

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

Table 5.1 Prevalence of non-partner physical and sexual violence since the age of 15 years among all respondents, by site

Site	Physical violence		Sexual violence		Physical or sexual violence, or both		Total no. of respondents
	n	(%)	n	(%)	n	(%)	
Bangladesh city	279	17.4	122	7.6	352	22.0	1603
Bangladesh province	164	10.7	8	0.5	168	11.0	1527
Brazil city	245	20.9	80	6.8	287	24.5	1172
Brazil province	192	13.0	68	4.6	234	15.9	1472
Ethiopia province	149	4.9	9	0.3	154	5.1	3016
Japan city	64	4.7	48	3.5	102	7.5	1368
Namibia city	288	19.2	96	6.4	328	21.9	1498
Peru city	401	28.4	145	10.3	476	33.7	1414
Peru province	587	32.0	207	11.3	694	37.8	1837
Samoa	1016	62.0	174	10.6	1059	64.6	1640
Serbia and Montenegro city	139	9.6	56	3.9	173	11.9	1453
Thailand city	117	7.6	94	6.1	186	12.1	1534
Thailand province	121	9.5	33	2.6	144	11.3	1280
United Republic of Tanzania city	349	19.2	209	11.5	484	26.7	1816
United Republic of Tanzania province	230	15.9	135	9.4	319	22.1	1443

Table 5.2 Perpetrators of physical violence among women reporting physical violence by non-partners since the age of 15 years, by site

Site	Category of perpetrator								Number of perpetrators				Total no. of women reporting physical violence
	Family ^a		Acquaintance ^b		Stranger ^c		Not identified		1		2 or more		
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	
Bangladesh city	235	84.2	50	17.9	1	0.4	3	1.1	224	80.3	55	19.7	279
Bangladesh province	117	71.3	49	29.9	0	0.0	13	7.9	121	73.8	43	26.2	164
Brazil city	185	75.5	49	20.0	21	8.6	19	7.8	196	80.0	49	20.0	245
Brazil province	144	75.0	16	8.3	12	6.3	28	14.6	169	88.0	23	12.0	192
Ethiopia province	108	72.5	24	16.1	3	2.0	21	14.1	139	93.3	10	6.7	149
Japan city	44	68.8	17	26.6	12	18.8	0	0.0	52	81.3	12	18.8	64
Namibia city	144	50.0	163	56.6	41	14.2	18	6.3	204	70.8	84	29.2	288
Peru city	339	84.5	50	12.5	24	6.0	41	10.2	313	78.1	88	21.9	401
Peru province	464	79.0	82	14.0	26	4.4	89	15.2	434	73.9	153	26.1	587
Samoa	939	92.4	317	31.2	16	1.6	6	0.6	510	50.2	506	49.8	1016
Serbia and Montenegro city	82	59.0	30	21.6	28	20.1	11	7.9	119	85.6	20	14.4	139
Thailand city	55	47.0	18	15.4	15	12.8	38	32.5	105	89.7	12	10.3	117
Thailand province	79	65.3	17	14.0	6	5.0	29	24.0	104	86.0	17	14.0	121
United Republic of Tanzania city	106	30.4	243	69.6	15	4.3	61	17.5	271	77.7	78	22.3	349
United Republic of Tanzania province	78	33.9	135	58.7	12	5.2	57	24.8	176	76.5	54	23.5	230

Note: This table summarizes the data in Appendix Table 9.
^a Father, stepfather, male family member, female family member.
^b Teacher, male friend of family, female friend of family, boyfriend, someone at work, religious leader.
^c Police/soldier, stranger.

person (see Table 5.2). However, in Bangladesh province, Namibia city, Peru, Samoa, and the United Republic of Tanzania, more than a fifth of respondents who had experienced non-partner physical violence reported that two or more perpetrators had assaulted them. Among women who reported being physically assaulted by someone other than their partner, in all sites, except in the United Republic of Tanzania and Thailand city, the perpetrators were mainly family members. As shown in

Appendix Table 9, commonly mentioned perpetrators included the respondent's father (the proportion of physically abused women reporting that their father was the perpetrator ranged from 12% in Bangladesh province to 58% in Samoa), other male family members (from 7% in Samoa to 28% in Bangladesh province and Peru city), and female family members (from 5% in Ethiopia province to 63% in Samoa). In both the United Republic of Tanzania province and city more than 50%

Table 5.3 Perpetrators of sexual violence among women reporting sexual violence by non-partners, since the age of 15 years, by site

Site	Category of perpetrator								Number of perpetrators				Total no. of women reporting sexual violence
	Family ^a		Acquaintance ^b		Stranger ^c		Not identified		1		2 or more		
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	
Bangladesh city	10	8.2	19	15.6	96	78.7	5	4.1	115	94.3	7	5.7	122
Bangladesh province	4	§	3	§	1	§	0	§	8	§	0	§	8
Brazil city	11	13.8	39	48.8	23	28.8	12	15.0	73	91.3	7	8.8	80
Brazil province	9	13.2	37	54.4	12	17.6	11	16.2	67	98.5	1	1.5	68
Ethiopia province	1	§	5	§	0	§	3	§	9	§	0	§	9
Japan city	1	2.1	22	45.8	29	60.4	1	2.1	42	87.5	6	12.5	48
Namibia city	6	6.3	64	66.7	23	24.0	5	5.2	94	97.9	2	2.1	96
Peru city	22	15.2	58	40.0	43	29.7	35	24.1	128	88.3	17	11.7	145
Peru province	20	9.7	98	47.3	54	26.1	50	24.2	191	92.3	16	7.7	207
Samoa	18	10.3	102	58.6	42	24.1	13	7.5	173	99.4	1	0.6	174
Serbia and Montenegro city	2	3.6	23	41.1	24	42.9	10	17.9	53	94.6	3	5.4	56
Thailand city	2	2.1	30	31.9	44	46.8	23	24.5	89	94.7	5	5.3	94
Thailand province	4	12.1	12	36.4	6	18.2	13	39.4	31	93.9	2	6.1	33
United Republic of Tanzania city	24	11.5	102	48.8	52	24.9	46	22.0	193	92.3	16	7.7	209
United Republic of Tanzania province	6	4.4	61	45.2	35	25.9	37	27.4	129	95.6	6	4.4	135

Note: This table summarizes the data in Appendix Table 10.
[§] Percentage based on fewer than 20 respondents suppressed.
^a Father, stepfather, male family member, female family member.
^b Teacher, male friend of family, female friend of family, boyfriend, someone at work, religious leader.
^c Police/soldier, stranger.

reported being assaulted by teachers. Teachers were also mentioned as perpetrators by between 15% and 30% of physically assaulted women in Bangladesh, Namibia city, and Samoa. Boyfriends were mentioned by more than 10% in the cities in Brazil, Japan, Namibia, and Serbia and Montenegro, and strangers were mentioned by more than 10% of women reporting non-partner physical violence in the cities in Japan, Namibia, Serbia and Montenegro, and Thailand.

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

Respondents were also asked whether, since the age of 15 years, they had ever been forced to have sex or to perform a sexual act when they did not want to, by anyone other than an intimate partner. Between 0.3% and 12% of respondents reported being forced to have sex or to perform a sexual act that they did not want to by non-partners since the age of 15 years. The highest levels (between 10% and 12%) were reported in Peru, Samoa, and the United Republic of Tanzania city (Table 5.1). Very low levels of non-partner sexual violence were reported in Ethiopia province (0.3%) and Bangladesh province (0.5%). The remaining sites reported levels of between 3% and 9%.

Generally, the most frequently mentioned perpetrators were acquaintances or strangers (Table 5.3). In most cases, only one perpetrator was mentioned, except in the cities of Japan and Peru where more than 10% of women reported two or more perpetrators. Appendix Table 10 shows the detailed breakdown by type of perpetrator.

Overall prevalence of non-partner violence since the age of 15 years

The overall prevalence of physical or sexual violence, or both, by a non-partner since the age of 15 years (obtained by combining reports of physical and sexual violence) varies widely between sites, ranging from 5% in Ethiopia province to 65% in Samoa, with more than a fifth of respondents reporting being physically or sexually abused by a non-partner in Bangladesh city, Brazil city, Namibia city, Peru, Samoa, and the United Republic of Tanzania. In countries where the study was conducted both in a city and a province, higher levels of non-partner violence were reported in the city than in the province, except in Peru. It is interesting to note that despite the high levels of reported partner violence in Ethiopia province, only 5% of women reported being physically or sexually abused by someone other than a partner.

“ Since I got married I was sexually harassed and abused by my brothers-in-law in many ways. Even if I am not to blame for this, my husband severely abuses me because of this. Once he almost killed me by driving a knife into my throat and injuring me deeply. ”

Woman interviewed in Bangladesh (When at the end of the interview she was offered referral to counselling services she simply said that her husband wouldn't allow her to go.)

Table 5.4 Prevalence of partner and non-partner physical or sexual violence, or both, since age 15 years, by site

Site	Non-partner physical or sexual violence, or both		Total no. of respondents	Partner physical or sexual violence, or both ^a		Total no. of ever-partnered women	Partner or non-partner physical or sexual violence, or both		Total no. of respondents
	n	(%)		n	(%)		n	(%)	
Bangladesh city	352	22.0	1603	733	53.4	1373	938	58.5	1603
Bangladesh province	168	11.0	1527	820	61.7	1329	914	59.9	1527
Brazil city	287	24.5	1172	272	28.9	940	453	38.7	1172
Brazil province	234	15.9	1472	438	36.9	1188	571	38.8	1473
Ethiopia province	154	5.1	3016	1602	70.9	2261	1687	55.9	3016
Japan city	102	7.5	1365	196	15.4	1276	253	18.5	1370
Namibia city	328	21.9	1498	491	35.9	1368	637	42.5	1499
Peru city	476	33.7	1413	556	51.2	1086	805	56.9	1414
Peru province	694	37.8	1837	1059	69.0	1534	1301	70.8	1837
Samoa	1059	64.6	1640	555	46.1	1204	1243	75.8	1640
Serbia and Montenegro city	173	11.9	1453	282	23.7	1189	380	26.2	1453
Thailand city	186	12.1	1534	431	41.1	1048	537	35.0	1535
Thailand province	144	11.3	1280	485	47.4	1024	561	43.8	1281
United Republic of Tanzania city	484	26.7	1816	596	41.3	1443	907	49.9	1816
United Republic of Tanzania province	319	22.1	1443	702	55.9	1256	869	60.2	1443

^a May include some partner violence before the age of 15 years.

Non-partner violence compared with partner violence

A common perception is that women are most at risk of violence from people they hardly know or do not know at all, rather than from people they know well, in particular their intimate partners. To explore this issue further, a measure of the overall prevalence of physical or sexual violence, or both, since the age of 15 years, regardless of the perpetrator, was compiled for all respondents in the study, whether they had ever been partnered or not, for each site. The aggregate figures indicate that between 19% and 76% of women in the study sites had been physically or sexually abused since the age of 15 years. The levels of violence were between 26% and 60% in most sites. The figures were highest in Bangladesh, Ethiopia province, Peru, Samoa, and the United Republic of Tanzania province, where more than half the women reported physical or sexual violence, or both, by someone, whether a partner or non-partner, since the age of 15 years (Table 5.4).

The data can be used to compare the relative proportions of women experiencing violence by partners and by non-partners. Among women who had reported physical or sexual violence, or both, since the age of 15 years, in all sites except Samoa, at least 60% had been abused by a partner; with the proportion approaching 80% or above in most sites. Furthermore, in all sites except Brazil city, the United Republic of Tanzania city, and Samoa, less

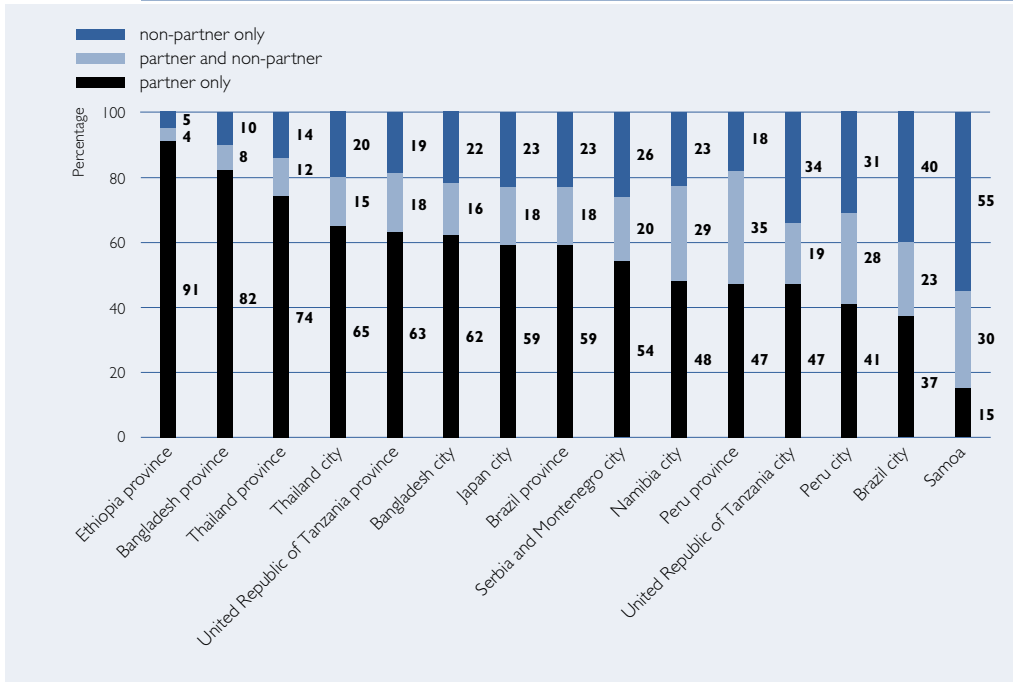
than one third of women abused since the age of 15 years had been abused only by someone other than an intimate partner (Figure 5.1).

Discussion

Between a fifth and three quarters of all women surveyed 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, rather than by other persons.

Despite women being more at risk of violence from their intimate partners than from others, the Study nevertheless confirms that in many settings violence by others is relatively common, with between 11% and 38% of women reporting non-partner violence in most sites. Less than 8% of respondents in Ethiopia province and Japan city reported non-partner violence since the age of 15 years, whereas in Samoa the prevalence of non-partner violence was as high as 65%. These findings on the levels of non-partner violence since the age of 15 years are similar to those emerging from other population-based studies of violence in the developing world, including the Demographic and Health Surveys (DHS) conducted by ORC Macro. A summary of violence-related results from recent DHS surveys (1) noted that between 21% and 57% of women interviewed reported experiencing violence by anyone (partners and non-partners) since the

Figure 5.1 Frequency distribution of partner and non-partner physical or sexual violence, or both, among women reporting such abuse since the age of 15 years, by site



age of 15 years. The lowest lifetime prevalence estimates were found in India (21%), Cambodia (23%) and the Dominican Republic (24%), and the highest in Colombia (41%), Peru (47%), and Zambia (57%).

As many aspects of the WHO Study methodology were standardized across countries (except in Japan), the differences in the patterns of non-partner physical and sexual violence observed are likely to reflect true variations in the patterns of physical and sexual violence within and between countries – although some differences may also arise from culturally specific differences in women's willingness to disclose information about their experiences of violence, especially sexual violence. For example, the extremely low levels of sexual violence by non-partners reported in Bangladesh and Ethiopia provinces (< 0.5%) may be a function of the great stigma associated with sexual violence in these rural settings. Another explanation may be that the early age of marriage in these societies offers protection from the risk of sexual violence by others, through the guardianship of the husband or the husband's family.

Despite this, there are many similarities among the country findings. A common pattern is the extent to which physical or sexual violence since the age of 15 years is perpetrated by intimate partners, rather than by other men. It is also interesting to note that across all sites, the non-partner perpetrators of physical violence are different from the non-partner perpetrators of sexual violence. In all sites except Namibia city and the United Republic of Tanzania, most

non-partner perpetrators of physical violence against women since the age of 15 years were family members, whereas in all sites most perpetrators of non-partner sexual violence were non-family members – including non-cohabiting boyfriends and strangers.

The varying patterns of perpetration of non-partner violence in the different sites are likely to reflect many different cultural and contextual factors, including the forms of social mobility that women in different settings may have. For example, women in Bangladesh were most at risk of physical violence, mainly from family members, while women in many of the other sites were also at risk of sexual violence from a variety of perpetrators, mainly boyfriends and strangers. The opportunity for rural women in Bangladesh to be sexually abused by boyfriends or others outside the home is probably limited by the stronger social strictures against courtship or free movement of women without a male chaperon. This highlights the need to study and understand local patterns of violence against women.

Anti-violence activists and service providers have long maintained that women are more at risk of violence from an intimate partner than from any other type of perpetrator. The WHO Study demonstrates empirically that this observation is true across a wide range of settings. The fact that intimate partners are the primary source of women's risk of violence makes the epidemiology and the consequences of violence distinctly different for women and

men. Men are most at risk from strangers or acquaintances rather than intimates (2, 3). This differing profile has important implications for how best to focus anti-violence programmes aimed at women and men. Traditional criminal justice may be less well suited for dealing with violence against women because of the emotional and economic ties between victim and perpetrator. Likewise, people must realize that it is not generally true that the greatest risk to women comes from strangers approaching them on the street or breaking into their homes, but from people known to them.

References

1. Kishor S, Johnson K. *Profiling domestic violence: a multi-country study*. Calverton, MD: ORC MACRO International, 2004.
2. Alvazzi del Frate A. *Victims of crime in the developing world*. Rome, United Nations Interregional Crime and Justice Research Institute, 1998 (Publication No. 57).
3. Van Kesteren JN, Mayhew P, Nieuwbeerta P. *Criminal victimisation in seventeen industrialised countries: key findings from the 2000 International Crime Victims Survey*. The Hague, Ministry of Justice 2000 (Publication No. 187).

CHAPTER 6

Prevalence of sexual abuse in childhood and forced first sexual experience

Main findings

- The prevalence of sexual abuse before the age of 15 years varied from 1% (Bangladesh province) to 21% (Namibia city). In most cases only one perpetrator was mentioned, usually a male family member other than a father or stepfather.
- In 10 of the 15 settings, over 5% of women reported their first sexual experience as forced, with more than 14% reporting forced first sex in Bangladesh, Ethiopia province, Peru province, and the United Republic of Tanzania. In contrast, less than 1% of women in Japan city and Serbia and Montenegro city described their first sexual experience as forced. In all sites except Ethiopia province, the younger a woman's age at first sex, the greater the likelihood that her sexual initiation was forced.

In addition to physical or sexual violence in adulthood (over 15 years of age) by an individual other than a current or former male partner; the study also explored the extent to which women had experienced sexual abuse before the age of 15 years (childhood sexual abuse) and whether their first sex was wanted, coerced or forced. After asking about potential instances and perpetrators of physical or sexual abuse by a non-partner since the age of 15 years, the questionnaire asked about unwanted sexual experiences prior to the age of 15 years, who the perpetrators were and the frequency of this abuse (see Annex 4). In addition, respondents were asked the age at which they first had sexual intercourse and the degree to which this sexual experience was voluntary.

Sexual abuse before 15 years

Early sexual abuse is a highly sensitive issue that is difficult to explore in survey situations (1). Because of this, two different approaches were used. First, respondents were asked whether anyone in their family had ever touched them sexually, or made them do something sexual that

they did not want to, before the age of 15 years. The interviewers proceeded to enquire about other possible perpetrators of sexual abuse prior to the age of 15 years: a relative; someone at work or school; a friend or neighbour; or someone else. If the respondent had been sexually abused during childhood, additional information was collected about the event: her age when it first happened; the perpetrator's age, and whether the event happened once or twice, a few times or many times.

In addition, at the end of each interview, in all countries except Bangladesh¹ respondents were asked again about sexual abuse prior to the age of 15 years. The question wording was the same, but in this case respondents did not have to reveal their answer directly to the interviewer. Instead they were asked to record their response on a card that had a pictorial representation for "yes" (a sad face) and "no" (a happy face). In most sites, the respondent folded her card or sealed it in an envelope and placed it in a bigger envelope or bag containing other cards, thus enabling her to keep her response secret and preventing the interviewers or researchers from being able to link the response with the individual woman. In Serbia and Montenegro and the United Republic

¹ Field-testing in Bangladesh revealed that the anonymous way of reporting sexual abuse (by means of marking a card showing two pictures of faces) did not work in this setting, as women felt intimidated by having to put anything down on paper and thought they needed to have a husband's permission for this. Therefore, the Bangladesh study did not include an anonymous reporting question.

Table 6.1

Percentage of respondents reporting sexual abuse before the age of 15 years, by site

Site	Face-to-face report			Anonymous report			Best estimate ^a
	n	(%)	Total no. of respondents	n	(%)	Total no. of completed cards	(%)
Bangladesh city ^b	119	7.4	1602	n.a.	n.a.	n.a.	7.4
Bangladesh province ^b	16	1.0	1527	n.a.	n.a.	n.a.	1.0
Brazil city	92	7.8	1172	136	11.6	1172	11.6
Brazil province	85	5.8	1473	128	8.7	1473	8.7
Ethiopia province	7	0.2	3014	211	7.0	3014	7.0
Japan city	131	9.6	1361	188	13.8	1361	13.8
Namibia city	73	4.9	1492	318	21.3	1492	21.3
Peru city	276	19.5	1414	264	18.7	1413	19.5
Peru province	145	7.9	1837	328	18.1	1814	18.1
Samoa ^c	30	1.8	1640	n.a.	n.a.	n.a.	1.8
Serbia and Montenegro city	28	1.9	1453	52	3.6	1453	4.2
Thailand city	117	7.6	1534	137	8.9	1543	8.9
Thailand province	60	4.7	1280	63	4.9	1280	4.9
United Republic of Tanzania city	79	4.4	1816	195	10.7	1816	12.2
United Republic of Tanzania province	60	4.2	1443	124	8.5	1451	9.5

n.a., not available.

^a In those sites where anonymous reporting was not linked to the individual questionnaire, the best estimate is the highest prevalence given by either of the two methods; in the sites where anonymous reports could be linked to the questionnaires, abuse as reported by either method is included.

^b In Bangladesh, the anonymous reporting method (by marking a pictorial card) was not used.

^c Data were not provided on the results of the anonymous reporting on abuse.

of Tanzania, however; the sealed envelopes were stapled to the questionnaire to allow the information to be linked to the individual record at the time of data entry.

As shown in Table 6.1, the directly reported levels of sexual abuse before the age of 15 years ranged from 1% or less in Ethiopia and Bangladesh provinces to 20% in Peru city, with the next highest level being in Japan city (10%). In most sites, however, the reported prevalence was higher when measured using the anonymous method of reporting – increasing from 0.2% to 7% in Ethiopia province, from 5% to 21% in Namibia city, and from 4% to 11% in the city site of the United Republic of Tanzania. In only one site (Peru city) did the anonymous method produce a slightly, but not significantly, lower prevalence (20% as against 19%).

Initially, the anonymous reports of sexual abuse before 15 years of age were not linked to the individual questionnaires, and so any differences in the patterns of disclosure between the face-to-face reporting and anonymous disclosure could not be explored. In order to investigate how anonymous disclosure related to face-to-face disclosure, the method was later changed slightly. In the two countries that implemented the study at a later stage – Serbia and Montenegro and the United Republic of Tanzania – the envelopes containing the face cards were stapled to the questionnaire, so that during data entry the anonymous reports could

be linked to the respondent's identity number; thus allowing the two responses to be compared. The linked reports demonstrated that, at the individual level, anonymous reporting did not always encourage the most reporting: some women reported childhood sexual abuse during the interview but did not disclose it anonymously, and some did the opposite. Because of this, the combined prevalence (obtained if a positive response to either question is used to define a case of child sexual abuse) is higher in the United Republic of Tanzania and in Serbia and Montenegro than one based on either of the two methods used separately. In the United Republic of Tanzania, the combined prevalence was 12% in the city site and 10% in the provincial site. For Serbia and Montenegro city the combined prevalence was 4%. In the remaining sites, where it was not possible to combine the results, the best estimate of the prevalence of child sexual abuse was taken to be the higher of the two reported prevalences (which in most cases was that of the anonymous report).

Respondents who reported to the interviewer that they had been sexually abused before the age of 15 years were asked who the perpetrator was. Table 6.2 groups perpetrators into four categories: family; acquaintance; stranger; and not identified. Appendix Table 11 provides a more detailed breakdown of the responses by specific type of perpetrator. The most commonly reported perpetrators were family members; and among

Table 6.2

Perpetrators of childhood sexual abuse among women reporting sexual abuse before the age of 15 years, by site

Site	Category of perpetrator								Number of perpetrators		Total no. of women reporting sexual abuse before age 15 years	
	Family ^a		Acquaintance ^b		Stranger ^c		Not identified		1		2	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
Bangladesh city	13	10.9	17	14.3	83	69.7	7	5.9	117	98.3	2	1.7
Bangladesh province	8	§	3	§	3	§	2	§	16	§	0	§
Brazil city	61	66.3	13	14.1	8	8.7	13	14.1	87	94.6	5	5.4
Brazil province	46	54.1	26	30.6	11	12.9	10	11.8	78	91.8	7	8.2
Ethiopia province	1	§	6	§	0	§	0	§	7	§	0	§
Japan city	12	9.2	27	20.6	91	69.5	7	5.3	124	94.7	7	5.3
Namibia city	34	46.6	25	34.2	12	16.4	3	4.1	69	94.5	4	5.5
Peru city	148	53.6	46	16.7	69	25.0	53	19.2	234	84.8	42	15.2
Peru province	60	41.4	29	20.0	33	22.8	35	24.1	134	92.4	11	7.6
Samoa	7	23.3	10	33.3	10	33.3	5	16.7	28	93.3	2	6.7
Serbia and Montenegro city	8	28.6	7	25.0	11	39.3	3	10.7	27	96.4	1	3.6
Thailand city	9	7.7	14	12.0	68	58.1	29	24.8	113	96.6	4	3.4
Thailand province	13	21.7	7	11.7	18	30.0	23	38.3	59	98.3	1	1.7
United Republic of Tanzania city	22	27.8	23	29.1	11	13.9	26	32.9	76	96.2	3	3.8
United Republic of Tanzania province	11	18.3	25	41.7	11	18.3	17	28.3	57	95.0	3	5.0

Note: This table summarizes the data in Appendix Table 11.

[§] percentage based on fewer than 20 respondents suppressed.

^a Father, stepfather, male family member, female family member.

^b Teacher, male friend of family, female friend of family, boyfriend, someone at work, religious leader.

^c Police/soldier, stranger.

these, male family members other than fathers and stepfathers were by far the most common, followed at a considerable distance by stepfathers, then fathers and female family members. In most countries strangers were an important category and in the cities in Bangladesh, Japan, Serbia and Montenegro, and Thailand were more frequently mentioned than any other category. In Brazil province, Namibia, Samoa, and the United Republic of Tanzania, where acquaintances were commonly reported perpetrators, male friends of the family and boyfriends dominated this category. Table 6.2 also shows that, in all sites, over 90% of women reported only one perpetrator, except for Peru city where 15% of women reported two or more perpetrators.

Forced first sex

Respondents who reported ever having had sex were asked at what age they had their first sexual intercourse. To explore the degree to which this first intercourse was fully voluntary, respondents were asked whether they would describe their first experience of sexual intercourse as something that they had wanted to happen, that they had not really wanted to happen but that had happened anyway (coerced), or that they had been forced to do. Only the results for forced first sex are presented here. Table 6.3 shows that between less than 1% and 30% of respondents

who had had sexual experience reported that their first sexual experience was forced, irrespective of the age at which first sex occurred. The highest proportions were reported by women in Bangladesh city and province, Ethiopia province, Peru province and in both sites of the United Republic of Tanzania, where more than 14% reported that their first sexual encounter was forced. In contrast, less than 1% of women in both Japan, and Serbia and Montenegro cities described their first sexual experience as forced.

Age at the time of first experience of sexual intercourse differs widely by site. In the cities in Japan, Thailand, and Serbia and Montenegro very few women reported first having had sex under the age of 15 years, while in Bangladesh and Ethiopia province a high proportion of women had their first sexual experience before the age of 15 years (which is probably a consequence of the young age of women at marriage in these sites). In all sites except Ethiopia province, the younger a woman at the time of her first sexual experience, the greater the likelihood that her sexual initiation was forced (see Figure 6.1). Indeed, in 8 out of 12 sites,² more than 30% of women who reported having had their first sexual experience before the age of 15 years described that sexual experience as forced. In Ethiopia province where forced sexual initiation was commonly reported, the proportion of women reporting forced first sex was consistently between 15% and 20% regardless of the age of first experience of sexual intercourse.

“The memory of forced sex on the wedding night is still very painful.”
Woman interviewed in Bangladesh

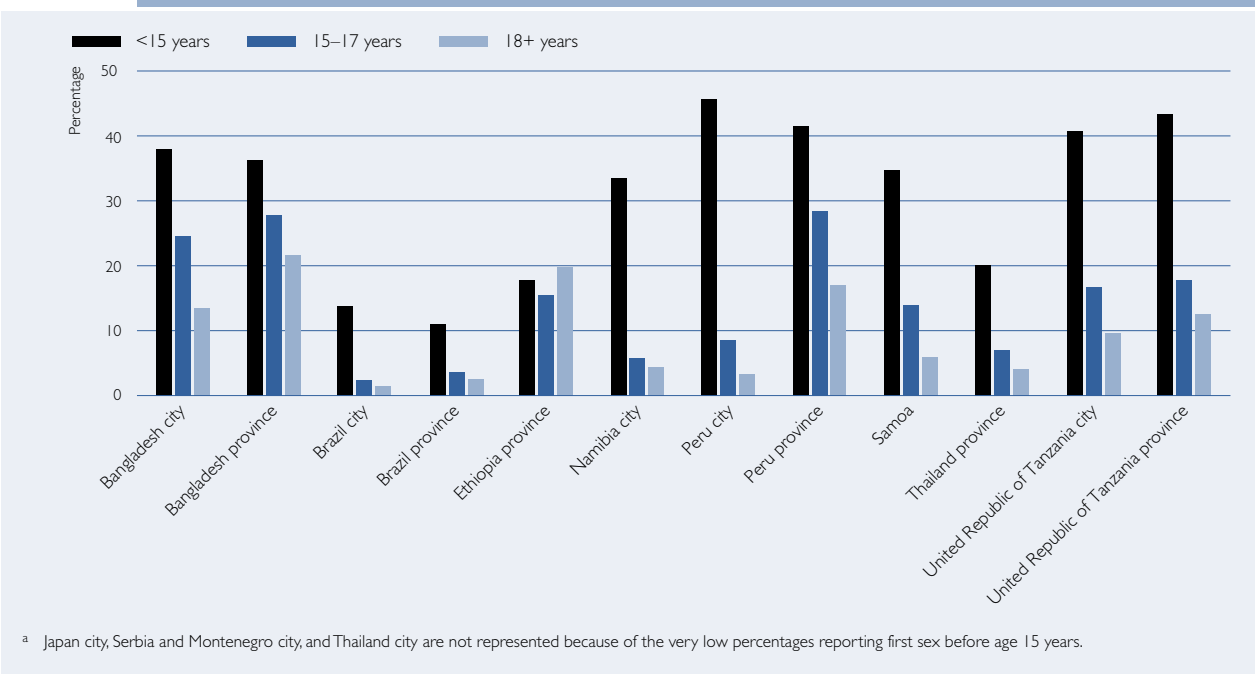
² Japan city, Thailand city, and Serbia and Montenegro city are excluded because of the low number of individuals experiencing first sexual intercourse before age 15 years.

Table 6.3 Percentage of women reporting forced first experience of sexual intercourse among sexually experienced women, by site and by age at the time of first sexual experience

Site	First sex before age 15 years		First sex at age 15–17 years		First sex at age 18+ years		All ages	
	Women reporting first sex forced	Total no. of women reporting first sex before 15 years	Women reporting first sex forced	Total no. of women reporting first sex at 15–17 years	Women reporting first sex forced	Total no. of women reporting first sex at 18+ years old	Women reporting first sex forced	Total no. of women who have ever had sex
	n (%)		n (%)		n (%)		n (%)	
Bangladesh city	156 37.7	414	103 24.3	424	71 13.4	530	330 24.1	1369 ^a
Bangladesh province	208 36.0	578	130 27.6	471	59 21.4	276	397 29.9	1326
Brazil city	12 13.6	88	8 2.3	348	9 1.5	613	29 2.8	1051
Brazil province	23 11.0	210	15 3.5	429	15 2.5	592	53 4.3	1234 ^a
Ethiopia province	59 17.6	335	214 15.3	1401	98 19.6	501	371 16.6	2238
Japan city	3 §	9	1 0.7	140	0 0.0	967	4 0.4	1116
Namibia city	20 33.3	60	25 5.7	436	37 4.3	858	82 6.0	1357 ^a
Peru city	29 45.3	64	27 8.5	318	24 3.3	719	80 7.3	1103
Peru province	56 41.2	136	175 28.2	621	134 16.8	799	368 23.6	1560
Samoa	10 34.5	29	38 13.8	275	59 5.8	1010	107 8.1	1317
Serbia and Montenegro city	0 §	7	5 1.7	296	4 0.4	987	9 0.7	1310
Thailand city	3 §	18	15 8.3	180	20 2.3	853	38 3.6	1051
Thailand province	7 20.0	35	16 6.9	233	31 4.1	758	55 5.3	1029
United Republic of Tanzania city	38 40.4	94	106 16.6	638	78 9.5	818	223 14.3	1557
United Republic of Tanzania province	31 43.1	72	108 17.6	614	74 12.4	595	213 16.6	1287

§. Percentage based on fewer than 20 respondents suppressed.
a. Total includes a few women whose age at first sexual experience is unknown.

Figure 6.1 Percentage of women reporting forced first experience of sexual intercourse among sexually experienced women, by site and by age at the time of first sexual experience^a



Discussion

These findings highlight firstly the magnitude of sexual abuse among young girls and adolescents in both the developing and industrialized world, and secondly the extent to which the first sexual experience of women is forced. For a substantial proportion of young women who participated in the surveys, particularly in developing countries,

their first experience of sexual intercourse was not a wanted event, but rather a product of coercion or force, and this is more likely to be the case, the younger the reported age of that first sexual encounter.

The high levels of sexual abuse before the age of 15 years – up to 20% – are of great concern. Such abuse is a severe violation of a young girl's basic rights and bodily integrity, and

may have profound health consequences for her, both immediately and in the long term. A growing body of research – much of it from the industrialized world – has reported significant associations between child sexual abuse and a host of unhealthy outcomes, including behavioural and psychological problems, sexual dysfunction, relationship problems, low self-esteem, depression, thoughts of suicide, deliberate self-harm, alcohol and substance abuse, and sexual risk-taking (2–6). Women who are sexually abused in childhood are also at greater risk of being physically or sexually abused as adults (2, 7–9).

Sexual abuse in childhood has also been linked to a range of negative reproductive health outcomes, such as unwanted pregnancy and sexually transmitted infections, including HIV (2, 4, 10, 11). Research suggests that early sexual trauma may set off a cascade of behavioural responses that translate into increased sexual risk-taking by girls during adolescence. Studies in Barbados, New Zealand, Nicaragua, and the United States confirm that, on average, victims of sexual abuse start having voluntary sex significantly earlier than non-victims (7, 12–14). Such studies also link sexual abuse to other risky behaviours, including having sex with many partners, using drugs and abusing alcohol, not using contraception and trading sex for money or drugs.

Future analyses of the WHO data will explore whether the associations found in the literature hold true in the WHO study sites. Specifically, future papers will explore whether early sexual abuse is a risk factor for increased risk of violence in adulthood, unwanted or mistimed pregnancies, suicide ideation, and a high lifetime number of sexual partners.

The differences observed in the WHO Study between the prevalence of childhood sexual abuse disclosed in face-to-face interviews versus anonymous methods is consistent with other studies that have found that respondents often find it easier to disclose highly stigmatized behaviours using anonymous formats. Studies of sensitive topics such as sexual behaviour (15, 16), induced abortion (17), sexual abuse (13), and coerced sex (18) have consistently found a higher reporting of risky behaviours using anonymous or computerized methods than with interviewer-based methods of data collection. Interestingly these other studies also found discrepancies similar to those noted previously in this chapter in the linked data from Serbia and Montenegro, and the United Republic of Tanzania. These discrepancies reflect the fact that women may have different reasons for disclosing

differently using different methods; some may feel more comfortable disclosing sexual abuse face-to-face rather than anonymously (as so clearly shown by the women in Bangladesh who would not write anything without their husband's or mother-in-law's permission).

With respect to forced first intercourse, the wide variation in reported prevalence may, in part, reflect different social attitudes towards female sexuality and sexual behaviour: In countries such as Bangladesh and Ethiopia, with strong social restrictions on women expressing a desire to have sex, women may have a greater tendency to report their first sexual experience as forced. These high levels of forced first intercourse are likely to be predominantly sexual initiation by a husband – especially because women marry young – rather than abuse by another family member, a boyfriend or a stranger. Alternatively, the variation may represent actual differences in levels of forced first sex, reflecting cultural differences in women's ability to control the circumstances of their first sexual experience. Future analysis will explore this issue further, by looking, for instance, at the percentages of women who report that their first sexual experience was coerced without being forced (i.e. "they did not want to have sex, but it happened anyway").

One of the earliest surveys to reveal the extent of coercion among youth in developing countries was conducted in 1993 and involved 10 000 female secondary school students in Kenya. According to that survey, 24% of sexually experienced females reported that they had been forced into their first encounter (19). More recently, in Ghana and Zimbabwe, 25% of females aged 15–24 years reported that their first experience of sexual intercourse was forced; the detailed figures for Zimbabwe were 12% in an urban area and 33% in a rural setting (20, 21). Among 575 sexually experienced 15–19-year-old women in the Rakai District of rural Uganda, 14% reported that their sexual initiation had been coerced or forced. Women who reported coerced or forced first intercourse were significantly less likely than those who did not to be currently using modern contraception and to have used a condom at their last intercourse; furthermore, they were more likely to report their current or most recent pregnancy as unintended, and also more likely to report one or more genital tract symptoms (22).

The WHO Study also documented a strong association between early sexual initiation and forced sex. Indeed, a number of studies have found that the younger a girl is when she first

has sex, the more likely it is that the encounter was forced (23). For example, in the Rakai study mentioned above, whereas 26% of young women who first had sex when they were younger than 14 years of age described the event as coerced, this proportion fell to 10% among those whose sexual debut was at age 16 years or older (22). Even greater differences were documented in some of the WHO study sites.

The causes and consequences of child sexual abuse need to be addressed, and given higher priority in public health programmes. Similarly, issues of coercion, in particular forced sex, and consent need to be integrated into adolescent sexual and reproductive health programmes and HIV prevention initiatives.

References

1. Hulme PA. Retrospective measurement of childhood sexual abuse: a review of instruments. *Child Maltreatment*, 2004, 9:201–217.
2. Beitchman JH et al. A review of the long-term effects of child sexual abuse. *Child Abuse and Neglect*, 1992, 16:101–118.
3. Cheasty M, Clare AW, Collines C. Relation between sexual abuse in childhood and adult depression: case-control study. *British Medical Journal*, 1998, 316:198–201.
4. Boyer D, Fine D. Sexual abuse as a factor in adolescent pregnancy. *Family Planning Perspectives*, 1992, 24:4–11.
5. Gladstone GL et al. Implications of childhood trauma for depressed women: an analysis of pathways from childhood sexual abuse to deliberate self harm and revictimization. *American Journal of Psychiatry*, 2004, 161:1417–1425.
6. Spataro J et al. Impact of child sexual abuse on mental health: prospective study in males and females. *British Journal of Psychiatry*, 2004, 184:416–421.
7. Fergusson DM, Horwood LJ, Lynskey MT. Childhood sexual abuse, adolescent sexual behaviours and sexual revictimization. *Child Abuse and Neglect*, 1997, 21:789–803.
8. Coid J et al. Relation between childhood sexual and physical abuse and risk of revictimization in women: a cross-sectional survey. *Lancet*, 2001, 358:450–454.
9. Dunkle KL et al. Prevalence and patterns of gender-based violence and revictimization among women attending antenatal clinics in Soweto, South Africa. *American Journal of Epidemiology*, 2004, 160:230–239.

10. Zierler S et al. Adult survivors of childhood sexual abuse and subsequent risk of HIV infection. *American Journal of Public Health*, 1991, 81(s): 572–575.
11. Butler JR, Burton LM. Rethinking teenage childbearing: is sexual abuse a missing link? *Family Relations*, 1990, 39:73–80.
12. Handwerker WP. Gender power differences between parents and high-risk sexual behaviour by their children: AIDS/STD risk factors extend to a prior generation. *Journal of Women's Health*, 1993, 2:301–316.
13. Olsson A et al. Sexual abuse during childhood and adolescence among Nicaraguan men and women: population-based anonymous survey. *Child Abuse and Neglect*, 2000, 24:1579–1589.
14. Stock JL et al. Adolescent pregnancy and sexual risk-taking among sexually abused girls. *Family Planning Perspectives*, 1997, 29:200–203.
15. Turner CF et al. Adolescent sexual behavior, drug use and violence: increased reporting with computer survey technology. *Science*, 1998, 280:867–873.
16. Aquilino WS. Interview mode effects in surveys of drug and alcohol use: a field experiment. *Public Opinion Quarterly*, 1994, 58:210–240.
17. Fu H et al. Measuring the extent of abortion underreporting in the 1995 National Survey of Family Growth. *Family Planning Perspectives*, 1998, 30:128–133 and 138.
18. Hewett PC, Mensch BS, Erulkar AS. Consistency in the reporting of sexual behaviour by adolescent girls in Kenya: a comparison of interviewing methods. *Sexually Transmitted Infections*, 2004, 80(Suppl. II):S43–S48.
19. Youri P, ed. *Female adolescent health and sexuality in Kenyan secondary schools: a survey report*. Nairobi, African Medical Research Foundation, 1994.
20. Glover EK et al. Sexual health experiences of adolescents in three Ghanaian towns. *International Family Planning Perspectives*, 2003, 29:32–40.
21. Phiri A, Erulkar A. *Experiences of youth in urban Zimbabwe*. Harare, Zimbabwe National Family Planning Council, 2000.
22. Koenig MA et al. Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda. *International Family Planning Perspectives*, 2004, 30:156–163.
23. Jewkes R, Sen P, Garcia Moreno C. Sexual violence. In: Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002.

CHAPTER 7

Associations between violence by intimate partners and women's physical and mental health

Main findings

- The prevalence of injury among women who had ever been physically abused by their partner ranged from 19% in Ethiopia province to 55% in Peru province. In 7 of the 15 sites, over 20% of ever-injured women reported that they had been injured many times.
- In the majority of settings, women who had ever experienced physical or sexual partner violence, or both, were significantly more likely to report poor or very poor health than were women who had never experienced partner violence. They were also more likely to have had problems walking and carrying out daily activities, pain, memory loss, dizziness and vaginal discharge in the 4 weeks prior to the interview.
- In all settings, women who had ever experienced physical or sexual partner violence, or both, reported significantly higher levels of emotional distress and were more likely to have thought of suicide or to have attempted suicide, than were women who had never experienced partner violence.

“ ... I don't feel well and I just cry. There are times that I want to be dead, I even thought of killing myself or poisoning myself and my kids, because I think if I have suffered that much, how much would my kids suffer if I am no longer there...”

Woman interviewed in Peru

This chapter summarizes the findings of the WHO Study on the association between a woman's lifetime experience of physical or sexual violence, or both, by an intimate partner and selected indicators of physical and mental health. Although in a cross-sectional survey it is not possible to demonstrate causality between violence and health problems or other outcomes, the findings give an indication of the forms of association, and the extent to which different associations are found in each of the participating countries. Findings on injuries caused directly by physical violence by an intimate partner are also presented in this chapter.

Women's self-reported health and physical symptoms

All women, regardless of partnership status, were asked whether they considered their general health to be excellent, good, fair, poor or very poor. They were subsequently asked whether they had experienced a number of physical

symptoms during the 4 weeks prior to the interview, including problems with walking, pain, memory loss, dizziness, and vaginal discharge. The proportions of ever-partnered women reporting physical health problems, according to their experience of physical or sexual violence, or both, by an intimate partner at some point in their lives, are presented in Table 7.1.

In most sites, women who reported violence by an intimate partner were significantly more likely than women who had not experienced violence to report that their general health was poor or very poor. Significant bivariate associations were also repeatedly found between lifetime experiences of violence by an intimate partner and specific symptoms of ill-health (Table 7.1).

Multivariate logistic regression modelling was performed to explore associations between violence by an intimate partner and health problems, adjusting for potential confounding variables. Crude and adjusted odds ratios (with 95% confidence intervals) were calculated for the odds of health problems in ever-partnered