

Annex D

What works to prevent violence against women and girls?

State of the field of violence against women and girls:
What do we know and what are the knowledge gaps?

June 2014

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Acronyms

ADHD	Attention Deficit Disorder
CSA	Child Sexual Abuse
FSWs	Female Sex Workers
GBV	Gender-Based Violence
HICs	High Income Countries
IPV	Intimate Partner Violence
LMIC	Low and Middle Income Countries
MSM	Men who have Sex with Men
ODD	Oppositional Defiant Disorder
RCT	Randomized Control Trail
STI	Sexually Transmitted Infection
VAW	Violence Against Women
VAWG	Violence Against Women and Girls

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INTRODUCTION

Violence against women and girls is one of the most widespread violations of human rights worldwide, affecting one third of all women within their lifetime (Devries et al. 2013). It is also a profound public health problem with well-documented impacts on women's sexual and reproductive health (Campbell 2002; Ellsberg et al. 2008), their overall mental health (Devries et al. 2013), their risk of chronic disease (World Health Organization 2013), and the health and well-being of their children (Ahmed et al. 2006; Asling-Monemi et al. 2003; Bair-Merritt et al. 2006; Hasselmann and Reichenheim 2006; Jeejebhoy et al. 2013; Karamagi et al. 2007). Violence against women and girls is also a fundamental barrier to eradicating poverty and building peace. It impoverishes individual women, and their families, communities and countries. Even the most conservative estimates measure national costs of violence against women and girls in the billions of dollars (Day et al. 2005).

Violence against women and girls is preventable. However, it is a highly complex issue and in order to address it effectively we need to understand it in all its complexity.

To develop and implement effective prevention interventions globally, researchers and practitioners need to understand the scale, scope and nature of the problem. To design context specific programmes and policies we need to understand variations across and even within countries. We also need evidence from the perspective of both women's experiences and men's perpetration. It is also crucial to have knowledge on the circumstances, and the risk and protective factors that influence the occurrence of VAWG. The ecological model has been used to help illustrate these multiple risk and protective factors across individual, family, community and societal levels. The model highlights the complex interplay of factors across and between the levels, and can therefore provide key points for prevention and intervention (World Health Organization 2002; Heise 1998). In particular, fully understanding the links between structural, political, economic and social determinants, and their pathways to violence, are absolutely vital in advancing our prevention efforts.

This paper outlines our current knowledge base regarding VAWG and identifies where the evidence base needs to be expanded in order to deliver the most sophisticated interventions and make a real impact on the prevalence of VAWG globally. We highlight the implications of this knowledge for prevention interventions and hope this information can be used to drive current policies and programmes as well as future research endeavours.

Scope and goals of the review:

This paper focuses on physical and sexual intimate partner violence, non-partner sexual violence and child abuse, as the most common forms of violence against women and girls globally, and the focus of the DFID "What Works" Component 1. The paper aims to:

- Summarize the existing literature on the scale, scope and nature of intimate partner violence, non-partner rape and child abuse;

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- Summarize the existing literature on the links between structural, economic, political, community, relationship and individual factors and the prevalence of partner violence, non-partner rape and child abuse;
- Identify the gaps in understanding related to the factors that influence prevalence of violence against women and girls;
- Discuss the implications for primary prevention interventions; and
- Outline a suggested research agenda and propose a set of analyses to be incorporated into the research plan of Component 1 of What Works.

This paper is not a systematic review but represents a collective consensus of the state of the field based on state of the art reviews including DFID's *'What works to prevent partner violence: An evidence overview'*, WHO's *'Preventing intimate partner and sexual violence against women'*, findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific, and the South African MRC's *'Rape Perpetration: A review'*.

We hope that this paper will be accessible and useful for non-researchers, particularly our innovation grantees. It is our intent that it be used as a basis for programmers and policy makers to develop their own theories of change for violence prevention interventions.

What do we know about intimate partner violence (IPV)?

1. IPV is a significant social problem worldwide, but the level of violence varies greatly between settings.

Partner violence is the most common form of violence against women globally (Heise 2012). A recent systematic review of data available worldwide estimates that 30% of women over the age of 15 have experienced physical or sexual violence by an intimate partner at least once in their lifetime (Devries et al. 2013). This estimate is based on data from 155 studies that span 81 countries and cover all regions of the world (World Health Organization 2013).

This summary estimate, however, obscures dramatic differences in levels of violence across settings. Data on men's perpetration from the Asia-Pacific region shows a dramatic range between 26% (Indonesia rural site) and 80% (Bougainville, PNG) of ever-partnered men aged 18-49 reported perpetrating physical and/or sexual violence against an intimate partner in their lifetime (Fulu et al. 2013).

Reports from women demonstrate equally large differences, with especially dramatic variation in the proportion of women experiencing *current* partner violence (defined as physical or sexual violence by a partner within the last 12-months) across settings. For example, the WHO Multi-country Study on Women's Health and Domestic Violence (hereafter, known as the WHO-IPV Study) found that reports of current abuse by a partner varied from less than 4% in Yokohama, Japan and Belgrade, Serbia to 53.7% in rural Ethiopia and 34.2% the Peruvian department of Cuzco. Reported rates of *current* partner violence in high-income countries average around 4% in the

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United States, Great Britain and Ireland using roughly similar methodologies, compared to one third to half of women in some lower income countries (Black et al. 2011; Walby and Allen 2004; Watson and Parsons 2005).

In non-Western countries, the proportion of women who report partner violence in the last 12 months is generally less than twice that of women reporting lifetime partner violence. Of the 53.4% of women in Dhaka Bangladesh, for example, who report ever experiencing physical or sexual violence by a partner, more than half of these (30.2%) report violence within the past 12 months. By contrast, in settings like Australia, Canada, Ireland, and the United States, the rates of lifetime versus on-going violence are vastly different, with a far larger percentage of women reporting violence by a partner over their life course, than those reporting current abuse (Australian Bureau of Statistics 2012; Black et al. 2011; Canadian Centre for Justice Statistics 2013; Watson and Parsons 2005). This suggests that on average, women in high-income countries are better able to leave relationships that turn violent than are similarly positioned women in countries where social stigma and lack of economic alternatives for women, make leaving less viable.

Interestingly, the differences in levels of partner violence observed between countries are replicated within the countries themselves, with vastly different rates reported by women living in different regions, different villages and cities, and even among different neighbourhoods within a city. This unequal 'geography' of violence, suggests that various factors combine to establish the level of partner violence present in any one setting.

If levels of partner violence can vary by up to 50% between villages or neighbourhoods, it raises the prospect that we can reproduce the set of factors that reduces violence while working to change the social, economic, and cultural factors that potentiate risk.

2. In low and middle-income countries, the majority of partner violence is perpetrated by men against women. In higher income countries, a greater proportion of violence appears to be mutual, although the health and social consequences of men's violence remain more severe for women.

The issue of whether partner violence is primarily a phenomenon of male violence against women or a question of 'mutual violence', has been a subject of long standing debate in the North American academic literature. A systematic review of population-based surveys in high-income countries and from a global survey of college students has suggested that women are as likely as men to physically assault a partner (Archer 2000). This finding has been used to call into question the feminist analysis of partner violence as a highly gendered phenomenon (Dutton 2010).

A growing body of evidence suggests that in high-income settings, women are indeed becoming more physically aggressive as women's status improves and social norms against female violence loosen (Archer 2006). This has led to an increase in 'mutually violent' relationships, although the health and social consequences of violence remain more severe for women than for men (Black et al. 2011; Canadian Centre for Justice Statistics 2013; Watson and Parsons 2005b; Walby and Allen

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2004a; C). Women likewise are the victims of the most severe types of physical violence and the majority of incidents reported to the police.

Some observers have argued that the more moderate physical violence picked up in population-based surveys is fundamentally different phenomena from the more severe, highly controlling violence that lands women at local refuges and in hospital emergency rooms. US researcher Michael Johnson coined the terms 'situational couple violence' versus 'intimate terrorism' to describe what he argues are two sub-types of violence, with mutual violence falling with the former camp. Johnson used data from small-scale studies in the United States to argue that this type of violence is almost exclusively perpetrated by men against women (Johnson 2005; Kelly and Johnson 2008).

Several research groups have attempted to test Johnson's hypothesis, generally finding mixed support for his thesis (Frye et al. 2006; Graham-Kevan and Archer 2008). The possibility that there are various types of violence, each with different risk, factors, manifestations and gender dynamics, is a compelling thesis and one worthy of further investigation. Unfortunately, the evidence available to sustain the particular theory advanced by Johnson, however, is relatively scarce. What *is* clear is that population-based research indicates that in some high and middle-income settings, reported violence by women is relatively high and not entirely motivated by self-defence.

At the same time, efforts to extend the 'gender symmetry' analysis to low income settings are largely misplaced. Throughout large swathes of the developing world, the dominant problem is clearly one of violence perpetrated by men against women and girls. Not only is the behaviour common and socially condoned, it is embedded in a matrix of entrenched gender inequality in access to resources and deep-seated norms that grant men authority over female behaviour. In the 15 sites of the WHO-IPV Study, for example, less than a quarter of women (with the exception of Yokohama Japan and Bangkok) report ever having hit their partner when he was not already hitting them, with the majority reporting offensive violence once or twice ever. The evidence suggests that women are more likely to aggress against their male partners in settings where women have gained more independence and wife beating is less socially acceptable (Archer 2006; Heise 2012).

3. Universally, types of violence (sexual, physical, emotional, and economic) overlap in relationships, although the patterning of violence varies among countries.

Analysis of household survey data from the WHO-IPV survey and other national violence studies, including Indonesia, Nicaragua, Vietnam and Turkey, all demonstrate that the various types of partner violence generally overlap in relationships (Directorate General of the Status of Women 2010; Ellsberg et al. 2000; Hakimi et al. 2002; Vung et al. 2008). The vast majority of women who experience physical or sexual partner violence also experience emotional abuse; likewise those who experience sexual violence most often experience physical violence as well. As the authors of a recent survey replicating the WHO study in Turkey observe, "Sexual partner violence rarely occurs

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alone. When a women experiences sexual violence, she usually also experiences physical violence”(Directorate General of the Status of Women 2010).

The pattern of violence seen in Indonesia, Thailand and Cambodia appears to be an exception to this rule, however. Here, sexual violence constitutes a greater proportion of partner violence than physical violence and often occurs without physical abuse (Fulu, Jewkes, et al. 2013; Garcia-Moreno et al. 2006; Hayati et al. 2011). Qualitative and ethnographic accounts suggest that in these settings notions of masculinity are more tightly linked to heterosexual performance and sexual entitlement (Hayati et al. 2011; GADC 2010).

4. No single factor causes partner violence, nor is there a single pathway to perpetration

The reigning paradigm for understanding partner violence is the socio-ecological model, which posits that violence emerges from the interplay of multiple interacting factors at different levels of the social ‘ecology’ (Heise 1998; Krug, Dahlberg et al. 2002). This includes the genetic endowment, developmental history, personality profile, and current behaviours of the partners who enter a relationship; the specific dynamics of that relationship, including levels of conflict, communication style, and power dynamics; the household and community structures in which that relationship is embedded; and the macro- and global level forces that shape prevailing norms, access to resources, and the relative standing of men versus women.

Significantly, this conceptualisation of violence means that different combinations of factors interact to increase the likelihood of either perpetrating violence or being a victim. Likewise, there are multiple different pathways that can result in physical or sexual partner violence. To date, violence researchers have spent too little effort elucidating these different pathways. The next generation of research must focus on how more distal, upstream factors (such as gender inequitable property regimes) work through community and normative structures to influence relationship dynamics, and individual attitudes, beliefs, behaviours, and stressors.

5. Some factors appear consistently potent in their power to elevate risk of partner violence in low and middle-income settings. These include: exposure to violence in childhood; presence of community norms that support wife abuse; binge drinking; and harmful notions of masculinity and rigid gender roles.

Violence in childhood. Studies from a wide range of industrial and developing country settings have found that children who witness violence between their parents or who are physically abused themselves are more likely to use violence in their relationships as adults (Abrahams and Jewkes 2005; Ellsberg et al. 1999; Flake 2005; Gage 2005; Jewkes et al. 2002; Kishor and Johnson 2005; Martin et al. 2002; Urbina 2005). This association persists in well controlled multivariate studies and has been consistent in settings as diverse as Nicaragua, the United States and Vietnam (Ellsberg et al. 1999; Vung et al. 2008; Whitfield et al. 2003). This cross-sectional evidence is supplemented by a range of longitudinal studies in high-income countries that have followed children and their families forward in time. Consistently, these studies have confirmed a strong relationship between

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exposure to violence in childhood and subsequent risk of perpetrating dating violence as well as partner violence in adulthood (Capaldi et al. 1997; Capaldi and Clark 1998; Ehrensaft et al. 2003; Magdol et al. 1998; Swinford and DeMaris 2000). Other studies have demonstrated that the associations with various negative health and behavioural sequelae remain even after controlling for family dysfunctions such as growing up with an alcoholic parent (Chartier et al. 2010). The pattern is not inevitable, however, and a key question for future research is what genetic, situational, socio-cultural, and life course factors distinguish those who later become violent from those who go on to form healthy relationships.

While the link is well established, less is known about the exact mechanisms through which early exposure to violence operate to increase risk of future perpetration. Research from high-income studies has demonstrated that early exposure to violence can leave emotional and developmental scars that predispose a child to later behavioural problems, including poor school performance, bullying, and anti-social behaviour in adolescence (Hemphill et al. 2005; Ireland and Smith 2009; Pears and Capaldi 2001). Left unchecked, this developmental pathway is highly predictive of later engagement in partner violence. There is even evidence that early trauma can affect the developing brain, interfering with a child's ability to learn to trust and develop empathy, and heightening the tendency to perceive benign overtures as threats (Kinniburgh et al. 2005; Neigh et al. 2009; Perry 2005) Children who grow up in violent homes also internalize the idea that violence is an effective tool to exert dominance and get what you want. If no negative consequences accompany violence, then children, especially boys, readily incorporate aggression into their behaviour (Bandura 1978). There is an urgent need to establish whether the developmental pathway that exists in high-income countries — early violence leading to antisocial behaviour in adolescence leading to partner violence in adulthood — is similarly operative in low-income countries, and whether and how it interacts with norm-driven violence.

Attitudes and norms accepting partner violence. Data from a wide range of countries demonstrate that wife beating is normative in many settings, with women as well as men expressing support for partner violence under certain circumstances. Implicit support for violence is frequently couched in terms of men's need to 'discipline' women for various infractions, generally related to gendered expectations regarding female behaviour or deference to male authority.

Women and men appear to make finely grained distinctions as to what 'justifies' wife beating, with individuals accepting some but rejecting other reasons among a list of possible circumstances where abuse might be justified. The acceptability of violence appears strongly linked to both the nature of the perceived transgression and the severity of abuse. Violence that is viewed as 'without just cause' or is perceived as excessive is more likely to be condemned by women themselves and by others (Go et al. 2003; Jeejebhoy et al. 2013). This opens the possibility of intervening at multiple levels—to challenge the underlying beliefs that define the range of acceptable male and female behaviour; to build a new social consensus that all violence, regardless of severity, is unacceptable in families; and to foster informal sanctions against men who abuse their wives

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Over 35 population-based studies from Asia, Africa, Latin America, and the Middle East have demonstrated that women's attitudes condoning partner violence are highly predictive of victimisation (Fournier et al. 1999; Guoping et al. 2010; Khawaja et al. 2008; Rani and Bonu 2009; Uthman et al. 2010). Using detailed analysis of DHS data for over 100,000 women from 15 countries in Sub-Saharan Africa, Cools and Kotsadam (2014) find that women who believe that wife beating is justified, are 7.9 percentage points more likely to be physically or sexually abused by a partner than those who reject the legitimacy of such violence.

The role of men's attitudes toward wife beating appears somewhat more variable. In a 2008 review of ten recent Demographic and Health surveys (DHS), if a man agreed that wife beating was justified in one or more situations, it was a strong predictor of his wife being beaten in half of the sites, including Bangladesh, Bolivia, Malawi, Rwanda and Zimbabwe. Interestingly, there was little change in the odds ratios when women's attitudes about spousal violence were added to the model (Hindin, Kishor et al. 2008), suggesting that in these settings, men's attitudes may be more predictive of partner violence than those of women. The analysis also suggests that women and men's attitudes toward wife abuse work independently to influence a woman's risk of abuse.

Likewise, the UN Multi-country Study on Men and Violence found that the relationship between attitudes condoning wife beating and perpetration varied across the study's nine Asian and Pacific sites. Pooled analysis across all sites, found that on average, men with gender inequitable attitudes (measured by the GEMs Scale) or more controlling behaviour, were 42% and 74% more likely to abuse their partners, respectively. But the association between perpetrating partner violence and the specific question that measured attitudes toward wife beating, varied by country¹.

What *does* appear predictive of increased partner violence are norms condoning violence at the neighbourhood, community and country level. When aggregated across individuals, attitudinal measures can serve as a reasonable proxy for the norms that prevail in a setting. Researchers have used this technique with data from the WHO multi-country study and the DHS to explore the extent to which norms related to male authority and/or the acceptability of wife beating may influence the levels of partner violence in different settings. Two of the strongest and most consistent factors that predict differences in the prevalence of partner violence across sites and countries are the degree to which wife beating is perceived as acceptable and the degree to which culture grants men the authority to control female behaviour (Heise 2012). Recent research in Brazil and Peru confirms that similar dynamics operate to shape the distribution of partner violence at the level of communities and neighbourhoods (Heise 2012).

Alcohol use: Scores of studies from low and middle-income countries show a strong and consistent association between men's use of alcohol and women's risk of experiencing domestic violence (Abramsky et al. 2011; Dalal et al. 2009; Foran and O'Leary 2008; Gage 2005, Graham and Bernards

¹The GEMS scale asks participants to note their degree of agreement with the statement: There are times when a woman deserves to be beaten. This question is less specific than that used in the DHS.

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2008, Hindin et al. 2008). One systematic review pooled the results of 11 studies and found that harmful use of alcohol was associated with a 4.6 fold increased risk of exposure to IPV compared to mild or no alcohol use (Gil-Gonzalez et al. 2006).

Risk of partner violence appears especially linked to heavy episodic drinking. A 10-country study on alcohol use and partner violence in Latin America, for example, found that violence toward female partners was especially associated with binge drinking, suggesting that the quantity of alcohol consumed per occasion—not just whether her partner drinks—accounts for the relationship between drinking and partner violence (Graham et al. 2008).

A range of studies from the United States, Canada and Great Britain have likewise demonstrated that violence toward female partners is more severe and injury more likely when a man has been drinking (Desjardins and Hotton 2004; Testa et al. 2003; Thompson and Kingree 2006). A recent study examining 13 diverse countries confirmed the association between the severity of partner violence and alcohol use at the time of the aggression (Graham et al. 2011). Women in all 13 countries consistently ranked IPV incidents more severe where one or both partners had been drinking (although the effect in Nigeria was small).

Several inter-related pathways are likely to be at work in how violence operates to increase risk of partner violence. Studies demonstrate that alcohol's effects on cognitive abilities and problem solving, makes it harder to resolve conflicts peacefully (Hoaken, Assaad et al. 1998). Alcohol also lowers inhibitions and makes it more likely that people will misinterpret verbal and nonverbal cues (Klostermann and Fals-Stewart 2006). Similarly, alcohol increases willingness to take risks, making individuals less aware of or concerned by the consequences of their behaviour (Fromme et al. 1997; Klostermann and Fals-Stewart 2006).

Some evidence also suggests that the impact of alcohol on violent behaviour may be partially mediated by culturally and socially defined expectations of what happens when someone drinks (Chermack and Taylor 1995). Peer groups and cultures may share 'cultural scripts' about how alcohol affects behaviour. To the extent that such scripts anticipate that men who drink become aggressive, these expectancies may potentiate the pharmacologic effect of intoxication (Quigley and Leonard 2006).

Part of the association may also be that men's drinking becomes a source of arguments in relationships. Analysis of overlapping individual, relationship and community-level risk factors for partner violence in Brazil and Peru demonstrate that the association between men's drinking and violence is partially mediated through couple conflict, suggesting that alcohol affects risk in part through conflicts over drinking (Heise 2011).

Harmful notions of masculinity and rigid gender roles. Multiple lines of evidence suggest that certain constructions of masculinity and strictly enforced gender roles create an environment conducive to partner violence. Many societies are fundamentally patriarchal, with men given greater value than women and accorded privileges—including power over women's behaviour, entitlement with respect to marital and extra-marital sex, and command of the economic and

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political sphere. In return, men are expected to provide economically for the family and to conform to certain expectations regarding masculinity. Although gender theorists point out that in any setting, masculinities are multiple, dynamic and open to change, there is generally a dominant construction of gendered practice that reinforces male privilege and female obedience (Connell 2005; Connell and Messerschmidt 2005). Other forms of masculine practice are subordinated to this model, and all men—whether they enact the ideal or not—structure their sense of self in relation to this ‘hegemonic’ ideal² (Beasley 2008; Connell 1987).

Research with violent men suggests that risk of partner violence is highest when narratives of what it means to be a man in a society, are linked to toughness, male control of women, husband as breadwinner, and heterosexual performance (as exemplified through sexual prowess and multiple partners). The UN Men’s Study, for example, found a clustering of risk factors and behaviours that co-occurred with perpetration of partner violence in most sites. These included fights with other men, frequent quarrelling, controlling behaviour in relationships, multiple sexual partners, engaging with sex workers, and transactional sex (Fulu et al. 2013). Several studies extend this finding from Asian and Pacific to the African continent, with a similar clustering of factors emerging as predictive of partner violence in South Africa and India (Decker et al. 2009; Dunkle et al. 2006). Jewkes and Morrell argue that it is the dominant construction of masculinity, reinforced through a complex web of legal, material and cultural processes that unites these disparate behaviours (Jewkes and Morrell 2012) .

Other qualitative studies have highlighted how economic and social dislocations can de-stabilize the existing gender order and lead to increases in physical and sexual partner violence. For example, multiple studies have documented how men who cannot fulfil expected males roles and responsibilities as head of household and breadwinner, feel disempowered and humiliated, leading them to ‘seek comfort in other women’ and to reassert power and dominance in the one realm they still control—the family. Women’s protests over men’s extramarital affairs and their failure to provide, often results in ‘backlash’ violence as men seek to re-establish their equilibrium and assert authority. The situation can worsen when women seek outside employment to help the family survive. As they become increasingly financially independent, men’s honour, reputation, and masculine ego are severely affected because in the eyes of others, he is perceived as someone who ‘cannot provide for his family nor control his wife’ (Silberschmidt and Rasch 2001; True 2012). Ironically, it is men’s sense of disempowerment under globalizing forces of rapid economic and social change that prompts them to exert male power and privilege in ways that put women at heightened risk of violence.

6. Some factors, such as education and women’s employment, appear to have a complex relationship to partner violence that varies by level achieved, social context, and other country-level factors.

² Raewyn Connell initially conceptualized hegemonic masculinity as the form of masculinity in a given historical and society-wide setting that structures and legitimates hierarchical gender relations between men and women, between masculinity and femininity, and among men

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Evidence suggests that the relationship between the level of education that a woman achieves and her risk of violence is non-linear. High educational attainment is associated with lower levels of both perpetration and victimization of partner violence, but women with minimal schooling generally have a lower risk of violence than women with slightly more schooling (Cools and Kotsadam 2014). Jewkes argues that the likely reason for the inverted U shaped relationship between schooling and violence is that women with the least exposure to schooling probably challenge their partners less and therefore trigger less abuse (Jewkes 2002). The protective effect of education does not appear to take hold until women complete secondary school or enter university. It may be that at this level, women's exposure to new ideas, broader social networks, and new skills are sufficient to shift the balance of power in relationships to reduce risk of violence.

The relationship between various economic variables and women's risk of violence is similarly complex. There are few prospective studies available in either high or low- income countries to help clarify how changing economic circumstances affect the risk of partner violence. The only prospective study available from the developing world on the impact of female and male employment status on partner violence is from a slum community in Bangalore. This study found that women who were unemployed at the outset and became employed during the study period faced 80% higher odds of violence than women whose employment status remained unchanged (Krishnan et al. 2010). Likewise a study that randomly distributed available employment slots in a flower firm to similarly qualified Ethiopian woman, found that domestic violence was 13 percentage points higher among those who entered employment compared to those who did not. This finding is reinforced by a recent multi-level analysis of DHS data from 15 African countries that found that across the board, women's employment was predictive of higher risks of current partner violence, regardless of whether their partner was working or not. Being employed lead to an even higher risk of violence—by 5.8 percentage points—in areas where the acceptance of wife beating was high (Cools and Kotsadam 2014). This finding has led the authors to propose a new 'contextual gendered resource theory', that hypothesizes that an increase in female resource levels leads to high risk of domestic violence in setting where prevailing norms and values are such that wife beating is accepted.

In keeping with this theory, research from high-income countries suggests that women's employment has little impact on the individual risk of violence except in relationships where the man is unemployed or holds highly traditional gender expectations (Atkinson et al. 2005; Macmillan and Gartner 1999). Likewise, despite increasing violence in the short-term, both theory and research suggest that expanding women's access to waged employment is an important long-term strategy for empowering women and reducing violence (Heise 2012). For example, using complex econometric techniques, Aizer demonstrates that improvement in local labour market conditions for women in California over the period 1990-2003 explains ten percent of the decline in partner violence witnessed over this same period (Aizer 2010).

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7. The current evidence base is highly skewed towards factors operating at the individual level. Less is known about the relationship, community, macro-social, and global processes that predispose individuals and populations to higher levels of partner violence

To date, the field of partner violence has tended to emphasise the individual-level factors that predispose individuals to partner violence rather than the relationship, community, and macro-social processes that contribute to abuse.

At a relationship level, both poor communication skills and marital conflict have been associated with heightened risk of perpetration and victimisation (Fulu, Jewkes, et al. 2013; Heise 2012). Studies of community-level correlates of violence are limited, with only 17 articles meeting the inclusion criteria of a recent systematic review of community level predictors of partner violence. This review found that in US urban centres, concentrated disadvantage--characterized by residential instability, poverty, female-headed households, etc.--was positively associated with physical IPV in five of seven analyses (Vanderende et al. 2012). Elsewhere, evidence for a relationship between community economic status, male unemployment and IPV are conflicting (Gage and Hutchinson 2006; Cunradi et al. 2000; Ackerson and Subramanian 2008; Boyle et al. 2009a; Anastasia J Gage 2005).

Social norms condoning wife beating and male control of female behaviour emerge in a handful of studies as community-level drivers of risk. Studies from India have linked community-level acceptance of wife beating with women's individual risk of being beaten (Boyle et al. 2009) and analysis of WHO-IPV data from Peru and Brazil demonstrate a positive association between aggregate approval of wife beating and male control of female behaviour with the overall level of partner violence in that community (Heise 2012). There are also a range of macro-social processes that have been linked empirically to levels of partner violence, including composite measures of gender inequality, women's access to formal wage employment, family law and inheritance regimes that discriminate against women, ease of divorce, lack of economic rights and entitlement for women and overall national level of socio-economic development (Heise 2012).

Finally, recent ethnographic work suggests that shifts in the way the world works, brought about by globalization, require a reformulation of our understandings of violence against women and the models we use to inform our analysis of and responses to this issue. Fulu and Miedema argue that the drivers of violence against women no longer stop at national borders and recommend that an overarching 'global' framework be added to the ecological model, to systematically link globalized trends with the rest of the model and develop a better understanding of how violence against women occurs in today's world (Fulu and Miedema, in press).

8. The factors that determine the prevalence of partner violence at a population level may be different than those that drive risk at an individual-level

A core insight from epidemiology (the study of population-level health) is that the factors that increase an individual's risk of developing a disease or condition may be different than those that determine the overall level of that condition in a particular setting. This observation applies equally

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to partner violence: the factors that increase an individual's risk of perpetration or victimisation may be different than those that drive overall levels of violence at a population level. For example, binge drinking by a male partner has been linked to the frequency and severity of violence experienced by women, even in settings like the Middle East where drinking is uncommon. But the relative importance of alcohol as a driver of partner violence varies by setting depending on the prevalence of harmful drinking in the population. In short, harmful alcohol use is just as powerful a risk factor for partner violence among Egyptian women, as it is elsewhere in the world, but it may play little if any role in establishing the overall level of partner violence in Egypt and other Arab states.

This distinction is important for prevention planning and prioritisation. Individual women need to know that the risk of partner violence increases if their partner drinks excessively; but primary prevention is more effective when it targets behaviours and factors—such as norms accepting of violence—that drive partner violence at a population level.

What do we know about sexual violence against women by non-partners?

1. Sexual violence is a global problem, but levels of violence vary significantly across and within countries

Sexual violence can take many forms, however, the most widespread severe form is contact sexual violence, and particularly rape with oral, anal or vaginal penetration. It is a worldwide problem, violating the human rights of victims and causing enduring health and socio-psychological consequences (Jewkes, Sen and Garcia-Moreno, 2002).

The global estimate for the proportion of women who have experienced non-partner sexual violence since the age of 15 is 7.2% (95% CI = 5.3% to 9.1%), with the prevalence ranging from 5% in South East Asia to 12% in Africa (Devries et al. 2013). However rates of sexual violence vary significantly across countries. The WHO-IPV study on women's health and domestic violence found that reported levels of sexual violence by non-partners from the age of 15 years varied from under 1% in Ethiopia and Bangladesh (where a majority of women are married by age 15 years) to 10–12% in Peru, Samoa and urban Tanzania (Garcia-Moreno et al. 2005). In terms of men's perpetration of violence, the UN multi-country Study on Men and Violence found prevalence ranging from 4% (Bangladesh) to 41% (Bougainville, PNG), but in most sites was between 6% and 8% (Fulu et al. 2013). A large community-based study in South Africa found 28% of adult men had forced a woman to have sex against her will (Jewkes et al. 2011) and in another it was 37% (Machisa et al. 2011). The IMAGES study found that 24% of all men (and 36% of married men) in India and 9% in Chile and Rwanda disclosed having ever been sexually violent (Barker and Contreras Urbina 2011).

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Estimates from high income countries raise the possibility that perpetration of rape is lower than in low and middle income countries, but there is insufficient data to draw valid conclusions about this. A national survey of men in college in the United States found 7.7% reported having engaged in behaviour that met the legal definition of rape or attempted rape (Koss et al. 1987) and in a large national survey of adolescents 5.6% had sexually coerced a romantic partner (Casey et al. 2009). These are very similar to the prevalence of rape and attempted rape (5.2%) disclosed by Spanish college men (Martín et al. 2005). Further it has been supported by the findings of more recent research with men in college (White and Smith 2004).

2. Sexual violence most commonly occurs within intimate partner relationships, but there is a strong overlap between the perpetration of non-partner sexual violence and intimate partner sexual violence

Sexual violence most commonly occurs within intimate partner relationships (Jewkes, Fulu et al. 2013), which is discussed in detail in the previous section. However, sexual violence, including rape of a non-partner woman is of serious concern and particularly common in some settings, including South Africa and Papua New Guinea. Furthermore, there is a strong overlap between the perpetration of non-partner sexual violence and intimate partner sexual violence. In the UN MCS on Men and Violence, two-thirds of men who had raped a non-partner reported that they had also forced their partner to have sex (Jewkes, Fulu et al. 2013).

Further, a recent paper by Fulu and colleagues (2013) found that factors associated with perpetration of sexual IPV seem to be more similar to those associated with non-partner sexual violence than those associated with physical IPV. This suggests that men who use sexual violence might need specific interventions (Jewkes et al. 2013). Male perpetration of sexual violence alone against their partners was associated with experiences of childhood sexual and emotional abuse, but not physical abuse. Sexual only IPV perpetration was not associated with gender-inequitable attitudes, but was strongly associated with having multiple sexual partners and engaging in transactional sex. This finding suggests that sexual violence perpetration is indicative of a preoccupation with demonstration of (hetero) sexual performance and sexual dominance over women, and is associated with emotionally detached sex, as suggested by other investigators (Dunkle et al. 2007; Rachel Jewkes et al. 2013; Malamuth 2003). These factors also relate to norms of masculinity that emphasise toughness and dominance over other men, which also prevail in involvement with gangs and fights with weapons (Knight and Sims-Knight 2003; Silverman et al. 2004; Decker et al. 2009; Shannon et al. 2012).

3. Gang rape is the least common form of sexual violence in most settings however it is of serious concern in some countries.

The UN Multi-country Study on Men and Violence found that in most sites, the prevalence of gang rape ranged from 1-2%; however in Cambodia it was 5%, in Papua, Indonesia it was 7% and highest of all was Bougainville, PNG at 14%. Only in Cambodia was multiple perpetrator rape more

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common than single perpetrator rape (Fulu et al. 2013). Where rates of gang rape are high it appears to be a (sub)-cultural practice or have a level of cultural legitimacy, often with its own local term. For example in PNG it is known as *lainup* (Team and Jenkins n.d.), in Cambodia *bauk* (Wilkinson et al. 2005) and South Africa *streamlining* (Wood 2005). It seems likely that high rape prevalence has its roots in aspects of culture related to sexual entitlement and gender relations (Wilkinson et al. 2005; Wood 2005). Recent research from both Cambodia and PNG link the issue of gang rape with male delinquency and young men's attempts to define their masculine identity (Bearup 2003; Dinnen and Thompson 2004; Wilkinson, Bearup et al. 2005).

4. The majority of sexual offences are committed by men known to the victim, with approximately half being repeat offenders

Both men and women perpetrate sexual violence (Sikweyiya and Jewkes 2009), however the majority of sexual offences are committed by men (Steffensmeier et al. 2006).

Most sexual violence is perpetrated by a single perpetrator who is known to the victim. For example, in South Africa, a survey of over 1300 women in three provinces found that women's first episode of rape was perpetrated in 43% of cases by a stranger, 21% by an acquaintance, 9% by someone from school, 9% by a relative, 8% by a partner and 11% by others (Mathews et al. 2009; Jewkes et al. 1999) Elsewhere in the world (with the exception of some South Pacific islands), an even greater ratio of forced sex is perpetrated by individuals known to the victim.

Research suggests that recurrent rape is close to normative. Although this may include data rape, the rate of repeat offence found in college and community samples in the US and South Africa is close to 50% (White and Smith 2004; Jewkes et al. 2011). The UN MCS data set also shows that approximately half of men who have ever raped a non-partner had raped more than one woman and 16% had forced four or more women to have sex (ranging from 7% in Bangladesh to 19% in Papua New Guinea).

5. Perpetration of non-partner sexual violence usually starts in adolescence.

In the UN MCS on Men and Violence, over half (58%) of the men who reported having raped a non-partner woman did so for the first time when they were teenagers, and 15 % did so for the first time when they were under 15 years of age. In some sites, specifically Cambodia, Bougainville, PNG and Papua, Indonesia, a relatively large proportion of men reported that they were younger than 15 years at the time they first perpetrated rape (Fulu, Warner, et al. 2013). In both the USA and South Africa about 75% of men who rape do so for the first time as teenagers (White and Smith 2004; Rachel Jewkes et al. 2011) This has important implications for the primary prevention of sexual violence as discussed below.

6. While impunity remains a serious concern, data does not suggest that incarceration of perpetrators is strongly preventative.

In South Africa, only 3.2% of adult rape cases and 4% of child rape cases that are reported to the police result in conviction and imprisonment (Jewkes et al. 2009). In a South African population based study, only 13% of those disclosing rape, reported having ever been imprisoned for their

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crime (Jewkes et al. 2011). However data from Asia-Pacific found surprisingly high conviction rates of men who had raped compared with those in other countries (Kelly et al. 2005; Jewkes et al. 2009), probably because this included responses by community justice and village authorities. Nevertheless, this did not suggest that the threat of prison or detention is a strong deterrent against rape perpetration as countries with the highest conviction rates also had the highest rates of perpetration. In view of the high prevalence of rape, prevention strategies need to focus on the structural and social risk factors, and prevention of perpetration of rape from ever occurring, rather than relying on prevention through legal response after the fact (Rachel Jewkes et al. 2013).

7. Non-partner sexual violence is motivated primarily by sexual entitlement.

According to the UN Multi-country Study on Men and Violence and comparable data from South Africa, the most commonly reported motivation for rape perpetration, as reported by men themselves, was related to feeling entitled to have sex, regardless of consent (sexual entitlement) In most countries, this was reported by 70–80% of men who had ever forced a woman or girl to have sex. (Fulu, Warner, et al. 2013; Jewkes et al. 2011). The second most frequently reported motivation in most countries was related to entertainment seeking. While alcohol is often assumed to be a common trigger for violence perpetration, it was the least common response given by men when asked for the possible reasons for raping across all sites. Further research is needed in this area, particularly qualitative research to understand these motivations more clearly, and other possible motivations.

In the UN MCS on Men and Violence, men who had raped were presented with a series of statements and asked if they strongly agreed, agreed, disagreed or strongly disagreed with the statements about why they did what they did. The statements were grouped as expressing sexual entitlement ('I wanted her', 'I wanted to have sex' or 'I wanted to show I could do it'), seeking entertainment ('I wanted to have fun', 'I was bored'), arising from anger or punishment ('I wanted to punish her', 'I was angry with her') and drinking ('I had been drinking). They could answer that they had more than one motivation for perpetrating rape.

What risk factors influence sexual violence perpetrated by non-partners?

Data on risk and protective factors is vital for the prevention of sexual violence. Collected mainly from cross-sectional studies, this data gives a 'snapshot' of a situation at a given time and does not provide information on the temporal nature of these factors or 'what happens when'. However, given the scarce longitudinal data available, this information is still highly relevant for prevention interventions and informing a theory of change.

This section presents what we know about the factors associated with non-partner sexual violence, positioning them within the socio-political and economic contexts that also contribute to the prevalence of sexual violence.

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8. Some factors appear consistently potent in their power to increase risk of non-partner sexual violence in low and middle-income settings. These include: adverse childhood experiences, personality disorders and peer influences, social learning and delinquency, prevalent sex inequitable ideals of masculinity that emphasise the importance of heterosexual performance, and control of women, depression and substance misuse.

A review published by the World Health Organisation on factors associated with being a female victim of non-partner sexual violence identified these as being young, poverty, physical disability, mental vulnerability, substance abuse, prior victimisation and coming from a dysfunctional home (World Health Organization and London School of Hygiene and Tropical Medicine 2010).

There is some evidence from high income countries that resistance and feminist self-defence classes can reduce the risk of victimisation, at least in the short term (Hollander 2014; Tark and Kleck 2014). A recent study in Kenya likewise found that six two-hour classes in empowerment, de-escalation, and self-defence skills reduced sexual assault rates among 1978 adolescent girls followed prospectively for 10.5 months. The intervention was also associated with an increase in disclosure of assault (Sarnquist et al. 2014).

Research from North America, South Africa and Asia-Pacific suggests that key risk factors for men's rape perpetration include:

- adverse childhood experiences (abuse),
- prevalent sex inequitable ideals of masculinity that emphasise the importance of heterosexual performance (e.g., many sexual partners, including transactional sex, and to prove male sexual prowess), and control of women (including with physical violence),
- social learning and delinquency (including gang membership),
- personality disorders, and
- substance misuse

(Malamuth et al. 1991; Knight and Sims-Knight 2003; Abbey et al. 2006; Jewkes et al. 2006; Jewkes et al. 2011; Jewkes et al. 2013)

There is a very considerable degree of interconnectedness between these groups of factors, as discussed below, and indeed between them and other factors where direct impact on rape perpetration has yet to be demonstrated (Jewkes 2012).

Adverse childhood experiences. Traumatic events in childhood are the most commonly reported and best documented risk factors for sex offending (Amaro et al. 2001; Maniglio 2010; Seto et al. 2010). The strongest evidence is for childhood sexual abuse - in a meta-analysis, a history of child sexual abuse was five times more common among adolescent sexual offenders than among adolescent non-sexual offenders (Seto et al. 2010). Several large national studies of US adolescents and men in college have found that those who had sexually assaulted a partner were significantly more likely to have experienced sexual abuse themselves (Borowsky et al. 1997; Casey et al. 2009; Malamuth et al. 1991; Malamuth 2003; Malamuth et al. 1995). A recent study with more than 10,000 men across nine sites in the Asia-Pacific found that men with a history of victimisation,

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especially child sexual abuse and having been raped or otherwise sexually coerced themselves, were more likely than were those without such a past to have perpetrated rape against a non-partner (Jewkes et al. 2013).

Importantly this data from the UN Multi-country Study on Men and Violence also shows that experiences of physical and emotional abuse are important risk factors, independent of sexual abuse, for men's perpetration of sexual violence (Fulu et al. forthcoming). This suggests that negative family environments including emotional abuse and neglect (e.g. parents being too drunk or drugged to take care of children, children being moved around different households often, parents not knowing where the child is etc.), are associated with sexual violence perpetration independent of physical and sexual abuse. There is also evidence that childhood exposure to domestic violence, removal from the family, family disruption and parental loss due to death or divorce may be risk factors for perpetration (Maniglio 2010).

In terms of pathways to violence, the use of physical punishment may be one aspect of poor parenting that results in insecure or disordered attachment to caregivers and this has been shown to be a risk factor. Adversity in childhood may directly impact on the developing brain, impacting on its anatomy and neurophysiology (functioning). Some of the research on the MAOA gene suggests that part of this process is genetically mediated, although the evidence is not yet conclusive. The impact of this is seen in personality, which may then predispose to both general anti-social behaviour and a propensity to become sexually violent. One pathway through which sexual abuse exposure is believed to impact on perpetration is through social learning and re-enactment, and impacting on ideas of acceptability of and familiarity with sexual coercion.

While childhood exposure abuse is one of the strongest and most consistent risk factors it must be acknowledged that not all sex offenders have been victimised in childhood (van Wijk et al. 2006) and the majority of those victimised do not go on to become offenders (Maniglio 2009; Morris et al. 2002)

Gender inequality and dominant masculinities that emphasise heterosexual performance. There is strong evidence that the gender climate within a society impacts on the likelihood of non-partner sexual violence perpetration and that a very large part of the problem of rape needs to be fundamentally understood as a performance of men's sexual entitlement over women. As discussed above, research has found that men's self-reported motivations for raping relate most often to notions of sexual entitlement. Further, the UN MCS found that gendered practices associated with sexual dominance are especially important in understanding rape perpetration. Rape of women was strongly associated with partner numbers, transactional sex, and use of physical violence against female partner (Jewkes et al. 2013). Men with these factors had higher rates of rape in South African longitudinal research (Jewkes et al. 2012) where these behaviours are interpreted as not merely expressing sex seeking, but rather as concepts of masculinity that

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emphasise proven heterosexual performance and dominance over women (Knight and Sims - Knight 2003; Malamuth 2003; Jewkes et al. 2011).

Further, social norms around gender relations need to be understood as one of the important environmental or structural exposures that may mediate the likelihood of men who have been exposed to adversity in childhood becoming sexually violent. There is considerable evidence from research in gender studies that the content of dominant or hegemonic masculinity within a culture or sub-cultural setting may be a latent unifying factor that explains associations between a range of men's practices and attitudes and their likelihood of raping. However this work does not explain how men may be attracted to or influenced into particular ideas of masculinity over others that pertain in a setting. It seems likely that personality factors and other social influences may be important here too (Jewkes 2012).

Social learning and delinquency. There is strong evidence that, boys and young men who are delinquent and join gangs are more likely to be sexually violent. The UN MCS found that involvement in fights with weapons, gang memberships and drug use within the past year was associated with non-partner rape. These factors reflect influential narratives of masculinity that justify and celebrate domination, aggression, strength and men's control over women. Multiple factors are brought to bear on this practice. There are genetic influences on anti-social behaviour, and personality factors that influence delinquent peer association, which in turn may be influenced by childhood adversity exposures. Social influences are important, and men who in personality are more susceptible to peer pressure may be more likely to join gangs and rape. Delinquent peer associations are also contexts in which young men may use drugs, alcohol and have weapons, all of which may situationally or causally impact on sexual violence perpetration. Furthermore, delinquent peer groups are generally contexts in which there is an exaggerated performance of heterosexuality with competition between men and boys to demonstrate manhood. This may often take the form of demonstrations of male power over women and the use of violence.

Personality disorders. Sex offenders generally report more psychological problems than non-offenders and non-sex offenders, but the findings are inconclusive. A South African study of adolescent men found that those men with high levels of depressive symptomatology were significantly more likely to have ever raped a non-partner and been sexually violent to a partner, but a prospective analysis found no greater likelihood of sexual violence over one year of follow up among depressed men (Jewkes et al. 2010). Depression was also found to be associated with rape perpetration in the UN MCS on Men and Violence but only in Cambodia (Fulu, Warner, et al. 2013). This suggests the need for caution in drawing conclusions from cross-sectional studies.

Empathy may act as an inhibiting factor that operates to prevent sexual violence perpetration by men but the research is inconclusive. Abbey, in research with a community-based sample of adult men in the United States, found higher levels of empathy to be an important deterrent of rape perpetration (Abbey et al. 2006). However, a large South African study found that men who have

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raped have lower levels of empathy than those who have not, but that empathy per se was not important after adjustment for psychopathy dimensions (Jewkes et al. 2011). In the UN MCS empathy was found to be protective against rape perpetration but only in Bangladesh and Bougainville, PNG (Fulu, Warner, et al. 2013).

Alcohol and drug misuse. Research suggests that alcohol is a situational factor in many acts of sexual aggression, but not a factor that causes men who would otherwise not do so to be sexually coercive (Seto and Barbaree 1995). Alcohol is often found in situations conducive to sexual aggression, and in some settings, notably college campuses in the United States, alcohol consumption by the victim and perpetrator is a feature of between 30-75% of rapes (Abbey et al. 2011; Lackie and de Man 1997). In the UN MCS, alcohol misuse was associated with rape perpetration in the data set overall, and in four of the countries (Cambodia, China, Indonesia, and Papua New Guinea). Substantial research has been undertaken into the role of alcohol in rape perpetration; the existing consensus is that it is a situational factor that reduces inhibitions (McDonald 1994; Abbey et al. 2001), and alcohol misuse is associated with particular dominant masculinities (Jewkes and Morrell 2012).

The evidence suggests that reducing levels of drinking overall would have a beneficial impact on vulnerability to rape perpetration and victimisation, but that this should be undertaken in conjunction with interventions to change the social meaning of alcohol consumption, particularly addressing links between men's sexual entitlement and alcohol.

It is most likely that the association between drug use and rape is not causal, but explained by a third factor which encompasses the propensity for both practices. A longitudinal study of men in college in the United States has shown that drug use immediately prior to a sexual encounter was associated with greater severity of sexual aggression, after adjusting for alcohol use (Swartout and White 2010). A prospective study from South Africa has shown that the incidence of rape perpetration is elevated among men who have ever used drugs, indeed 24% of all rapes would have been prevented if drug use had not occurred (Jewkes et al. 2012). And the UN MCS also found current drug use to be associated with non-partner rape perpetration but only in Cambodia. However, a number of other studies show no association (Jewkes et al. 2011; Kalichman et al. 2009). It is argued that rather than the effects being pharmacological, it was an indicator for engagement in a sub-cultural peer context of drug use where rape was seen as "normal" (Jewkes et al. 2012; Kilpatrick et al. 1997; Swartout and White 2010).

Poverty and social disadvantage. Research findings are inconsistent on the role of poverty and social disadvantage in sexual violence perpetration – it is likely that the relationship is not a simple, or linear one, and may be very closely linked to the social conditions of life, in particular income brackets and the opportunities and expectations that are thus entailed

The UN MCS found that men who were poor (indicated by present food insecurity) were more likely to have raped but this was not consistent across settings. It was significant only in the least

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developed country settings. Two studies in South Africa have shown that among the poor, it is the slightly less poor who are more likely to rape (Jewkes et al. 2006). This finding was supported by a large sample of adult men from the South African general population whose risk of rape was highest among those who had low income, as opposed to those not earning at all, or those in higher income brackets (Jewkes et al. 2011). However, the prospective study of rape perpetration in South Africa did not show socio-economic status to be associated with an elevated incidence of rape perpetration (Jewkes et al. 2012).

In situations of poverty, however, sub-cultures of gang membership and drug use can develop, which provides a context in which dominance over women and other men might be emphasised to compensate for otherwise perceived disempowerment (Borowsky et al. 1997; Knight and Sims-Knight 2003; Malamuth et al. 1991). Violence against women may also be triggered by men's perceived disempowerment in environments in which rapid social and economic structural changes impact perceptions around women's and men's roles and rights within the society. This has been demonstrated in qualitative and ethnographic research from Asia (Fulu, Warner, et al. 2013). This highlights the need to understand and address intersections between gender inequality and other forms of social inequality at the structural, political and economic levels in order to prevent violence against women.

9. The risk factors for forcing sex within an on-going relationship appear somewhat different than those that drive rape outside of relationships.

Both partner sexual violence and non-partner rape appear fundamentally related to unequal gender norms, power inequalities and dominant ideals of manhood that support violence and control over women. However there were also some unique drivers or triggers of these different types of violence. Intimate partner violence is more strongly associated with gender inequality in the home and experiences of child abuse while non-partner rape is more strongly correlated with notions of manhood that promote heterosexual dominance and involvement in gangs and fights with weapons. Non-partner sexual violence was also more strongly associated with alcohol and drug misuse, poverty and depression compared to IPV.

10. Risk factors for perpetrating gang rape are similar to those for single rapes perpetrated by non-partners.

The question of whether men who engage in multiple perpetrator rape differ from those who engage in single perpetrator rape has generally been underexplored in the literature. However, Jewkes et al. (2013) recently examined this question using the UN MCS on Men and Violence dataset. They found that the practices are relatively similar, although with some important differences. Both single and multiple perpetrator rape are associated with childhood sexual abuse, emotional abuse and factors related to heterosexual performance and control over women (multiple sexual partners, transactional sex and perpetration of IPV). They are also both associated with fights with weapons, alcohol abuse and low levels of empathy. In terms of unique drivers, single perpetrator rape is associated with physical and emotional child abuse experiences whereas this is not relevant for multiple-perpetrator rape. Gang rape is associated with low socio-economic

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status (reflected in food insecurity and low levels of education), gang involvement and current drug use whereas these are not significant for single perpetrator rape. This suggests that gang rape often occurs in a particular delinquent context.

11. Men who rape men have also often raped women.

While outside of the key focus of this paper it is important to acknowledge that sexual violence is also perpetrated against men, although to a much less extent than against women. Research in South Africa that asked about perpetration against both sexes found that one in ten men who have raped women or girls had also raped a man or boy (Jewkes et al. 2011). Those men who rape both men and women were particularly aggressive. The UN MCS on Men and Violence also examined male rape of other men. Rape perpetration of a man was found to be less prevalent than the rape perpetration of a female non-partner and, in most sites, disclosed by less than three percent of men. In Cambodia-national and Bangladesh-rural, however, the perpetration of rape against a man was disclosed by three–four percent of male respondents and in PNG-Bougainville by eight percent of men. The association between the male rape of a man and any rape of a woman, partner or non-partner, are very pronounced - most men who had raped another man or men had also raped a woman. The greatest overlap was between male rape and gang rape perpetration, suggesting a common social context for these two acts, likely the shared anti-social peer group context.

Analysis of the risk factors for male rape perpetration also found that the factors associated with the rape of a man are very similar to those of the rape of a non-partner woman – sexual practices, victimization history, and experiences of violence outside the home. Some notable differences are that perpetration of non-partner rape was associated with childhood experiences of violence, depression and alcohol abuse, which were not associated with rape of a man (Jewkes et al. 2013).

What do we know about child abuse?

In addition to being a significant global problem in its own right, violence against children is an important risk factor for a host of other problems in adulthood, including intimate partner violence and rape. Thus any serious effort to prevent abuse of women, must take on the challenge of preventing violence early in life.

1. Violence against children is a worldwide problem, although the current evidence base on prevalence is high skewed toward western high-income countries.

Researchers frequently divide children's exposure to violence into three broad categories—harsh parental punishment, children witnessing violence between partners, and maltreatment and neglect. This latter category is further divided into physical and sexual abuse, emotional abuse, and physical and emotional neglect.

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Global prevalence estimates on violence against children are dominated by sexual abuse, followed by physical abuse, with the number of worldwide studies on sexual abuse outnumbering research on all other types of child maltreatment together. Current research is also strongly concentrated in western, high-income countries, although recently initiated efforts in developing countries should begin to correct this bias. UNICEF, CDC and Together for girls, for example, have launched a series of national-level surveys on violence against children, with more than a dozen national surveys completed or planned in Africa and Asia. Likewise, UNICEF has added a specialized module on child discipline to its Multiple Indicator Cluster Surveys, and a handful of governments have implemented the module within the DHS survey.

It is difficult to compare estimates across country and study, because rates of reported abuse are strongly affected by the expansiveness of the definition used, the types of questions asked (general vs. behaviourally specific), the age range of individuals included, cultural beliefs and norms affecting disclosure, and procedures used to implement the survey (e.g. anonymous versus telephone or face to face). Variations in reported rates, therefore, may represent methodological differences as well as actual differences in levels of violence.

Below, we summarize best available global estimates of children's exposure to violence in childhood.

Harsh Physical Punishment

Data from 35 countries implementing the UNICEF MICs module in 2005-06, show that 76% of children two to 14 years old experienced physical punishment and/or psychological aggression by a parent or caretaker within the previous month. Two out of three children were physically punished, and some of this physical punishment was severe (UNICEF Innocenti Research Centre 2010). According to mothers' reports, 16% of children two to 14 years old were hit or slapped on the face head or ears; 20% were hit or slapped on the hands, arms or legs; and 4% were beaten (hit over and over as hard as one could) in the past month.³

Children witnessing their parent's violence

Given the global ubiquity of partner violence, it is not surprising that the most common form of childhood exposure to violence is children witnessing marital violence in their homes. Extrapolating from prevalence numbers of partner violence in the DHS and other population-based surveys, the UN Secretary General's Study on Violence against Children estimates that 133 to 275 million

³ Percentages based on 33 countries. Egypt and Mongolia were omitted because they used slightly different wording of questions.

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children annually witness partner violence on a *frequent* basis, usually violent fights between parents or between their mother and her partner.⁴

Studies from both the industrial and developing world demonstrate that children who witness partner violence experience many of the same psychological and social consequences as children who themselves are physically or sexually abused (Kitzmann et al. 2003; Herrenkohl et al. 2008). Consequences include both the immediate impact on a child's behaviour and personality, as well as damage that carries forward into later childhood, adolescence and adult life.

Child Sexual Abuse

Child sexual abuse is a gendered crime, with girls typically reporting rates two to three times higher than boys in high-income settings (Gilbert et al. 2009). A recent meta-analysis that examined more than 200 international studies conducted between 1980 and 2008 estimates that 18% of women and 7.6% of men worldwide have experienced sexual abuse in childhood—a figure 30 times higher than prevalence estimated from cases reported to authorities (Stoltenborgh et al. 2011). The lowest rates for both girls (11.3%) and boys (4.1%) are found in Asia, and highest rates are found for girls in Australia (21.5%) and for boys in Africa (19.3%). Rates reported by boys in some settings, however, are close to rates reported by girls with boys in China (Cheng-Fang and Mei-Sang 2008), Poland (Mossige et al. 2007) and Lebanon (Kessler et al. 2010), reporting more child sexual abuse/child sexual victimization than girls.

Other forms of maltreatment

In high-income countries, the annual prevalence of physical abuse ranges from 4% to 16%, and approximately 10% of children are neglected or emotionally abused (Gilbert et al. 2009). Eighty percent of this maltreatment is perpetrated by parents or caregivers (Gilbert et al. 2009).

WorldSafe, a multi-site household survey that interviewed mothers in Brazil, Chile, Egypt, India, the Philippines and the United States, documented similarly high rates of physical abuse, comparing two different definitions of abuse. The first definition included beating up, choking, burning, smothering and kicking children of any age, and violent shaking of children less than two years old. The second more expansive definition also included hitting children with objects such as sticks.

Applying the first definition, 16.5% of children in the median community experienced physical abuse during the past year. That rate climbed to 39% when hitting children with objects was included. Rates varied widely among communities. Only 0.1% of mothers in a non-slum community in New Delhi reported that their children are beaten, compared (Moffitt and Caspi 2003) to 24% in

⁴ *Source:* UN Secretary General, Study on Violence against Children. Estimates are based on UN Population Division Data for Global Population under 18 Years, 2000; various domestic violence studies, 1987–2005; analysis by Secretariat of the UN Secretary General's Study on Violence against Children.

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El-Sheik-Zayad (Egypt) and 29% in an urban slum of Bhopal (India). In India, the rate varied more than 10-fold among the 14 communities that were sampled (Runyan et al. 2010).

The line between ‘punishment’ and frank child abuse has long been contested among individuals and across cultural settings. Nonetheless, longitudinal studies have shown that parents with inconsistent and harsh parenting styles are at heightened risk of abusing their children, and their children are at heightened risk of becoming violent themselves in later life (Capaldi et al. 1997; Swinford and DeMaris 2000).

Types of violence and adversity in families frequently overlap. This means that researchers must understand family environments that put children at risk rather than studying one type of violence at a time.

Children who grow up in violent homes are at substantially greater risk of being physically and sexually abused themselves (Dong et al. 2004; Holt et al. 2008; Hamby et al. 2010; Renner and Slack 2006). For example, in their study of a birth cohort from Dunedin (New Zealand), Moffitt and Caspi (2003) found that the risk for abuse among children in homes where parents physically fought was three to nine times higher than for other children. In India, the occurrence of domestic violence in the home, doubled the risk of child abuse (Hunter et al. 2000). This overlap makes it difficult to sort out the unique contribution of one type of violence from another (say, being beaten as a child versus witnessing your mother being beaten), or to determine whether it is the violence per se that leads to negative consequences or the fact of ‘merely’ growing up in a generally dysfunctional home with many social and economic stressors.

To begin to disentangle these relationships, researchers need data on different types of abuse as well as the contextual factors that may give rise to them—for example, poor parenting, parental depression or alcohol abuse, norms regarding men’s right to control and discipline female and child behaviour. Innovations such as the Adverse Childhood Experiences (ACE) instrument and the Child Trauma Questionnaire (CTQ) are particularly useful because they inquire about a broader range of experiences rather than a single type of abuse or exposure to violence. For example, the abbreviated ACE questionnaire used in the United States asks about 10 common childhood adversities, for example, losing a parent, having a parent with a drug or alcohol problem, or experiencing various types of abuse.

Studies using the ACE in high-income settings have found a strongly graded relationship between the number of adverse events a person experiences in childhood and an array of negative outcomes such as partner violence, alcoholism, illicit drug use, early intercourse, promiscuity (>30 partners), multiple somatic symptoms, and various mental and physical health problems (Anda et al. 2006; Whitfield et al. 2003). Thus, the effect of early traumas and adversity appear to be cumulative.

2. Different types of violence against children have different constellations of risk and protective factors.

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Relatively little is known about factors that heighten or moderate risk of child abuse or neglect in low and middle income countries. Much of existing research comes from high-income settings, especially the United States.

One study of child abuse in 28 developing and transitional countries (countries of the former Soviet Europe and the former Yugoslavia) found that children from poorer families were at heightened risk of physical and emotional abuse, including harsh physical punishment. The impact of poverty was even greater among parents who exhibited supportive attitudes toward corporal punishment. Approval of corporal punishment was strongly associated with all forms of abuse. Younger children and boys were slightly more likely to experience physical violence than were girls (Akmatov 2011).

Other research suggests that mental health problems, low educational achievement, alcohol and drug misuse, having been maltreated oneself as a child, and family breakdown or violence between other family members are additional factors for parents abusing their children (Butchart and Harvey 2006). As the number of risk factors increases, the likelihood of child abuse and neglect increases dramatically. In one prospective study of child development, the prevalence of child abuse or neglect increased from 3% when no risk factors were present to 24% when four or more risk factors were present (Brown 2009).

3. Despite the number and variety of risk factors that many children experience, studies suggest that children can be resilient to the deleterious effects of violence exposure.

A resilient child is one who achieves positive outcomes (or avoids negative outcomes) regardless of early exposure to violence or adversity. Resilience is likely the result of a child's both having qualities that are inherently protective (e.g., intelligence and positive coping skills) and having access to resources and networks of support that promote and help maintain a process of healing and psychological wellness (Rutter 2006). Key protective factors include a warm and supportive relationship with a caring non-abusive adult, lack of abuse-related stress, and strong neighbourhood cohesion (Collishaw et al. 2007). Biological and genetic factors may also play a role, although research on genetic influences is relatively new (Rutter 2012).

What are the key gaps in our knowledge base?

The field of violence against women and girls has advanced considerably over the past two decades. We have much more information on the prevalence of violence in low and middle income countries as well as an expanding body of knowledge on risk and protective factors. The evidence outlined above positions us well to develop and implement strong primary prevention interventions with a rigorous theory of change. However, there are still key gaps that need to be addressed in order to move towards more sophisticated models of intervention. This section highlights those critical areas where more evidence is needed.

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Prevalence and types of violence

1. Our information base on child sexual abuse is woefully inadequate. Especially lacking is research on sexual abuse in low and middle income countries, research on the sexual abuse of boys, and sexual abuse perpetrated by women.
2. Methods to reliably measure sexual and emotional violence across cultures are less well developed than those available to measure physical violence. Generally we know less about the prevalence and aetiology of sexual violence than we do about physical violence; hence we are less prepared to prevent it.
3. Overall, we know less about men's perpetration of violence compared to women's victimization, but this is changing with some large recent multi-country studies with men.
4. Research in low and middle income countries has expanded dramatically over the past two decades; however there are still large geographical gaps in the Middle East and Central Asia.
5. We require more studies that look specifically at violence in fragile states.

Risk factors and causes of violence

6. There is now a substantial database on risk factors for different types of violence against women and children, but it is still unclear which are merely 'markers' for other variables of interest and which may be causally related to the outcome of interest. There is a great need for more longitudinal studies that can help establish the sequencing of variables and help tease out cause from effect.
7. The current evidence base is highly skewed toward individual level predictors of abuse. The next generation of studies should focus on establishing factors at the level of the relationship and the community that either heighten or reduce risk of victimisation and perpetration.
8. Likewise, we must begin to explore potential interactions among variables and levels within the ecological model. For example, research in India has demonstrated that the protective effect of secondary education is dampened in settings where the acceptability of violence is high. It is likely that there are many more interactions like this that will impact on the effectiveness of prevention interventions.
9. Especially missing are studies to establish what macro-level factors influence the geographic distribution of different types of violence and how global, economic and political processes feed into and affect the dynamic of VAWG. Long-term qualitative and ethnographic studies would be useful in this regard.
10. The field needs to understand if risk factors vary by age group. For example, are perpetrators who start particularly early in life different from those who start later? Do we need to target specific drivers of violence among particularly at-risk youth?
11. We need more work to understand how factors at different levels of the social ecology interact to potentiate risk and/or protection. It is important to realise that the particular constellation of factors that combine to lead a particular man or woman to be violent may differ for different individuals. This is true for all forms of VAWG.
12. We must explore the extent of overlap between pathways to perpetration for different types of violence. For example, to what extent is the pathway to perpetration of forced sex in marriage

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the same or different than that which leads men to rape non-partner? Do they need different interventions?

13. We need more information on what helps buffer and protect individuals from risk. For example, what promotes resilience among children who have experienced abuse? Why do some children go on to victimise others whereas others form healthy relationships.
14. Given the overlap between different types of violence, researchers and practitioners must resist working in siloes and seek to cross-fertilize insights across different settings and types of abuse. To expand our understanding of the issue we should be drawing upon multiple disciplines.
15. It is well established that adverse childhood experiences increase the risk of VAWG, both experiences and perpetration. However, we need to better understand how the experience of child abuse relates to other adverse childhood environments. Is witnessing partner violence, for example, a risk factor for later abuse independent of other childhood adversities or is it a marker for overall family dysfunction?
16. More evidence is needed on the impact of mental health/PTSD/antisocial behaviour on the perpetration of and experiences of violence.
17. The role of genetics in aggression is clearly an important area for further work. There has been limited research into the role that environment X gene interactions (epigenetics) play in the aetiology of different types of abuse. There is emerging evidence of the role that genetics may play in rape perpetration, and there is widespread recognition of the heritable nature of anti-social behaviour, including delinquency and psychopathy. Given that these are risk factors for sexual violence perpetration, it can be concluded that part of the causal pathway in sexual perpetration for some men is genetic in origin.
18. Finally, there are large areas of empowerment we do not fully understand – for example, what components of empowerment actually prevent violence, and what about addressing men's sense of dislocation?

Conclusions and recommendations

There is a considerable need for more research to deepen understanding of VAWG in various settings. However there is currently a strong-enough body of knowledge to inform the development and testing of prevention interventions in LMICs. Any lack of current evidence in no way suggests we should not act now.

However, based on the findings of this review, it is proposed that the research agenda prioritises the following areas:

- **Broaden the base of knowledge:** There is a need for research on VAWG, particularly sexual violence, and men's perpetration, from a much wider range of countries particularly low and middle income countries, the Middle East and Central Asia
- **Deepen our understanding of causality, pathways and interplay between risk factors:** There is a need for longitudinal research to understand the timing of all risk factors and what is cause and effect. Structural equation modelling of existing data could be used to better understand the pathways between various risk factors and violence outcomes. In particular research is

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needed on the interaction of different risk factors across and within levels and mediating impact of factors on each other.

- **Research men's perpetration:** We need to better understand if there are differences in men who perpetrate different types of violence. We need to look at different pathways to perpetration and also explore whether there are different pathways/sets of risk factors for different age groups.
- **Deepen understanding of patterns of susceptibility:** Research is needed to understand why some men/women who have particular risk factors become perpetrators/victims and others do not.
- **Investigate macro-level factors that drive abuse and how global, economic and political processes affect the dynamics of VAWG:** We need to know more about what is driving violence against women at a population level and how that interacts with individual level risk. This could include ecological and multi-level studies as well as long-term qualitative and ethnographic research.
- **Further explore the role of epigenetics.** We need to know more about the biological drivers of different types of VAWG and their interaction with the environment/epigenetics.
- **Pursue multi-disciplinary research:** New generations of research are needed that combine perspectives from multiple disciplines, including developmental psychology, gender studies, epidemiology, economics, psychopathology, genetics and neuro-imaging.

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