

**Current Statistics on Violence against Women – a Review of the Global Incidences and
the Methods of Measurement**

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Abstract

Violence against women is an incredibly relevant topic with data suggesting that every third woman has experienced it at least once in their life. This paper is going to focus on reviewing current estimates of the rates of violence against women in different countries globally divided into intimate partner violence (IPV) and non-intimate partner violence (NIPV). Additionally, the paper will review the two most relevant methods, face to face interviews and surveys, which were used to collect about 85% of the data on violence against women. This literature review mostly focused on research with a more general and global focus on the rates of violence against women with no specifications on the definition of women except for the exclusion of children. The literature review showed that about 30% of women over the age of 15 have experienced IPV at least once in their life with 26% of women already experiencing it before the age of 24. NIPV has been experienced by around 7.2% of women over the age of 15. These are alarmingly high rates especially when considering that there is a high likelihood of underreporting. This is due to stigma around the topic of violence against women as well as a general tendency to victim blame with it going as far as victims possibly putting themselves in danger of being subjected to ridicule when opening up about their experiences. This is partially due to a lack of education as well as general openness regarding the topic.

Keywords: Violence against women, gendered violence, intimate partner violence, non-intimate partner violence

Current Statistics on Violence against Women – a Review of the Global Incidences and the Methods of Measurement

Thirty percent of women worldwide experience physical or sexual violence in their lifetime (WHO, 2021). Research even indicates that women are as likely to die or be affected by cancer as they are from domestic violence and a lot more likely than deathly traffic accidents (World Bank., 1993). Even the Netherlands has a rate of intimate partner violence of 21% (WHO, 2021).

Sadly, timely examples of these acts of violence against women are numerous. Take for instance the case of Mahsa Amini, a 22-year-old who was held in police custody for not wearing her hijab correctly where she then died in September of 2022 (Tayebi, 2023). Many Aspects of Mahsa Amini's case are very problematic and show the corruption that stops perpetrators, like in this case the police, from being persecuted and stops women from speaking out. For example, the primary investigator of her case failed to do a deep investigation and instead shifted the focus onto medical personnel as to be blamed for this tragedy. Additionally, judicial authorities refused to hand over the case report to the doctors working with Mahsa Amini's family leaving them in the dark (Tayebi, 2023). The unnecessary tragedy that was Mahsa Amini's death then lead to nation-wide protests in Iran in which as of January 15th, 2023, around 19.000 people were arrested (Center for human rights Iran, 2023) and at least 522 people have been killed (Tayebi, 2023). In these protests people call for the relaxation of social rules like women having to always wear a hijab. On the other hand, people opposed to the protest would claim that female protestors are loose women and that they are acting under the control of the western government (Qiblawi, Tamarra, et al. 2022). An example a lot closer geographically is the case of Noa Pothoven, a 17-year-old Dutch girl. She was assaulted at 11 years old at school party and again at a gathering a year later. Only to then be raped by two adult men at the age of 14. Noa Pothoven did not open up about these experiences on her own out of shame. After these experiences she suffered from

depression, PTSD and anorexia and later requested assisted death through euthanasia. In the end she died through starvation after stopping to eat and drink (Stanly-Becker, 2019).

These numbers and associated examples make violence against women and more specifically partner- and non-partner violence, a global human rights issue and major health concern (WHO, 2021).

Non-intimate partner (sexual) violence (NIPV), defined as (sexual) violence by a perpetrator which can for example be a relative, friend, acquaintance or even stranger, is a common form of violence against women with 6% of women reportedly experiencing it (WHO, 2021). Intimate partner violence (IPV) which is defined as violence perpetrated by a husband or male intimate partner can be physical, sexual, or psychological. It is also the most widespread form of violence women experience globally with over 25% of women experiencing it at least once in their lifetime (WHO, 2021).

Regional estimates show that when focusing on prevalence in the past 12 months there are 14 countries that fall in the range of at least every fourth women having experienced intimate partner violence recently. There were particularly high prevalence estimates in lesser developed countries compared to the countries with the lowest prevalence which were mostly countries in Europe and three countries in western Asia, Cuba, the Philippines, and Singapore being the remaining one (WHO, 2021).

Interestingly, when looking at the prevalence estimates of lifetime non-partner sexual violence it seems to be especially high in higher income regions like Australia and New Zealand (19%) and northern America (15%). The overall estimate for least developed countries on the other hand is a lot lower with only around 5% of women reporting having experienced non-partner sexual violence (WHO, 2021). Especially for the previously mentioned statistics but also for the paper overall it is important that all findings and statistics are interpreted carefully as this is an especially stigmatized form of violence in all male dominated and especially highly traditional societies. To different extents, but still in all

countries, disclosure is usually met with varying forms of backlash like blame or negative repercussions for the victim (WHO, 2021). So, all forms of collecting data tend to underestimate the true prevalence. For example, of all women that reported violence in the study carried out by the WHO, between 20% and 66% of them reported never having told anyone in their social environment of their partner's abuse prior to the study (Mary C. Ellsberg, 2006).

There are a variety of long-term consequences for women that have experienced abuse like a bigger risk of developing psychopathology. Especially, a rise in the risk of developing a social phobia (Buss et al., 2004) or PTSD (Hagenaars et al., 2008) and suicidality (Oram et al., 2017). There does not seem to be a significant difference between the negative health effects and likelihood of developing psychopathology between IPV and NIPV (Oram et al., 2017).

This paper focuses on the current incidence rate of violence against women and their methods used to measure this form of violence worldwide. In addition, differences in occurrence between countries are discussed along with possible explanations for these differences.

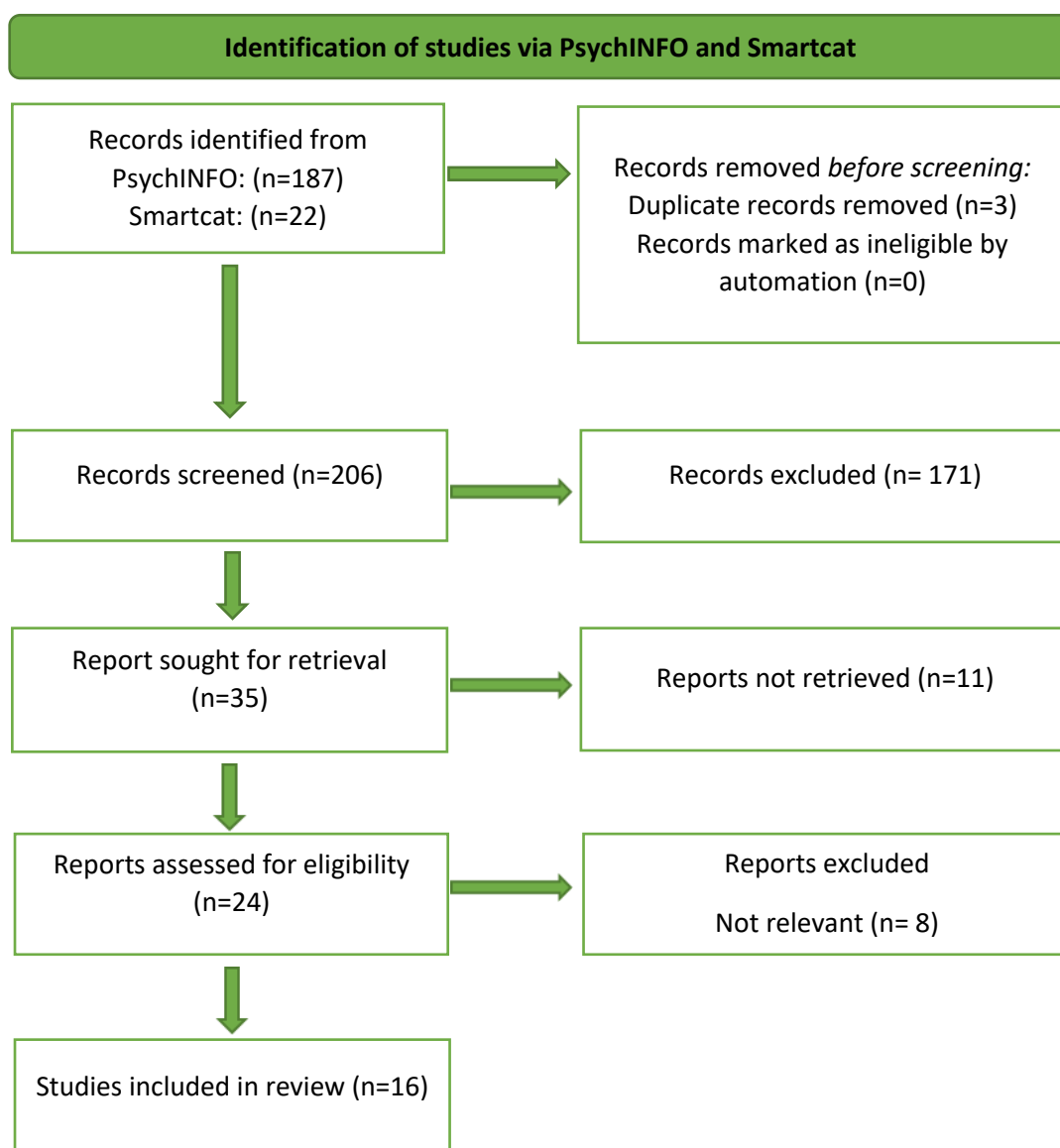
Methods

In this study a literature search was conducted using psychINFO and SmartCat with the following keywords: 'violence against women' AND 'worldwide' AND 'prevalence', 'violence against women' AND 'global' AND 'prevalence', 'violence against women' AND 'incidence' AND 'global' OR 'international' OR 'worldwide'. In this review I will focus on the global incidence as well as the lowest and highest country incidences and their comparison. Additionally, the focus of this paper is on violent behavior against women, so only articles that focus on either sexual or physical violence by an intimate partner or non-intimate partner are considered. Inclusion criteria for articles were violence against women, globally, intimate partner violence, non-intimate partner physical/sexual violence. Exclusion

criteria were childhood abuse, trafficking, female genital mutilation, forced marriage, psychological/emotional abuse, online abuse. In this paper I will not explicitly focus on trans-women as it in a lot of cases could be better described as hate crimes based on gender identity. Still, most papers do not specify if the participants are cis-gender or trans-gender so, I will be focusing on women in general without further specifying. Additional selection criteria were whether the articles were coherent, without obvious research gaps or contradictions in the results or discussion.

Figure 1

PRISMA 2020 flow diagram for new systematic reviews (Page et al., 2021)



Results

The results section will focus on the current incidence rate of violence against women while also reviewing some of the most used methods to collect this data like interviews and surveys. The incidence rates for violence against women will be discussed divided into IPV and NIPV.

Global prevalence of Intimate Partner Violence

The most research on violence against women is specifically on intimate partner violence (IPV). Doing a general review of studies on IPV showed that between 15-71% of women aged 15-49 have experienced IPV (Garcia-Moreno et al., 2006, Willis & Marcantonio, 2021) with most studies reporting around 30% of women over the age of 15 experiencing IPV (Devries et al., 2013, Willis & Marcantonio, 2021). Sardinha et al. (2022) did a systematic review of 366 studies across 161 countries with a total of around 1.8 million female participants. They found that globally 27% of ever partnered women between 15-49 have experienced IPV with 13% reporting having experienced IPV in the last year. A study by the WHO (2021) found that 30% of women have experienced IPV at least once in their life with the highest prevalence being in African, eastern Mediterranean and south-east Asian regions with 37% of women report experiencing IPV in their lifetime while specifically noting that these estimates most likely lie on the lower border as underreporting is expected. A study by Devries et al., (2013) found even higher rates of lifetime IPV in sub-Saharan Africa with a range from 30-66% and Asia with a rate of 42%.

The WHO-report (2021) showed that IPV commonly starts early on in a relationship and at a very young age with 24% of 15–19-year old's already experiencing violence in their relationships and 26% by 19-24 years. Furthermore, the prevalence for recent IPV is also highest in the 15-19 and 20-24 age groups (Sardinha et al., 2022). While not true for all countries, specific nations also found that the youth is at high risk for IPV. For example, in Bangladesh adolescent girls are three times more likely to have experienced some form of

IPV in the past year than the general population (Decker et al., 2014). Lastly, it is interesting to note that for the specific group of pregnant women there has been an increase of IPV of over ten percent from 24% to 35% in the last 20 years (Shen et al., 2022).

Table 1

Summary of key findings for IPV

Researcher/Author	Covered Area	Method	Results (relevant to this paper)
Garcia-Moreno et al., 2006	Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia, Montenegro, Thailand, the United Republic of Tanzania	interviews	15-71% of women between 15-49
Willis & Marcantonio, 2021	98 Countries	secondary country-level statistics	30% of women
Devries et al., 2013	81 Countries	Systematic review (interviews and surveys)	30% of women aged 15 and over
Sardinha et al., 2022	161 Countries and areas	Systematic review (methods not specified)	27% of women between 15-49
WHO, 2021	161 Countries and areas	Systematic review (methods not specified)	30% of women between 15-49, 26% of women between the ages 19-24

Decker et al., 2014	30 Countries	Systematic review (Demographic and health surveys)	Adolescent girls 3 times more likely to experience it in Bangladesh
Shen et al., 2022	North America, India, Brazil, Denmark, Rwanda, Nepal, Ethiopia	Systematic review (Interview, Surveys)	Increase of IPV against pregnant women from 24% to 35%

Global prevalence of non-Intimate-Partner Violence

A lot of studies on NIPV specifically focus on only sexual violence. For example, Abrahams et al. (2014) did a systematic review of the prevalence of non-intimate partner sexual violence worldwide and found that in the year 2010 7.2% of women older than 15 have experienced non-intimate partner sexual violence. It is important to note that Asia Pacific, high income North Africa/Middle East, eastern Europe, and central sub-Saharan Africa have less than six estimates while eight regions, for example central sub-Saharan Africa, have only one estimate per country. This implies that these data points might be especially prone to underreporting as they also found that generally the regions with the highest prevalence also had the most data points. Furthermore, 4 regions had a prevalence of non-partner sexual violence of over 15%, these regions being Australasia (16.4%), Latin America, Andean (15.3%), Sub-Saharan Africa, central (21%) and Sub-Saharan Africa, southern (17.4%) (Abrahams et al., 2014). A study by the world health organization (2021) also found that 7.2% of women have experienced non-partner sexual violence worldwide. Interestingly, this study found the highest statistics of NIPV in high income regions like Canada, USA, western Europe, Australia and more with 12.6%. Africa had a similar prevalence with 11.9% while the lowest prevalence was found in south-east Asia with 4.9% (WHO, 2021).

Additionally, when looking at more specific groups and especially certain minorities for example sex workers the statistics are even higher. More specifically, a survey including 549 female prostitutes in Bangladesh found that 49% of them have experienced rape and 59% have experienced beatings just by the police alone (Watts & Zimmermann, 2002).

Table 2

Summary of key findings for NIPV

Researcher/Author	Covered Area	Method	Result (relevant to this paper)
Abrahams et al., 2014	56 Countries	Systematic review (methods not specified)	7.2% of women older than 15
WHO 2021,	161 Countries and areas	Systematic review (methods not specified)	7.2% of women older than 15
Watts & Zimmermann, 2002	Bangladesh	Survey	49% of sex workers experienced rape, 59% experienced beatings by police in the last year

Methods to measure Violence against Women

There are a variety of different instruments and methods used to measure the prevalence of violence against women. The majority of data is still on Intimate partner violence while a smaller number of studies focuses also or exclusively on non-partner (sexual) violence. The systematic review of 134 prevalence studies published between 1995 and 2006 by Alhabib et al. (2009) found that when it comes to methods face-to-face interviews are the most common way of collecting data at 55%, with self-administered questionnaires following at 30%. Additionally, a smaller number of studies also brought up the point of possible overreporting but there seems to be little to no evidence for that (Alhabib et al., 2009).

Surveys

A survey is a type of systematic method that is used to gather data from a sample of people. Surveys as we recognize them today have been used for 70 to 90 years (Groves et al., 2011). They have for example been used to estimate a country's rate of unemployment, and opinions of the government or in the case of this paper to find data on the incidence of violence experienced by women. Surveys are one of the most widely used methods as they are comparatively easy to conduct, thus also enabling the use of a large number of participants (Groves et al., 2011). In the context of psychology, surveys are thought of as a more of a field approach as variables are not manipulated in the way they would be in an experimental approach. Compared to research done in the laboratory, surveys have higher environmental validity making it an important part of research in psychology (Glock & Bennett, 1967).

Health or Demographic Surveys

One way of doing self-administered surveys is by adding the question(s) to measure violence against women on to a more large-scale survey for example health or demographic surveys. Ellsberg et al. (2001) argued that these studies are usually deemed as more legitimate by laypeople which could help with creating more awareness and moving away from staying silence about having experienced this type of violence. Furthermore, this method can be applied on very large scales and generate large bodies of data. Negatively, these surveys are more prone to underreporting compared to more specific studies and surveys (WHO, 2021, Ellsberg et al., 2001).

Interviews

Interviews are a more qualitative approach compared to the more quantitative method of doing surveys. Interviews tend to be better at not underreporting as much because it gives participants more room to open up about their experienced violence, both IPV and NIPV. Researchers are able to not only study the prevalence but also gain insight into the context of the acts of violence by asking about motive, meaning and impact. Furthermore, it gives more control back to the participants as they are not limited to what the researcher deemed as

domestic violence or not domestic violence (Perilla et al., 2011), which does not always reflect the actual lived experience of IPV, especially when considered across different cultures and languages. An important factor with the interview as a method is how comfortable the participants feel with the interview and the interviewer as this can enhance or decrease the level of disclosure (Ellsberg et al., 2001). To increase the level of comfort it is important to consider women's safety after they disclose having experienced IPV. For example, being mindful that when the interview is held at home the perpetrator or even other family members might be inclined to try to listen in and get involved. Another way to increase the level of disclosure is by giving the participants multiple times to report experienced violence by asking questions repeatedly. Also, by making the questions more specific like different types of violence, than just asking if or if they have not been abused (Ellsberg et al., 2001). Ellsberg et al. (2001) found that one of the studies they reviewed found double the amount of abuse when asking more specifically.

While interviews are very useful as mentioned above, they are also generally more time consuming and difficult to evaluate compared to surveys. Ellsberg et al. (2001) argued that interviewers need extensive briefing considering the weight of the topic and regarding safety precautions for women. It is also very important to consider the well-being of the interviewer as hearing about these things can be very distressing. The interviewer might feel helpless especially if the participant is still in the abusive relationship. Additionally, Ellsberg et al. (2001) found that some interviewers reported that many women will claim that they have not experienced IPV while the interviewer perceives this to be untruthful. However, it is important to note that interviewers have also reported feeling fulfilled by finally talking openly about the very stigmatized topic of IPV as that might be something they have also experienced themselves.

Neighborhood method

The neighborhood method is a form of face-to-face interview where not only women are asked about their own experience but are also asked about what they believe neighboring women are experiencing in the form of intimate partner violence. This is mostly used in situations where families are forced to live very close together like for example in refugee camps (Stark et al., 2009). A review of this method found that women are almost as accurate at reporting for their neighbors as they are for themselves. Furthermore, this method has a lot of its perks in being able to increase sample size while also reducing the time invested due to being able to get multiple data points from every person (Stark et al., 2009).

Discordant reporting

One thing that happens when studying intimate partner violence is discordant reporting. Discordant reporting in the case of IPV is when a man reports no domestic violence while the woman reports victimization or when a man reports domestic violence occurring while the woman reports no victimization. Halim et al. (2018) explains the reasons to be social desirability and victim blaming, as in either the man or the woman does not want to admit to the socially undesirable role of being an abuser or victim. Furthermore, women can often expect backlash as in victim blaming when coming forth with their IPV experience for example they found that in Tanzania men are more likely to report IPV as it is widely socially accepted and normalized while women are less likely to report as they fear the very real consequences of victim blaming. Another reason Halim et al. (2018) argued is that men tend to be less knowledgeable on IPV which might mean they are less clear on definitions of for example different types of violence. Lastly, it might be an issue with the data collection, or the procedures used in the study that led to discordant reporting.

Non-partner sexual violence

The lesser researched side of violence against women is non-partner (sexual) violence. There are still a lot of countries that to this day have no population-based data on this topic at all. Abrahams et al. (2014) point out that inquiry of this data is usually based on singular

questions like ‘have you experienced non-partner (sexual) violence?’. This, as it has also been found for intimate partner violence, leads to underreporting as it is helpful to be more specific, ask for specific acts of violence and give multiple opportunities to report violence (Ellsberg et al., 2001). There have been recommendations on using specific standard indicators to measure rates of non-partner (sexual) violence, but they have not yet been established or are widely used (Abrahams et al., 2014).

Discussion

The Primary purpose of this literature search was to find current incidence rates of violence against women for both intimate partner violence and non-intimate partner violence on a global scale and to point out and discuss important differences in rates between countries. Furthermore, the focus is also on finding the most common forms of collecting this data and discussing the upsides and downsides of the different methods.

Intimate Partner Violence

The results suggest that the global IPV is somewhere around 15-71% of women aged 15-49, with most studies putting their estimate at around 30% of women having experienced IPV (Devries et al., 2013, Willis & Marcantonio, 2021). Of these 30% of women 26% have already experienced IPV by the age of 19-24 (Sardinha et al., 2022). The highest rates of lifetime IPV being 30-66% in sub/Saharan Africa and 42% in Asia (Halim et al., 2018). There are strong reasons to believe that these are underestimations as victim blaming and stigma stops a lot of women from speaking up about their abuse (WHO, 2021, Ellsberg et al., 2001).

Non-Intimate Partner Violence

For non-intimate partner violence, a study from 2010 found that around 7.2% of women older than 15 have experienced NIPV at least once in their life (Abrahams et al. 2014). The highest found rates of NIPV are above 15% in the regions Australasia (16.4%), Latin America (15.3%), sub-Saharan Africa, central (21%) and sub-Saharan Africa, southern (17.4%) (Abrahams et al., 2014). In contrast, a study by the WHO (2021) found that that the highest

rate of NIPV were in high income countries like for example Canada, USA, western Europe, and Australia at around 12.6%. This could be due to the fact that while violence against women is still stigmatized everywhere it seems to be less stigma in a lot of higher income countries. This might not only manifest in women being more inclined to disclose NIPV they have experienced but also in that these regions are more likely to have collected a lot of data on these topics and more data leads to less underreporting (Abrahams et al., 2014). It is important to note that especially for NIPV there are a lot of countries with very little data and estimates. This is especially relevant when considering that generally regions that have more data tend to have the highest estimates in NIPV (Abrahams et al., 2014) which gives reason to believe that regions with little data are even more prone to underreporting. One of the reasons for this connection could be that often times its lower income countries or regions that don't invest in studies to collect data on NIPV which also less likely to educate on the topic and therefore having more stigma and victim blaming mentality leading to people being less inclined to reveal their experiences even anonymously in surveys (Willis & Marcantonio, 2021).

Interviews

The most common method to collect data on IPV is face to face interviews at 55% (Alhabib et al., 2009). Using face to face interviews as the method can be very helpful to gain additional data on the context of different situations. The addition of context to the IPV situations can help to get a better understanding of different types of situations potentially helping to find more nuanced solutions. Additionally, face to face interviews tend to underestimate the rates of IPV less as people are more inclined to talk about their experience when they get asked multiple times, with different phrasing and also when asked about specific acts of violence (Ellsberg et al., 2001). Just as important for disclosure is the comfort of the participant. Not only the way the interviewer interacts with the participant but also the location of the interview plays a huge role as for example interviews being held in the

participant's home can be difficult as there can easily be a lack of privacy and therefore additional pressure to keep up secrecy (Ellsberg et al., 2001). Next to that it is important to provide the interviewers themselves with the necessary skills to cope with the inevitable emotional weight due to the emotional nature of the topic. While collecting this data is naturally very helpful in starting a conversation about the importance of interventions, a lot of interviewers are likely to report feelings of hopelessness over not directly being able to help each woman in their specific situation. These feelings may potentially be intensified by the commonly reported cases in which interviewers experience cues that women are not being truthful in their statements of not having experienced IPV potentially due to not feeling safe enough to open up. But it is important to note that sometimes even the same interviewers will also report a feeling of liberation, especially if they or someone close to them has experienced the same thing. On one hand because of being close and talking to women that have gone or are going through the same thing but also through breaking the stigma of silence that to varying degrees affects all of women (Ellsberg et al., 2001).

In summary, interviews are a lot more time and money consuming than surveys and generally have less participants. Further, interviews are good at collecting more thorough and nuanced information while also being less prone to underreporting. Conducting a good interview requires training the interviewers to help them cope but also to heighten the comfort level of the participants. Also important for the comfort of the participant is to consider the location of the interview.

Surveys

The second most used method of collecting data on IPV is through surveys at 30% (Alhabib et al., 2009). Surveys are a useful more quantitative approach that can give a large and broad overview of the extent of IPV in a big population (Groves et al., 2011). The downside of surveys is that the complexity of IPV situations tends to be oversimplified in the questionnaires. That is why it both fails at picking up a lot of important nuances and also at

considering that a lot of people have different ideas of IPV as well as their definitions. Furthermore, the choice and phrasing of the questions in the survey solely reflect the researcher's idea of IPV (Perilla et al., 2011), which can be limiting. This issue is even more increased when surveys get translated as it is crucial to consider the cultural context and the fact that different languages have varying amounts of vocabulary for acts of violence.

Methods used for the assessment of non-intimate partner violence prevalence are a lot less extensive as it is a lot less researched compared to IPV but also because most data gets collected by doing surveys which usually only asks a single question, such as whether one has experienced NIPV. This method is very susceptible to underreporting (Abrahams et al., 2014) because people are more likely to give an untrue answer when only asked a singular time (Ellsberg et al., 2001), also because it does not take the possibility of different definitions into account. This especially applies when considering the effects of different levels of understanding of these concepts on the comprehension of the question(s). Therefore, certain groups of people might be more susceptible to underreporting like people with less education which are disproportionately people with low socioeconomic status (Broer & Fonseca, 2019). Additionally, evidence suggests that lower socio-economic groups are less likely to participate in health surveys leading to even more biased results (Demarest, 2013).

Ultimately, surveys are relatively easy to conduct while still having a lot of participants. However, they miss nuance and generally oversimplify the issue that is violence against women while also being more prone to underreporting. Lastly, the choice of question(s) will always be biased by the researcher while also raising difficulty when trying to translate it to different languages and cultures (Wangel & Ouis, 2019).

Limitations of researching violence against women

Something that is usually considered when doing research on IPV and NIPV is underreporting and in some cases overreporting. As for underreporting a lot of studies make a point of mentioning it is a given when collecting data on violence against women (WHO,

2021). Ellsberg et al. (2001) compared three studies, two regional studies done with interview and demographic and health survey on a national scope finding that underreporting is a big threat to the validity of surveys measuring violence against women. Underreporting violence against women can be problematic by making the issue seem less acute and worthy of intervention than it is, leading to less women having the opportunity to get help. In essentially all societies there are varying degrees of stigma and attitudinal norms around experiencing NIPV and especially IPV. One example for attitudinal norms which are a culturally accepted beliefs that stand for the individual attitudes across any country's population (Willis & Marcantonio, 2021) would be victim blaming which is a huge contributor to underreporting as well as lack of education. When measuring IPV specifically, it might help to interview both intimate partners by both doing a face-to-face interview separately with an interviewer of the same gender to increase level of comfort (Halim et al., 2018). Also, self-reports are especially prone to underreporting but Halim et al. (2018) found that again it might help getting both intimate partners to do a self-report on whether IPV is taking place. Again, a big contributor to both the high rates of violence against women as well as the constant underreporting are specific attitudinal norms. For example, in a lot of cultures the belief is still prevalent that violence and sex are a men's right in marriage. Further, these beliefs are as much present for the women as they are for men leading to women accepting violence and abuse as a given part of marriage. Which makes them less inclined to report it (WHO, 2021, Fine et al., 2021) especially in self-administered surveys where it's harder to account for different understandings of abuse. This shows how internalized and normalized this dynamic is with some countries finding IPV rates of over 50% (Halim et al., 2018). Studies have specifically found that countries with lower rates of IPV also tend to have more attitudinal norms that lean towards supporting gender equality and not supporting violence as a way to deal with conflict (Willis & Marcantonio, 2021). Additionally, economic development seems to be a higher

order factor regarding rates of IPV and NIPV as it influences factors like attitudinal norms which in turn influence rates of violence against women (Willis & Marcantonio, 2021).

Overreporting is discussed in the research done by Ellsberg et al. (2001) in which they concluded that there is little evidence for overreporting on acts of violence in general with specific studies on violence against women not finding overreporting of abuse as a factor. One way Ellsberg et al. (2001) tried to account for overreporting is to repeat the study with a subgroup of participants sometime later to see if the answers stayed the same. Also, they asked for detailed accounts of the abuse as well as the month and year it happened with the participants answers giving them little reason to believe there was a fabrication.

Another big limitation is the lack of accounting for cultural differences in the study design of a lot of research on violence against women. It is very difficult to successfully use the same methods across all countries as the translation of surveys can impact validity (Wangel & Ouis, 2019). Not only because it might not be easy to find a direct translation but also because the respondents' experience of different types of violence is going to vary based on their cultural background (Alhabib et al., 2009).

Conclusion

The goal of this paper was to report and discuss important differences between countries. It is important to note that it is difficult to make good comparisons between countries because of variations in methods and cultural differences (Wangel & Ouis, 2019, Alhabib et al., 2009). Most research has been done on IPV with the global rates generally being found to be around 30% (Devries et al., 2013, Willis & Marcantonio, 2021, Sardinha et al., 2022, WHO, 2021). The highest rates of IPV were found in eastern Mediterranean regions (37%) (WHO, 2021), sub-Saharan Africa (30-66%) and Asia (42%) (Devries et al., 2013), and the lowest rates being in Europe (16-23%) and parts of Asia (18-21%) (WHO, 2021). This can be explained by Willis & Marcantonio (2021) findings that countries that generally have more attitudinal

norms like supporting gender equality and not supporting violence as a solution for conflict also tend to have lower rates of IPV.

Regarding NIPV the global rate has been found to be around 7.2% of women older than 15 (Abrahams et al., 2014, WHO, 2021). The highest rates as found by Abrahams et al. (2014) were in Australasia, Latin America, sub-Saharan Africa, central and southern where it ranges from 15-21% of women having experienced NIPV at least once in their life. Whereas WHO (2021) found the highest rates of NIPV to be in regions like Canada, USA, western Europe and more with 12.6% and the lowest in south-east Asia with 4.9% of women experiencing NIPV. Possible explanation for this is that underreporting is increased by lack of education (Ellsberg et al., 2001) and specific attitudinal norms like victim blaming or accepting abuse and violence as part of marriage (WHO, 2021) which both lead to underreporting in most commonly low- to middle-income countries.

Additionally, I wanted to find the most common form of collecting this data as well as discussing their up and downsides. The most common method to collect data on IPV is face to face interviews at 55% (Alhabib et al., 2009). Face to face interviews are good to gain information on the contexts of different situations to deepen our understanding of IPV. Further, face to face interviews are less prone to underreporting as people are more likely to open up through asking multiple times in different phrasing (Ellsberg et al., 2001). Moreover, its more time and resource intensive and limited in amount participants because of need for trained interviewers as well as location that is best not at home as this can decrease willingness to disclose because risk of being overheard by the perpetrator or other family members (Ellsberg et al., 2001).

The second most common method self-administered surveys (Alhabib et al., 2009) is helpful as they are relatively easy to conduct leading to the possibility of many participants (Groves et al., 2011). Surveys also have higher environmental validity compared to research done in a laboratory (Glock & Bennett, 1967). One form of doing self-administered surveys

are health and demographic surveys which are helpful as they are often times applied on a very large scale generating a lot of data. They can also be very helpful because they are generally seen as more legitimate by lay people which can help with creating awareness (Ellsberg et al., 2001). One downside of self-administered surveys is that they are very prone to underreporting and are often unable to pick up any nuances about the occurred violence (Ellsberg et al., 2001). Furthermore, the choice and phrasing of the question always reflects the researcher's idea of IPV (Perilla et al., 2011) which can be limiting as well as trying to translate surveys which can be difficult as it is crucial to consider cultural context. Lastly rates of NIPV are most inquired through surveys oftentimes through a singular question (Abrahams et al., 2014) which is especially prone to underreporting leading to large underestimations of the amount of violence against women occurring (Ellsberg et al., 2001).

Given the collected data it is obvious that a variety of interventions are needed. For example, it could be helpful to educate men and women on IPV and NIPV through official means like schools and universities or by having open conversations to reduce the stigma. Intervention like that will educate and therefore reduce the risk of underreporting but also the spreading of misinformation. For further data collecting interviews would be ideal given that the interviewers are trained to both make the participant comfortable as well as deal with the emotional weight of the topic. In addition to that large scale surveys would be hopeful to get a general overview of trends in the data. Lastly, victims need to have very easy access to a variety of immediate help ranging from having a rape kit done, being able to give information to the police in a trustful environment, psychological and physiological care, alternative housing in case of domestic violence and more. Since we found that the rates of violence against women are higher in more male dominated countries it would be interesting for future research to dive deeper into the possible connection between sexism and violence against women.

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