5	81.5	52.4	37.7	48.8	84.0	94.0 ****	1602
Japan city	Never experienced violence	1.2	1.1	0.3	0.8	2.9	17.0	17.6	1080
	Ever experienced violence	2.0	3.1	1.5	1.0	2.6	26.5	27.6 ***	196
Namibia city	Never experienced violence	10.1	10.9	3.3	4.2	6.0	8.1	18.4	876
	Ever experienced violence	10.2	16.1	3.9	4.7	6.1	10.6	24.2 *	491
Peru city	Never experienced violence	2.8	6.0	1.5	1.3	11.1	24.3	28.1	530
	Ever experienced violence	7.4	9.5	2.3	4.0	17.4	36.8	41.7 ****	556
Peru province	Never experienced violence	41.5	42.9	21.3	23.8	36.6	68.6	75.4	475
	Ever experienced violence	47.4	52.4	31.0	31.3	42.2	77.2	83.9 ****	1059
Samoa	Never experienced violence	9.2	16.5	6.6	7.1	21.4	64.9	69.3	649
	Ever experienced violence	13.5	22.0	9.4	9.7	27.0	72.1	75.9 *	555
Serbia and Montenegro city	Never experienced violence	0.3	0.9	0.2	0.1	0.3	3.9	4.5	907
	Ever experienced violence	1.4	1.4	1.4	0.4	1.4	7.8	8.5 *	282
Thailand city	Never experienced violence	2.1	8.4	3.4	1.8	5.3	45.4	47.5	617
	Ever experienced violence	2.3	12.5	4.4	2.3	7.2	51.5	53.4	431
Thailand province	Never experienced violence	10.2	23.4	7.6	3.0	10.6	66.0	69.8	539
	Ever experienced violence	16.3	32.2	9.1	4.5	16.9	66.6	73.8	485
United Republic of Tanzania city	Never experienced violence	21.7	42.3	29.9	13.5	21.4	48.8	59.0	846
	Ever experienced violence	29.4	51.0	39.1	15.4	27.3	58.7	69.8 ****	596
United Republic of Tanzania province	Never experienced violence	23.3	41.7	37.7	17.1	26.4	48.9	61.9	554
	Ever experienced violence	33.1	55.5	48.6	22.5	29.8	61.9	74.4 ****	702

Asterisks denote the significance level of the difference: * $P < 0.05$, ** $P < 0.01$, *** $P < 0.001$, **** $P < 0.0001$ (Pearson chi-square test).

research conducted in the United States, with a heavy emphasis on high school and college-age couples and dating partners (19, 20). It is therefore unclear whether these findings would be applicable to other cultural contexts.

However, some indirect data are available which can be used to explore this issue. The WHO Study included a question to the women who reported physical abuse by an intimate partner about whether they had ever hit, or physically mistreated their partner when he was not already hitting or physically mistreating them (6). This question does not generate data specifically on the victimization of men, but it does address the core question of whether women frequently initiate violence against a male partner.

In the WHO Study, only a small proportion

of women reported ever having initiated violence against a partner who was not already physically abusing them (see Table 4.5). Only in Thailand did more than 15% of physically abused women report initiating violence against their partner more than once or twice in their lifetime. In more traditional societies, including those in Bangladesh, Ethiopia, Namibia, Samoa, and the United Republic of Tanzania, woman-initiated violence was exceedingly rare; between 91% and 99% of abused women reported never having initiated violence against a partner.

These findings mirror those obtained from the Demographic and Health Surveys. Several Demographic and Health Surveys asked all ever-married women (not just abused women) about whether they had ever been violent towards

a spouse (see Figure 4.5). In Cambodia, 4% of women acknowledged offensive violence; in the Dominican Republic the figure was 13%, and in Haiti it was 5%.

Since responses obtained from women may underestimate the true rates of female-initiated violence, it is reassuring to find an independent study that validates estimates obtained from surveys of women. A study done under the auspices of the Ministry of Women's Affairs and the Project against Domestic Violence in Cambodia asked Cambodian men directly about their experiences of violence by their wives; the result was that 3% of the men reported being abused. While the possibility of men also underreporting violence for fear of stigma and humiliation is recognized, this figure nevertheless compares favourably with the 4% of women who

report engaging in offensive violence, according to the results of the Cambodian Demographic and Health Survey (21).

Further analysis of the Demographic and Health Survey figures according to women's experiences of violence found that women who had experienced physical violence by an intimate partner were much more likely to have initiated violence (for example, 15% of ever-abused women in Haiti compared with 1% of never-abused women reported offensive violence) (6).

Both the Demographic and Health Surveys and the WHO Study also enquired whether women who had been physically abused by a partner had ever fought back physically. In the WHO Study, 6–79% of physically abused women reported that they had fought back when confronted with male aggression. These results are presented in Chapter 9. Data from the Demographic and Health Surveys echo these findings, suggesting that violence in self-defence is relatively common among abused women, whereas woman-initiated aggression is relatively rare.

Women's attitudes towards violence

Qualitative research from various settings has suggested that rates of violence by an intimate partner may be higher in settings where the behaviour is normative, and where women and men believe that marriage grants men unconditional sexual access to their wives. The WHO Study thus included two sets of questions: one designed to determine the reasons under which for a man to hit or physically mistreat his wife is considered acceptable; and a second exploring whether and when a woman may refuse to have sex with her husband.

Table 4.6 shows the percentage of women in each site who believed that a man has a right to beat his wife under certain circumstances. The circumstances range from not completing housework adequately, to refusing sex, to disobeying her husband, to being unfaithful. The data demonstrate a wide variation between settings in the percentage of women who agree with each reason, as well as substantial variation within settings as to which reasons are seen as justifying abuse. For example, the percentage of women who agreed with one or more justifications for wife-beating varied from 6% in Serbia and Montenegro city to over 68% in the provinces of Bangladesh, Ethiopia, Peru, and in Samoa, Thailand, and the United Republic of Tanzania. With the exception of the United

Table 4.8 Sexual autonomy: women's views on when it might be "acceptable" for a woman to refuse sex with her husband, by site

Site	Percentage of women who agree that a woman has a right to refuse sex if:				Percentage of women who agree with:		Total no. of women
	She does not want to (%)	He is drunk (%)	She is sick (%)	He mistreats her (%)	All of the reasons listed (%)	None of the reasons listed (%)	
Bangladesh city	57.7	76.2	93.1	65.6	44.9	5.3	1603
Bangladesh province	45.6	69.5	82.3	55.4	35.8	11.3	1527
Brazil city	93.9	98.0	98.4	98.1	93.5	1.3	1172
Brazil province	76.1	89.3	95.2	92.3	71.6	2.9	1473
Ethiopia province	46.2	51.6	71.6	56.3	35.8	18.5	3016
Japan city	92.4	91.0	93.3	92.7	89.5	6.1	1371
Namibia city	82.1	85.3	88.4	87.7	74.6	5.7	1500
Peru city	92.4	92.0	98.6	96.4	85.5	0.5	1414
Peru province	48.6	62.4	80.4	72.2	39.5	12.0	1837
Samoa	28.0	54.3	72.4	68.8	20.4	12.6	1640
Serbia and Montenegro city	97.3	98.2	98.8	98.3	96.6	1.0	1456
Thailand city	85.6	88.2	97.9	92.3	75.1	0.5	1536
Thailand province	76.2	83.4	95.6	88.4	64.0	2.0	1282
United Republic of Tanzania city	37.8	62.7	87.5	76.6	29.0	7.1	1820
United Republic of Tanzania province	25.7	36.4	77.5	48.6	14.6	15.4	1450

Republic of Tanzania, rates of concordance with these beliefs were much lower in the city sites of the above-mentioned countries. In all sites except Namibia city, the reason that women most commonly agreed with as a justification for beating was that the wife was unfaithful. In 8 out of 15 sites, more than half the women agreed with this reason.

Table 4.7 compares the rate of acceptance of various justifications for violence between women who have and women who have not experienced physical or sexual violence, or both, by an intimate partner. In virtually all cases and for all reasons, the proportion of women agreeing with a particular justification was higher among women who had experienced partner violence than among those who had not. Table 4.7 also includes a summary measure that provides an overall indication of the proportion of women who agree that wife-beating is justified under certain conditions (i.e. at least one of the reasons mentioned). In all countries except Thailand, the overall acceptance that wife-beating is justified in some situations was significantly greater among women who had ever experienced physical or sexual partner violence, or both, than among women who had never experienced violence. This may indicate either that women learn to "accept" or rationalize violence in circumstances where they themselves are victims, or that women are at greater risk of violence in communities where a substantial proportion of individuals subscribe to the acceptability of violence. Future analysis will explore the effect of community-level norms

related to the acceptability of wife-beating on a woman's odds of experiencing violence.

Table 4.8 examines a parallel set of beliefs regarding the circumstances under which wives have the right to refuse sex with their husband. In order to measure sexual autonomy, the WHO Study asked respondents whether they believed a woman has a right to refuse to have sex with her husband in a number of situations, including if she is sick, if she does not want to, if he is drunk, or if he mistreats her. As with wife-beating, women appear to make distinctions between what are acceptable reasons for refusing unwanted sexual demands from their husbands and what are not. In all sites, fewer women felt that a wife has the right to refuse to have sex because she does not want to than when her husband is drunk or abusive.

Table 4.8 also shows the proportion of women who agree that a wife can refuse sex under all of the circumstances mentioned or none of the circumstances mentioned. The proportion of women who believe in a woman's right to refuse sexual intercourse under all of the circumstances mentioned varies from 15% in the United Republic of Tanzania province to over 90% in Brazil city and in Serbia and Montenegro city. The most notable within-country difference was found in Peru, where 86% of women in the city believed that women could legitimately refuse sex under all of the circumstances mentioned, compared with only 40% of women in the province. The proportion of women who felt that women could not refuse sex under any of

the circumstances mentioned varied enormously, from 19% in Ethiopia province and 15% in the United Republic of Tanzania province to less than 1% in Peru city and Thailand city.

Discussion

The WHO Study found that across the study sites between 15% and 71% of women reported physical or sexual violence, or both, by an intimate partner at some point in their lives. Most sites reported prevalence rates in the range 30–60%. Between 4% and 54% of women reported physical or sexual violence, or both, by a partner within the 12 months prior to the study, with most estimates falling between 15% and 30%. These results add to the existing body of research, primarily from industrialized countries, on the extent of physical and sexual violence against women (4–7, 14, 21, 22) and confirm that violence by an intimate partner is a common experience for a large number of women in the world. The findings show, moreover, that a large proportion of the violence is severe, and occurs frequently. Physical violence was often accompanied by sexual violence, although, in a few sites (Bangladesh province, Ethiopia province, and Thailand city) a large proportion of abused women reported sexual violence only. Emotionally abusive and controlling behaviour by male partners was also common, particularly among women reporting physical or sexual violence, or both.

The WHO Study provides one of the first opportunities to examine cross-culturally the patterns of different forms of violence by intimate partners, and in particular, the extent to which men use physical or sexual violence against their partners. Prior to this study, available evidence from Latin America, and the USA (7, 14, 23) suggested that few women exclusively experienced sexual violence by an intimate partner; and that most women experienced either a combination of physical and sexual violence or physical violence alone. However, the findings from the WHO Study suggest that while this pattern is true for many countries, in a few sites there is a significant departure, with sexual violence being more prevalent than physical violence. One possible explanation for this is cultural differences in what are considered acceptable means for husbands to control or chastise their wives.

The widespread acceptability of circumstances where wife-beating is justified highlights the extent to which, in many settings,

partner violence is conceptualized as a form of chastisement for female behaviour that transgresses certain expectations. Women appear to make distinctions regarding the circumstances under which wife-beating may or may not be "acceptable". In all sites, substantially more women accept wife-beating in the case of actual or suspected female infidelity than for any other reason. Wife-beating is also widely tolerated in circumstances where women "disobey" a husband or partner. Qualitative research suggests that individuals make complex judgements about the acceptability of violence by considering who does what to whom, and for what reason (22, 23). In many settings, the same act can be deemed acceptable or unacceptable depending on whether it is considered for "just cause". Likewise, men may be granted social permission to hit their wives in settings where it would be unacceptable for a man to hit a colleague or neighbour.

However, exactly how attitudes towards wife-beating may influence women's experiences of violence at an individual level is not clear. It may be that the experience of violence "teaches" women that violence is acceptable. Alternatively, women who believe that women deserve abuse in certain circumstances may be less likely to challenge male authority and therefore be protected from abuse.

In many settings, women did feel that there were circumstances where a woman could refuse to have sex. However, the lack of sexual autonomy expressed by many women, particularly in the provincial study sites, has substantial implications for women in the era of HIV/AIDS.

One of the strengths of this Study is its use of uniform instruments and methodology, in particular in terms of sample design, training of fieldworkers, data quality control, and data analysis. This is the first time that such a rich body of comparable data has been available from such a culturally diverse group of countries. Great variation was found in the prevalence estimates among the settings, which leads to intriguing questions as to what factors at an individual and macro level have the greatest effect on determining overall levels of violence. Although some differences were found in the prevalence of violence according to women's education, age and marital status, in pooled multivariate analysis these factors alone did not account for the differences between sites. It appears that cultural norms play an important role, as women in the countries with the highest prevalence of violence (Bangladesh, Ethiopia, Peru) were also more likely to

“That day he asked me for some money. He was about to leave for his drinking hours. He wanted some money I got from the sales of used paper. I refused. We quarrelled for a while. Then I was about to stand up. There came his leg at the back of my neck. I was beaten and bruised all over.... He never kicked me before. Usually it was just slapping or throwing something at me. I would get hurt if he got me. Once he threw a cutting board at me. I would have been dead, had I not ducked.”

Woman, 46 years old, interviewed in Thailand

endorse traditional views of violence and sexual autonomy. The variation in prevalence highlights the need for deeper analysis, using multilevel modelling to explore in greater depth the risk and protective factors for partner violence.

References

1. Dunkle KL et al. Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa. *Lancet*, 2004, 363:1415–1421.
2. Jewkes RK, Levin JB, Penn-Kekana LA. Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study. *Social Science and Medicine*, 2003, 56:125–134.
3. Hakimi M et al. *Silence for the sake of harmony: domestic violence and health in Central Java, Indonesia*. Yogyakarta, Gadjah Mada University, 2002.
4. Johnson H. *Dangerous domains: violence against women in Canada*. Ontario, International Thomson Publishing, 1996.
5. Tjaden P, Thoennes N. *Extent, nature and consequences of intimate partner violence: findings from the National Violence Against Women Survey*. Washington, DC, National Institute of Justice, Centers for Disease Control and Prevention, 2000.
6. Kishor S, Johnson K. *Profiling domestic violence: a multi-country study*. Calverton, MD: ORC MACRO, 2004.
7. Ellsberg M et al. Candies in hell: women's experiences of violence in Nicaragua. *Social Science and Medicine*, 2000, 51:1595–1610.
8. Yoshihama M, Horrocks J. The relationship between intimate partner violence and PTSD: an application of Cox regression with time-varying covariates. *Journal of Traumatic Stress*, 2003, 16:371–380.
9. Johnson H, Bunge V. Prevalence and consequences of spousal assault in Canada. *Canadian Journal of Criminology and Criminal Justice*, 2001, 43:27–46.
10. Campbell J. *Assessing dangerousness: violence by sexual offenders, batterers, and child abusers*. Thousand Oaks, CA, Sage Publications, 1995.

11. Ellis D, Wight L. Estrangement, interventions, and male violence toward female partners. *Violence and Victims*, 1997, 12:51–68.
12. Johnson H, Hotton T. Losing control: homicide risk in estranged and intact intimate relationships. *Homicide Studies*, 2003, 7:58–84.
13. Wilson M, Daly M. Spousal homicide risk and estrangement. *Violence and Victims*, 1993, 8:3–15.
14. Jones A et al. Annual and lifetime prevalence of partner abuse in a sample of female HMO enrollees. *Women's Health Issues*, 1999, 9:295–305.
15. Coker AL et al. Frequency and correlates of intimate partner violence by type: physical, sexual, and psychological battering. *American Journal of Public Health*, 2000, 90:553–559.
16. Rosales Ortiz J et al. *Encuesta Nicaraguense de Demografia y Salud, 1998 [Nicaraguan Demographic and Health Survey, 1998]*. Managua, Instituto Nacional de Estadísticas y Censos, 1999.
17. Johnson M. Conflict and control: images of symmetry and asymmetry in domestic violence. In: Booth A, Crouter A, Clements M, eds. *Couples in conflict*. Hillsdale, NJ, Lawrence Erlbaum, 2000.
18. Archer J. Sex differences in aggression between heterosexual partners: a meta-analytic review. *Psychological Bulletin*, 2000, 126: 651–680.
19. Fiebert M. Annotated bibliography. References examining assaults by women on their spouses/ partners. In: Dank B, Refinette R, eds. *Sexual harassment and sexual consent*. New Brunswick, NJ, Transaction, 1997.
20. Fiebert M, Gonzalez DM. College women who initiate assaults on their male partners and the reasons offered for such behavior. *Psychological Reports*, 1997, 80:583–590.
21. Nelson E, Zimmerman C. *Household survey on domestic violence in Cambodia*. Phnom Penh, Ministry of Women's Affairs Project against Domestic Violence, 1996.
22. Heise L, Ellsberg M, Gottemoeller M. *Ending violence against women*. Baltimore, MD, Johns Hopkins University Press, 1999.
23. Heise L, Garcia-Moreno C. Violence by intimate partners. In: Krug EG, et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002.

CHAPTER 5

Prevalence of violence by perpetrators other than intimate partners since the age of 15 years

Main findings

- **Women's experience of physical violence by a non-partner since the age of 15 years varied widely. By far the highest level of non-partner violence was reported in Samoa (62%), whereas less than 10% of women in Ethiopia province, Japan city, Serbia and Montenegro city, and Thailand reported non-partner violence. Often more than one perpetrator was mentioned. In most sites the perpetrators were mainly family members. In several sites teachers accounted for an important proportion of the physical violence by non-partners.**
- **Reported levels of sexual violence by non-partners since the age of 15 years varied from less than 1% (in Ethiopia and Bangladesh provinces) to between 10% and 12% (in Peru, Samoa, and United Republic of Tanzania city). In most cases only one perpetrator was mentioned, usually either an acquaintance or a stranger.**
- **Between 19% and 76% of all women had experienced physical or sexual violence, or both, by partners or non-partners, since the age of 15 years. In almost all settings, the majority of violence against women had been perpetrated by their intimate partner.**

While the main focus of the WHO Study was on violence by intimate partners, the Study questionnaire also included questions about women's experiences of physical and sexual violence from other perpetrators (either male or female). These questions were put to all women, whether they had ever been partnered or not. This chapter presents the results on the extent of physical and sexual violence against women by perpetrators other than intimate partners (hitherto referred to as non-partner violence) from age 15 years onwards. The subject of sexual abuse before the age of 15 years (child sexual abuse) and forced first sex, whether by an intimate partner or another perpetrator; is covered in Chapter 6.

Physical violence by non-partners since the age of 15 years

Respondents were asked whether, since the age of 15 years, anyone other than their intimate partner had ever beaten or physically mistreated them in any way. Additional probes were used to identify the perpetrators, and follow-on questions were asked about the frequency of this violence.

By far the highest level of non-partner physical violence was in Samoa (62%), with the next highest being in Peru (28% and 32% in the city and province, respectively), as shown in Table 5.1. Less than 10% of respondents reported non-partner physical violence in Ethiopia province, Japan city, Serbia and Montenegro city, and Thailand city and province. In most sites, the majority of non-partner physical violence was perpetrated by one