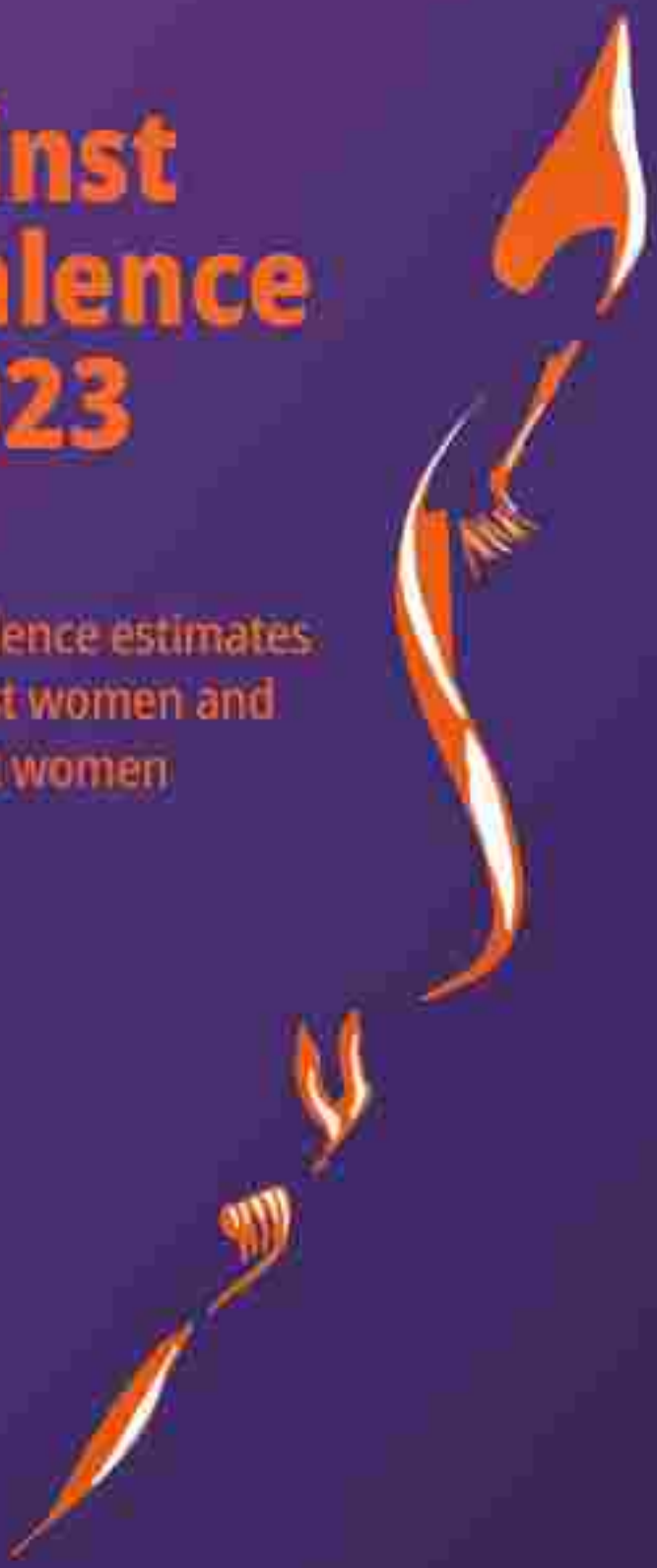
Violence against women prevalence estimates, 2023

Global, regional and national prevalence estimates for intimate partner violence against women and non-partner sexual violence against women



World Health Organization

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Violence against women prevalence estimates, 2023: global, regional and national prevalence estimates for intimate partner violence against women and non-partner sexual violence against women

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Foreword

Violence against women occurs in every community, society and country, with severe implications for health. Violence against women is a human rights problem rooted in gender inequality – causing deep suffering and with intergenerational consequences.

This report comes at a point when many forces threaten progress on the health and wellbeing of women and girls and on gender equality. It provides data that highlights the stark need for accelerating progress towards Sustainable Development Goal target 5.2 on ending violence against women.

Data on violence against women are critical for understanding the problem, informing policies and programmes, and for bringing much-needed attention to this issue. The estimates presented in this report reinforce the messages of the 2010 and 2018 estimates – violence against women remains a major public health problem. The last two decades have seen very slow progress in reducing violence against women, making it unlikely that target 5.2 in the Sustainable Development Goals (to eliminate all forms of violence against women and girls) will be reached, unless significant steps are taken to accelerate progress. The report highlights variations across regions and countries and across age groups, as well as populations most at risk.

The first WHO estimates, published in 2013 illustrated the profound impact of violence on women's health and lives, and how it erodes their dignity and potential, extending well beyond any singular incident. However, there is reason for hope. This report provides evidence of promising approaches to prevent such violence from happening in the first place. Across the globe, communities are challenging unequal gender norms, governments are strengthening laws and programmes to protect and empower women, schools are teaching young people about equal and mutually respectful relationships, and health and other service providers are receiving vital training on how to offer compassionate care and support.

There is still much to be done to enhance investments in prevention and response; to include women and girls with lived experience in programme development and implementation; and to develop better data and evidence to guide national and local action.

Every woman and girl deserves to live free from violence, and every society benefits when women and girls are safe and equal. Let us seize this moment to accelerate progress, to champion gender equality, and to build a future where violence against women is stopped before it starts.

Dr Tedros Adhanom Ghebreyesus
Director-General, World Health Organization

Acknowledgements

The United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (VAW-IAWGED) guided the process of developing the estimates, reviewed the Technical Note for the country consultation, provided technical input and reviewed this report. The independent external Technical Advisory Group to the VAW-IAWGED provided expert advice and input into the methodology and the estimates and reviewed the report.

From each of the constituent agencies, the following individuals were members of the VAW-IAWGED:[1]

- WHO/UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP): LynnMarie Sardinha
- United Nations Entity for Gender Equality and the Empowerment of Women: Giorgia Airoldi and Raphaëlle Rafin
- United Nations Children's Fund: Claudia Cappa and Nicole Petrowski
- United Nations Population Fund: Jessica Gardner
- United Nations Office on Drugs and Crime: Maurice Dunaiski and David Rausis
- United Nations Statistics Division: Francesca Grum

Mar Jubero (UNFPA) also reviewed the report.

The following members of the Technical Advisory Group provided independent technical advice:

- Naeemah Abrahams, Gender and Health Research Unit, South African Medical Research Council, South Africa
- Sarah Bott, Independent consultant, United States of America
- Alejandra Ríos Cázares, World Justice Project, Mexico
- Esnat Chirwa, South African Medical Research Council, South Africa
- Manuel Contreras-Urbina, Observer, World Bank
- Marta Adiego Estella, Secretaría de Estado de Igualdad y para la Erradicación de la Violencia contra las Mujeres, Ministerio de Igualdad, Spain
- Janet Fanslow, University of Auckland, New Zealand
- Talaopo Faumuniu, Census, Survey and Demography Division, Samoa Bureau of Statistics, Samoa
- Hanan Hassan, Statistics Office of Egypt (Central Agency for Public Mobilization), Egypt
- Sunita Kishor, The Demographic and Health Surveys Program, United States of America
- Samuel Musili Mwalili, Jomo Kenyatta University of Agriculture and Technology, Kenya
- Ruchira Tabassum Naved, International Centre for Diarrhoeal Disease Research, Bangladesh

1. All lists of names are given in alphabetical order by last name.

- Sami Nevala, European Union Agency for Fundamental Rights, Austria
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Thanks are due to all government technical focal points for the country consultation on the violence against women estimates and the Sustainable Development Goals country focal points, for their review of and feedback on the preliminary violence against women estimates, including data verifications, additional data and computations of the data for the indicator, where needed. The country consultation portal was set up by Diana Estévez Fernández and Roxanne Moore in the WHO Department of Data and Analytics.

The preparation of this report was led by LynnMarie Sardinha from the WHO Department of Sexual, Reproductive, Maternal, Child and Adolescent Health and Ageing (HRP/SRMNCAH) and Mandip Aujla (Consultant). Update of the systematic review was initially conducted by Heidi Stöckl (Ludwig-Maximilians-University of Munich) and subsequent quarterly updates were conducted by Laura Campo-Tena (Consultant). Updating of databases, microdata analyses, survey and study review and quality assessment and extraction of data were conducted by LynnMarie Sardinha, as well as by Irina Bergenfeld (Emory University). Data management was carried out by LynnMarie Sardinha and Irina Bergenfeld, along with Polychronis Kostoulas (University of Thessaly). Polychronis Kostoulas developed the methodology and the statistical framework in consultation with the technical team, conducted the analyses, statistical modelling and contributed to the relevant sections of the report. The country consultations were conducted and managed by LynnMarie Sardinha. Laura Campo-Tena and Morane Verhoeven (SRMNCAH) carried out literature reviews. Technical review and input were also provided by Claudia Garcia-Moreno (Consultant, HRP/SRMNCAH), with overall review by Avni Amin (HRP/SRMNCAH).

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For any further information relating to this report, contact LynnMarie Sardinha (sardinhal@who.int), Avni Amin (aminaa@who.int) or vawestimates@who.int.

Abbreviations and acronyms

COVID-19	coronavirus disease
DHS	Demographic and Health Survey
HRP	United Nations Development Programme/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction
ODA	official development assistance
SDG	Sustainable Development Goal
SRMNCAH	Department of Sexual, Reproductive, Maternal, Child and Adolescent Health and Ageing
UI	uncertainty interval
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Programme for Gender Equality and the Empowerment of Women
VAW-IAWGED	United Nations Violence Against Women Inter-Agency Group on Estimation and Data

On the International Day to Eliminate Violence against Women, 25 November 2016, The Jamaica AIDS Society for Life staged a civil society Silent Protest to end violence against women and girls. The protest took place in the capital city Kingston, Jamaica, 2016.
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Executive summary

Violence against women and girls is a human rights violation and public health problem that transcends economic, social and national boundaries. It has both immediate and long-term effects on the physical and mental health of women, children, families and societies. This report provides updated global, regional and national estimates for two forms of violence against women: intimate partner violence and non-partner sexual violence. The estimates presented are based on a comprehensive review of prevalence data from surveys and studies conducted between 2000 and 2023 (published by November 2024).

One of the most common forms of violence against women globally is violence by a current or former husband or male intimate partner (physical, sexual or psychological).

Another common form of violence against women is sexual violence perpetrated by someone other than a current or former husband or partner, such as a male relative, friend, acquaintance, authority figure or stranger – this is referred to as non-partner sexual violence.

There are other forms of violence against women that are not included in this report, for instance femicide, including murders with honour given as the justification, physical violence or sexual harassment by employers, relatives, or other individuals in positions of authority, and trafficking.

For several decades, powerful calls have been made to eliminate violence against women, including by women's movements and organizations and other civil society actors, and through various global and regional agreements and conventions. In 2016, WHO Member States endorsed the *Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children* (henceforth referred to as the WHO global plan of action on violence). Sustainable Development Goal (SDG) 5 of the 2030 United Nations Agenda for Sustainable Development includes a target to eliminate "all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation" (Target 5.2).

Intimate partner violence and sexual violence remain prevalent worldwide. Conflict, protracted humanitarian crises, and environmental disasters are increasing the risk of violence against women living in fragile contexts. Displacement and the associated insecurity further heighten the risk of exposure to violence for women and girls. Furthermore, the rapid proliferation of technology also exacerbates women and girls' risk of violence both online and offline, although evidence on this is currently limited. Further focus on these contexts will be required to improve our understanding of their full impact on the prevalence of violence against women and girls.

Accurate and reliable data on violence against women remain crucial to improving our understanding of the nature and impact of this violence, the differences between settings and age cohorts, and to monitor changes over time. The collection, analysis and reporting of these data also play a role in informing investments, policies and programmes for prevention and response. While significant progress has been made in the measurement,

SDG 5: Achieve gender equality and empower all women and girls

SDG Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Indicators for SDG Target 5.2:

- Indicator 5.2.1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age

- **Indicator 5.2.2: Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner** in the previous 12 months, by age and place of occurrence

availability and quality of population-based survey data on intimate partner violence, and a greater number of countries are collecting population-based survey data on non-partner sexual violence, some challenges remain.

The estimates in this report (referred to as the 2023 estimates) supersede the global, regional and country-level prevalence estimates of intimate partner violence and non-partner sexual violence against women that were published by WHO in 2021 (the 2018 estimates) and in 2013 (the 2010 estimates). These 2023 prevalence estimates for intimate partner violence and non-partner sexual violence are the most reliable to date, reflecting expanded data, improved methodology and greater availability and quality of survey data.

These current estimates are produced by WHO with and on behalf the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (VAW-IAWGED), composed of representatives from WHO, United Nations Children's Fund, the United Nations Population Fund, the United Nations Office on Drugs and Crime, the United Nations Statistics Division and the United Nations Entity for Gender Equality and the Empowerment of Women. The VAW-IAWGED was established in 2017 to improve the measurement of violence against women and strengthen global monitoring and reporting, including of the relevant SDG indicators (5.2.1 and 5.2.2). The VAW-IAWGED is supported by a Technical Advisory Group of academics, technical experts, and national statistical office representatives.

Methods

To provide the most accurate estimates of the prevalence of violence against women, the previous WHO Global Database on the Prevalence of Violence against Women has been expanded and the estimation methods refined to produce the most robust estimates with the available data. Systematic reviews on the prevalence of violence against women were conducted, followed by a search of national statistical office and international survey programme websites and data repositories. Data were screened for inclusion, extracted and compiled in the Global Database on Prevalence of Violence Against Women. All population-based studies conducted between 2000 and 2023 (and published by 30 November 2024), representative at the national or subnational level and that used

acts-specific measures of violence were eligible for inclusion.

Country consultations on the estimates were conducted between April and August 2025 with all WHO Member States and other territories and areas for which data were available. During the consultation period additional eligible studies and data were identified. The engagement with countries during the consultation (including through webinars to discuss the data and estimation methodology) strengthened the overall estimation of the prevalence of violence against women.

The main sources of data on violence against women are: (i) specialized surveys on violence against women; and (ii) modules on violence against women within larger national health surveys, including the Demographic and Health Surveys. Data from crime victimization and other types of surveys were used for a small number of (mainly high-income) countries.

Data comparability is important when producing global and regional aggregate statistics to monitor the prevalence of violence against women – data comparability between surveys and countries is affected by differences in study parameters (including definitions of violence, perpetrators of violence, time covered, age ranges, and so on). Robust statistical models are therefore needed to adjust for some of this heterogeneity and generate comparable estimates to the greatest extent possible. The statistical methods used to generate the estimates are explained in detail in Section 3 of the report.

The prevalence estimates for 2023 presented in this report (together with its annexes) include: (i) global, regional and national estimates of lifetime and past-12-months physical and/or sexual intimate partner violence for two age groups (women aged 15–49 years and women aged 15 years and older); (ii) global, regional and national estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence; (iii) global estimates of the combined prevalence of lifetime intimate partner violence and/or non-partner sexual violence; and (iv) changes over time (2000–2023) in the global prevalence of physical and/or sexual intimate partner violence.

The lifetime prevalence estimates of intimate partner violence draw on 434 studies from 163 countries and areas, and the past-12-months prevalence estimates are informed by 441 studies from 164 countries and areas from all regions, representing 93% of the world's population of women and girls aged 15 years and older. The lifetime (since age 15 years) prevalence estimates for non-partner sexual violence are based on 286 studies from 140 countries and areas and the past-12-months prevalence estimates are informed by 189 studies from 125 countries and areas, representing 89% of the world's population of women and girls aged 15 years and older.

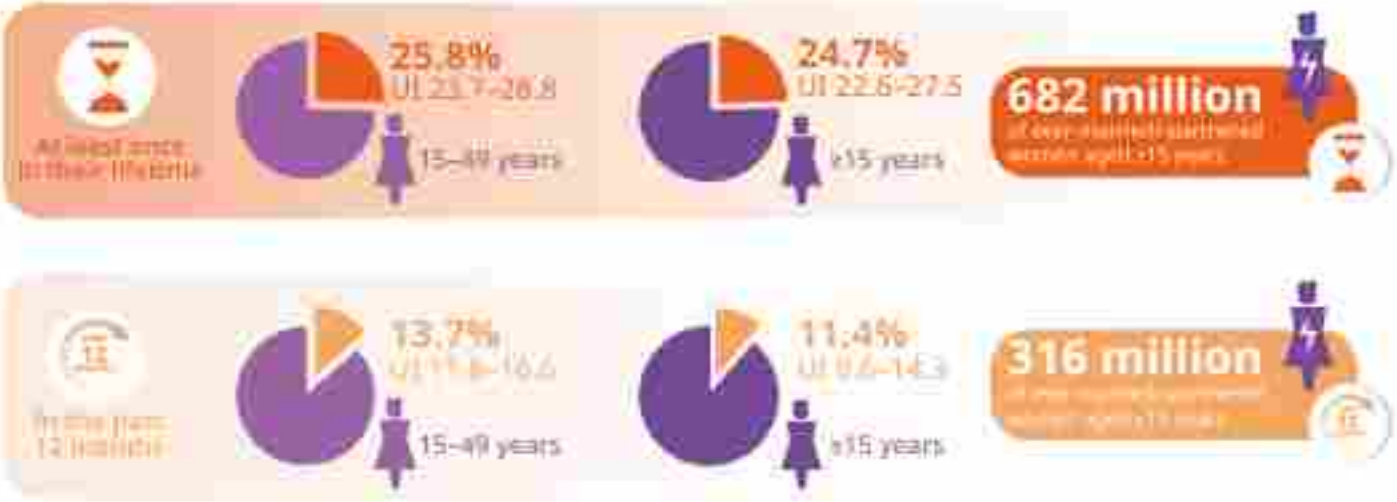
The results presented in this report are the second internationally comparable estimates for intimate partner violence during the SDG reporting period. These new estimates are based on the best available data for the period 2000–2023.

Owing to changes in methodology and data availability, these latest 2023 estimates are not comparable with the prevalence estimates published previously (the 2018 and 2010 estimates).

Country profiles and all model specification codes used will be published separately and can be made available upon request.

Global
prevalence estimates of intimate partner violence

Percentage of ever-married/-partnered women subjected to physical and/or sexual intimate partner violence



The 2023 global estimates based on data from 2000–2023 indicate the following:[1]

- Overall, 25.8% (UI 23.7–28.8%) of ever-married/-partnered women aged 15–49 years and 24.7% (UI 22.6–27.5%) of ever-married/-partnered women aged 15 years and older have been subjected to physical and/or sexual violence from a current or former husband or male intimate partner at least once in their lifetime. This represents 682 million ever-married/-partnered women aged 15 years and older being subjected to physical and/or sexual intimate partner violence.

- Overall, 13.7% (UI 11.8–16.6%) of ever-married/-partnered women aged 15–49 years and 11.4% (UI 9.6–14.3%) of ever-married/-partnered women aged 15 years and older have experienced physical and/or sexual intimate partner violence at some point within the past 12 months. This represents at least 316 million ever-married/-partnered women aged 15 years and older being subjected to recent physical and/or sexual intimate partner violence.

- Intimate partner violence starts early. More than one in five (23.3%, UI 21.5–25.7%) ever-married/-partnered adolescent girls 15–19 years are estimated to have been subjected to physical and/or sexual violence from an intimate partner at least once in

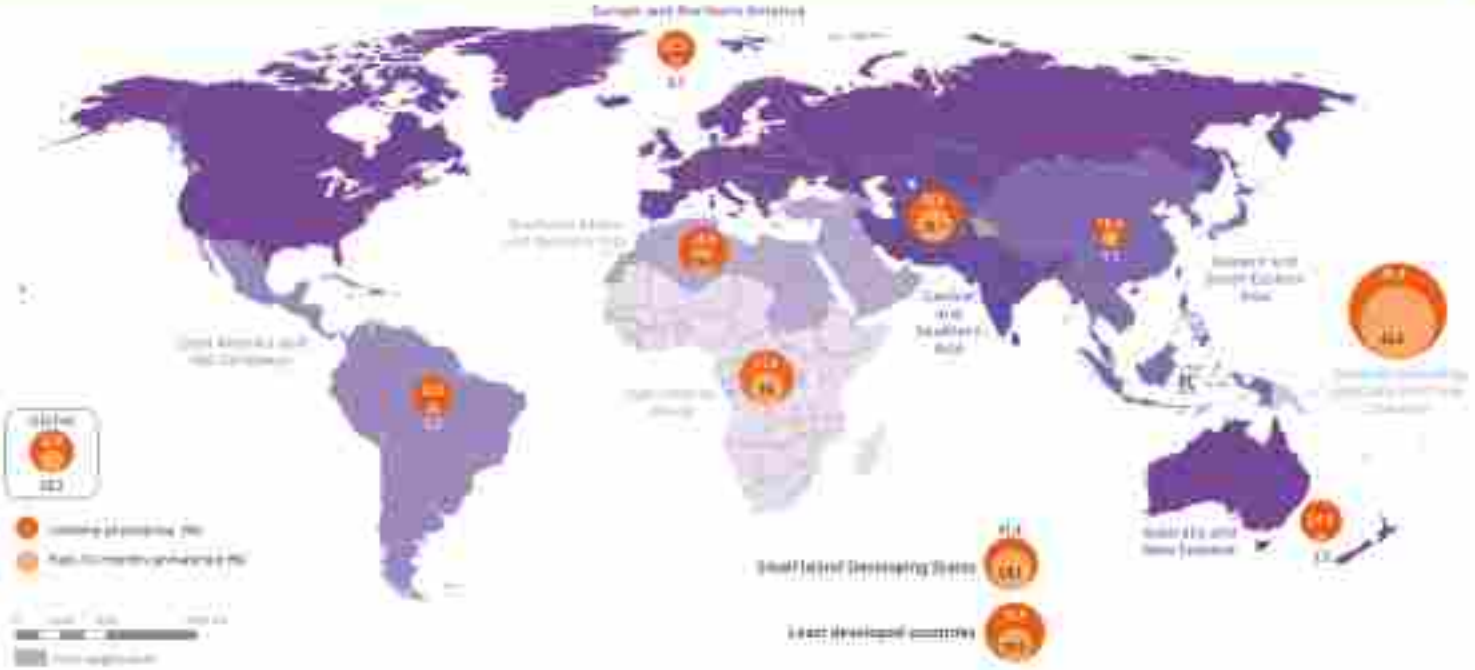
1 All point estimates are provided along with their 95% credible intervals (CrI), also known as uncertainty intervals (UI), to indicate the range within which an estimate's true value falls.

their lifetime. The prevalence of this type of violence within the past 12 months remains high for this age cohort (16.0%, UI 14.3–18.3%).

- Intimate partner violence also impacts women in older age groups. One in five (20.5%, UI 16.8–25.9%) ever-married/-partnered women aged 65 years and older are estimated to have been subjected to physical and/or sexual violence from a current or former husband or male intimate partner at least once in their lifetime. The prevalence of this type of violence in the past 12 months was 3.9% (UI 2.8–7.3%) for this age group. It is important to note that other forms and acts of violence that may be more specific to older women are generally not captured in existing surveys. Overall, there is substantially less prevalence data on older women, as a large proportion of surveys and studies on violence against women collect data on women aged 15–49 years.

Regional
prevalence estimates of intimate partner violence

Regional prevalence estimates of physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years



Regional prevalence of intimate partner violence

The 2023 regional prevalence estimates highlight the following:

- Using the United Nations SDG regional and subregional classifications, the estimated lifetime prevalence of physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years was highest in the subregion of Oceania (excluding Australia and New Zealand) (56.9%, UI 52.4–61.2%) where over half of women were estimated to have been subjected to intimate partner violence at some point during their lives. The estimate for the broader region of Oceania (including Australia and New Zealand) was comparatively lower, but still extremely high, at 37.4% (UI 33.3–41.6%).

- Close to one in three women in the regions of sub-Saharan Africa (31.9%, UI 29.7–34.5%) and Central and Southern Asia (30.8%, UI 26.8–35.6%), were subjected to physical and/or sexual violence at the hands of an intimate partner at some point during their lives.

Regional prevalence of intimate partner violence in the past 12 months

- Over one in three ever-married/-partnered women aged 15–49 years in the SDG subregion of Oceania (excluding Australia

and New Zealand) (43.4%, UI 38.7–48.4%) were estimated to have been subjected to physical and/or sexual violence at the hands of an intimate partner in the past 12 months.

- Around one in five women in the Central and Southern Asia SDG region (20.1%, UI 16.3–23.9%) have been subjected to intimate partner violence in the past 12 months. This is followed by the region of sub-Saharan Africa with a prevalence of 19.0% (UI 17.2%–21.1%) and Oceania (including Australia and New Zealand) with a prevalence of 18.3% (UI 16.3–20.4%). The prevalence of intimate partner violence in the past 12 months was lower in the SDG regions of Eastern and South-eastern Asia (9.2%, UI 4.3–17.1%), Latin America and the Caribbean (7.2%, UI 6.2–8.3%), and Europe and Northern America (5.7%, UI 3.5–10.9%).

- Just under one in three women (31.4%, UI 29.0–33.8%) in the United Nations grouping of Small Island Developing States (SIDS) have been subjected to physical and/or sexual violence by an intimate partner at least once in their lives and around one in five (21.0%, UI 18.8–23.7%) women and girls in these states have been subjected to physical and/or sexual violence in the past 12 months.

- Similarly, the SDG regional grouping of least developed countries had 34.9% (UI 32.2–38.5%) lifetime prevalence and 19.9% (UI 18.2–21.9%) past-12-months prevalence.

National prevalence estimates of intimate partner violence

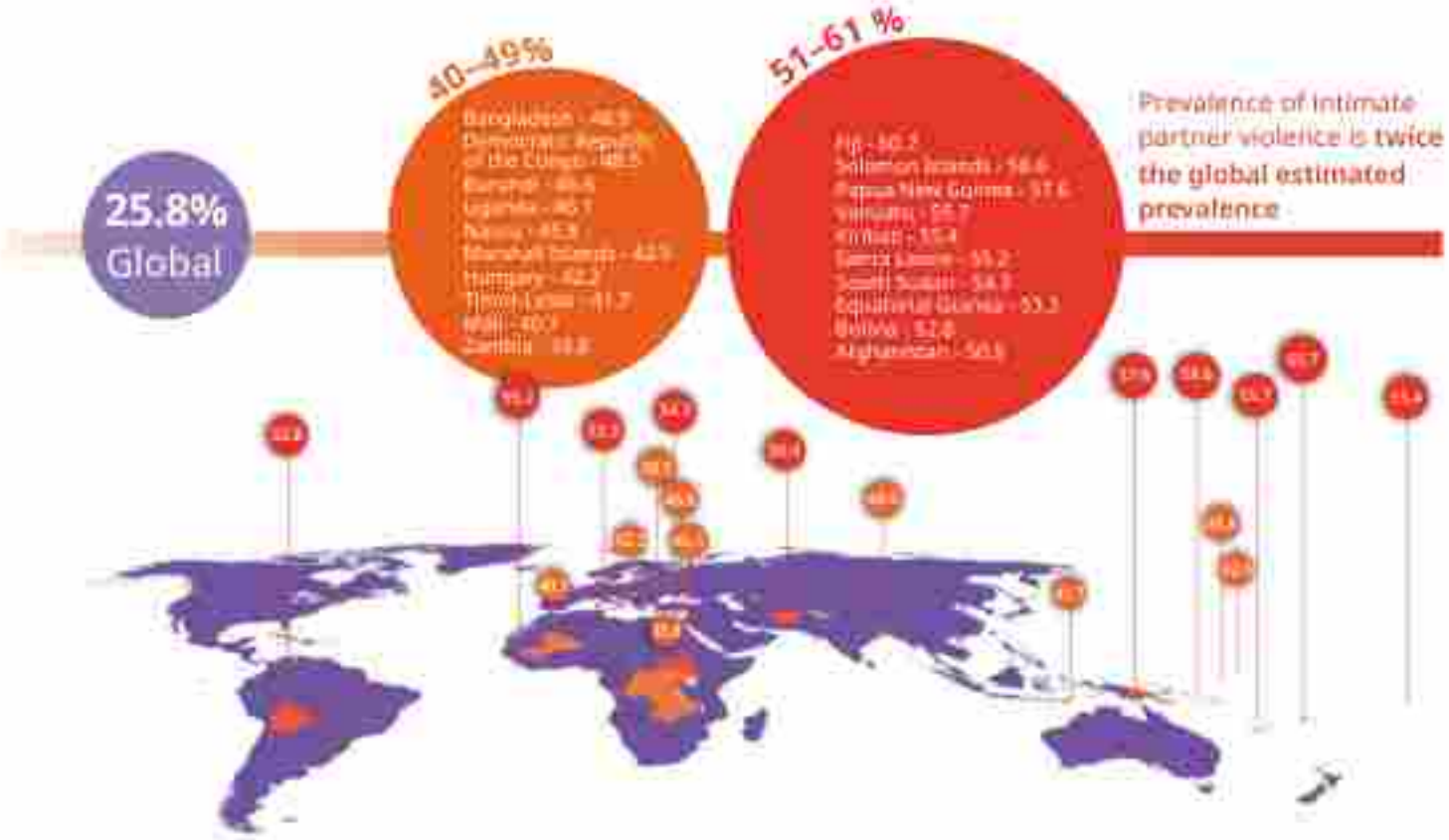
Estimates were derived for 168 countries and areas that had at least one available data source that met the inclusion criteria for the analysis in this report.

The 2023 national estimates provide the following insights:

Lifetime prevalence of intimate partner violence

- In 10 countries, the prevalence of intimate partner violence was twice the global estimated prevalence, with 51–61% of ever-married/-partnered women aged between 15 and 49 years estimated to have been subjected to physical and/or sexual violence from a current or former husband or male intimate partner at least once in their lives. From highest to lowest prevalence these countries are: Fiji (60.7%, UI 54.2–66.7%), Solomon Islands (58.6%, UI 50.6–66.9%), Papua New Guinea (57.6%, UI 52.9–61.9%), Vanuatu (55.7%, UI 49.3–62.7%), Kiribati (55.4%, UI 51.1–60.3%), Sierra Leone (55.2%, UI 49.9–60.5%), South Sudan (54.3%, UI 32.1–77.1%), Equatorial Guinea (53.3%, UI 46.1–60.8%), Bolivia (52.8%, UI 44.9–59.3%) and Afghanistan (50.9%, UI 46.5–55.6%).

- In a further 10 countries between 40% and 49% of ever-married/-partnered women aged 15–49 years were subjected



Twenty highest national prevalence estimates of lifetime physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years

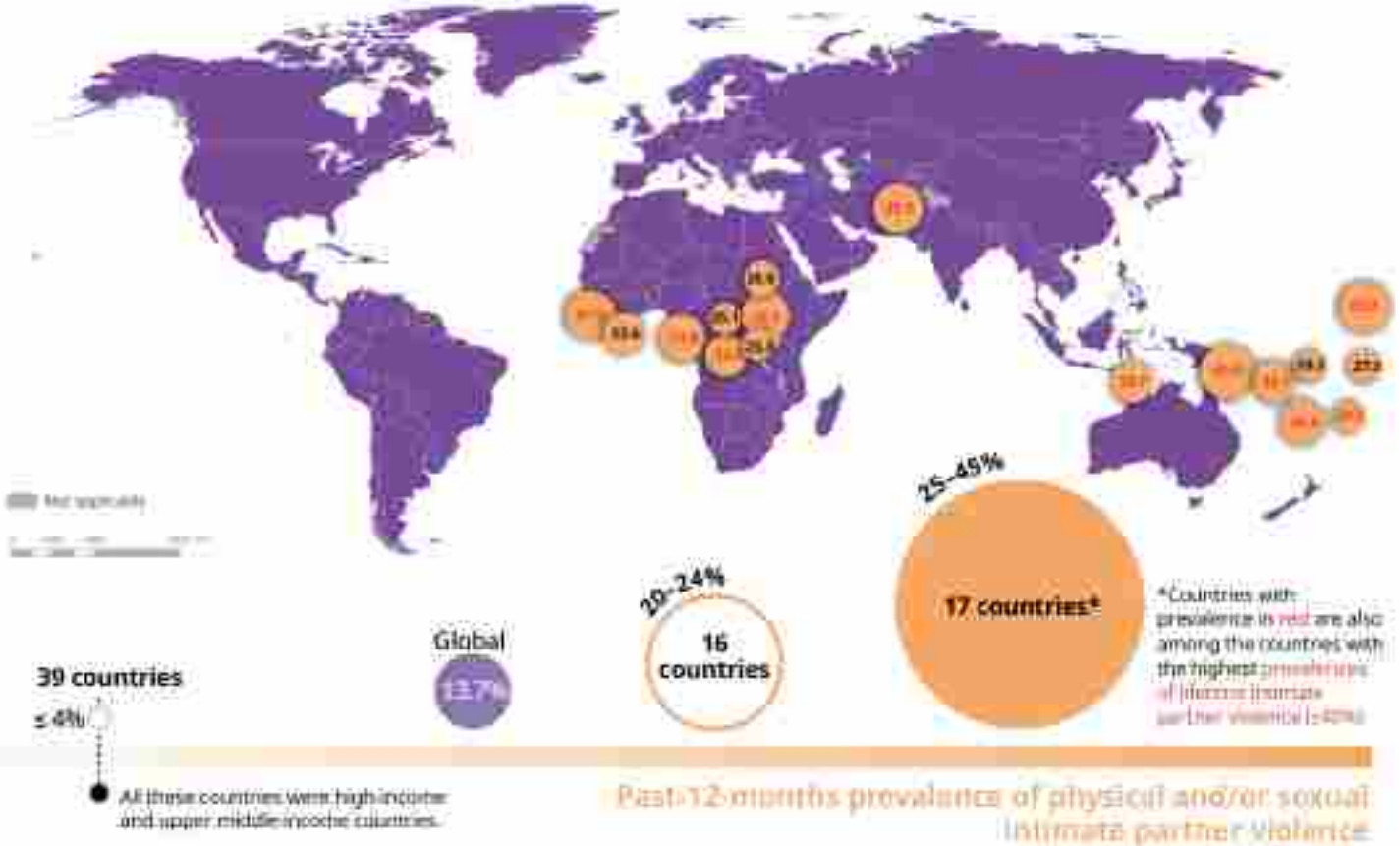
to physical and/or sexual intimate partner violence at least once in their lives. These countries were: Bangladesh (48.9%, UI 44.4–53.0%), Democratic Republic of the Congo (48.5%, UI 43.5–53.4%), Burundi (46.6%, UI 43.0–50.8%), Uganda (46.1%, UI 41.8–50.6%), Nauru (45.8%, UI 34.7–57.1%), Marshall Islands (42.5%, UI 36.1–49.3%), Hungary (42.5%, UI 38.2–47.8%), Timor-Leste (41.7%, UI 37.1–46.8%), Mali (40.7%, UI 35.8–46.4%) and Zambia (39.8%, UI 34.7–45.3%). Taken together, 20 countries have a very high prevalence of physical and/or sexual intimate partner violence in the range of 40% to 61%.

- Twenty-nine countries were within the two lowest median ranges with prevalence of between 5.0% and 14.0%.

Past-12-months prevalence of intimate partner violence

- In 17 countries the prevalence of intimate partner violence that ever-married/-partnered women aged 15–49 years had been subjected to in the past 12 months was between 25% and 45% – those countries were (in descending order): Papua New Guinea 45.3% (UI 40.1–50.9%), Kiribati 42.2% (UI 36.7–47.8%), Sierra Leone 41.0% (UI 35.7–46.5%), Afghanistan 39.7% (UI 34.2–44.5%), South Sudan 38.9% (UI 20.7–60.0%), Equatorial Guinea 37.0% (UI 30.6–45.3%), Vanuatu 36.4% (UI 29.1–44.4%), Solomon Islands 34.1% (UI 27.0–41.5%), Timor-Leste (33.7%, UI 28.5–39.8%), Liberia (33.6%, UI 28.8–38.8%), the Democratic Republic of the Congo 33.2%

National past-12-months prevalence estimates of physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years



- (UI 29.2–37.9%), Sudan 28.6% (UI 10.3–53.2%), Samoa 27.3% (UI 23.6–31.6%), Tuvalu 26.3% (UI 19.4–33.7%), Burundi 25.3% (UI 22.0–28.7%), Central African Republic 25.1% (UI 21.8–28.8%) and Fiji 24.8% (UI 20.7–30.4%).

- In a further 16 countries and one territory the prevalence of physical and/or sexual violence in the past 12 months was between 20% and 24%.

- Thirty-nine countries had a prevalence of physical and/or sexual intimate partner violence in the past 12 months of 4% or less. All these countries were high-income and upper middle-income countries of Europe, Central Asia, Latin America and South-eastern Asia, and Australia and New Zealand in Oceania. Although there are wide variations in the prevalence of physical and/or sexual intimate partner violence among countries and regions of the world, the prevalence remains high in most places.

Global, regional and national prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence

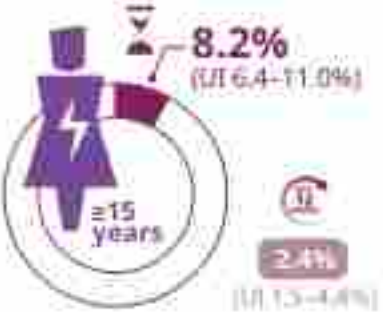
Non-partner sexual violence refers to acts of sexual violence against women, experienced since the age of 15 years, perpetrated by someone other than a current or former husband or male intimate partner (for example a male relative, friend, authority figure, acquaintance or stranger). For this type of violence, all women, regardless of their partnership status are considered at risk and are thus included in the denominator for calculations (not only those who have ever been married or had an intimate partner).

The 2023 **global estimates** on non-partner sexual violence highlight the following.

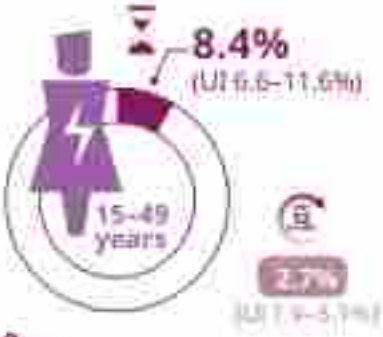
- Overall, 8.4% (UI 6.6–11.6%) of women aged 15–49 years and 8.2% (UI 6.4–11.0%) of women aged 15 years and older have been subjected to non-partner sexual violence at least once in their lifetime. In the past 12 months, globally 2.7% (UI 1.8–4.8%) of women aged 15–49 years and 2.4% (UI 1.5–4.4%) of women aged 15 years and older were estimated to have been subjected to non-partner sexual violence. This prevalence figure may seem low, but this should not detract from the seriousness of this form of violence against women. The actual prevalence is likely to be much higher than the reported and estimated prevalence given that sexual violence is particularly stigmatized, with harms attached to disclosure in many settings.

- Age-disaggregated estimates of global prevalence of lifetime (since age 15 years) non-partner sexual violence against women indicate that prevalence remains high for all age groups, varying by only 2 to 3 percentage points: from a high of 8.9% among women aged 20–24 years (UI 7.1–12.1%) and women aged 25–29 years (UI 7.0–12.0%) and 8.4% (UI 6.7–11.7%) among adolescent girls aged 15–19 years to 6.1% (UI 4.6–8.7%) among women aged 60–64 years and 6.0% (UI 4.3–8.9%) among women aged 65 years and older.

Global prevalence of non-partner sexual violence



263 million
of women aged ≥15 years report experiencing sexual violence from someone other than a partner at least once in their lifetime



The actual prevalence is likely much higher than the reported and estimated prevalence given that sexual violence is particularly stigmatized, with harms attached to disclosure in many settings.

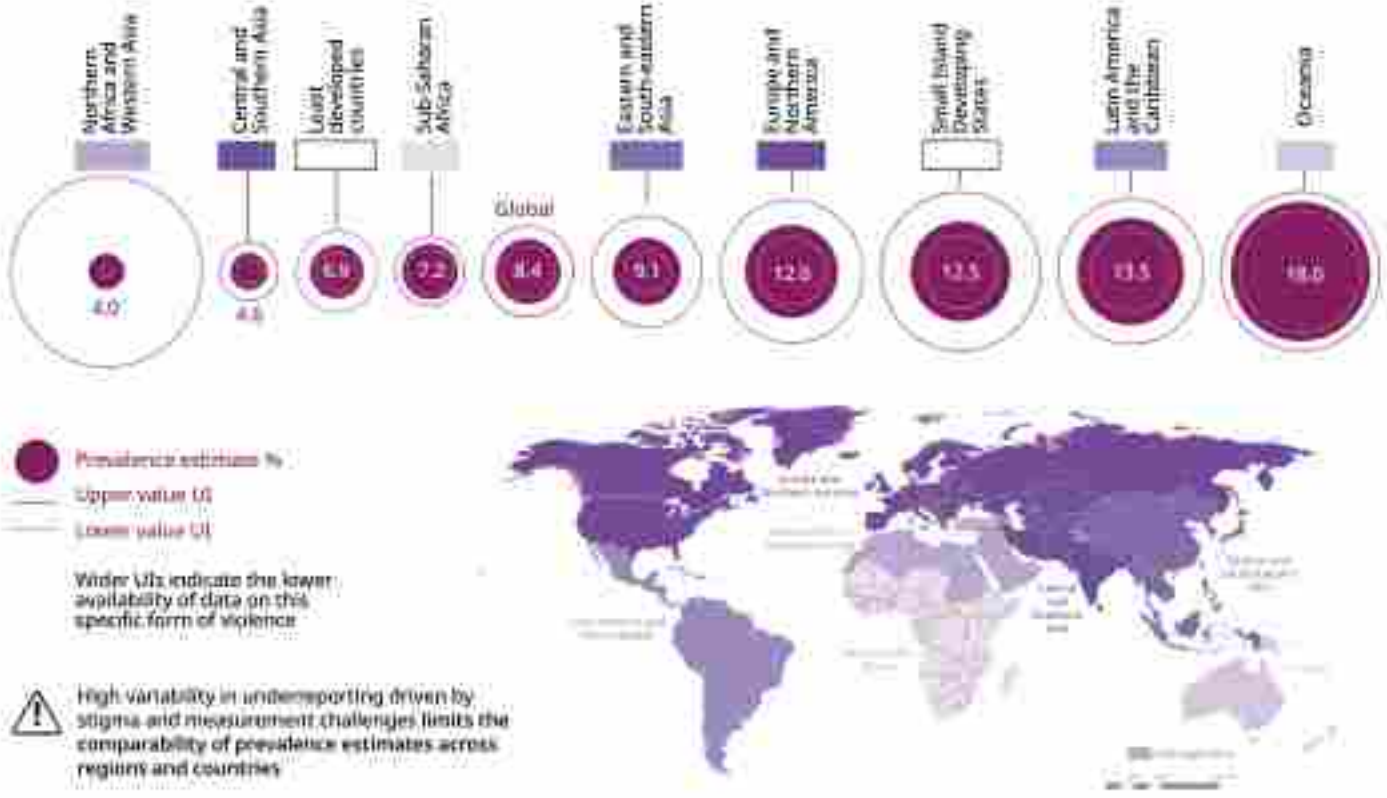
- Estimates for non-partner sexual violence in the past 12 months show that 4.0% of girls and young women aged 15–19 years (UI 2.8–6.7%) and 3.0% of women aged 20–24 years (UI 2.1–5.4%) reported experiencing sexual violence at the hands of someone who was not an intimate partner at least once in the past 12 months. The prevalence was slightly lower in the remaining age groups from 25–29 years through to 65 years and older, with the estimated prevalence being lowest among women in the age groups of 55–59 years (0.8%, UI 0.4–1.9%), 60–64 years (0.7%, UI 0.4–1.7%) and 65 years and older (0.5%, UI 0.3–1.6%).

The 2023 **regional estimates** indicate the following:

- Using the United Nations SDG regional and subregional classifications, the highest estimated prevalence of non-partner sexual violence since age 15 years was found in the region of Oceania at 18.0% (UI 15.8–20.3%). The prevalence was higher than the global lifetime prevalence estimate (8.4%) in the regions of Latin America and the Caribbean at 13.5% (UI 10.5–18.2%), the SIDS (12.5%, UI 9.4–18.9%) and in Europe and Northern America where the estimated prevalence of non-partner sexual violence since the age of 15 years was 12.0% (UI 8.8–17.2%). The regions of sub-Saharan Africa (7.2%, UI 6.0–8.9%), the SDG classified least developed countries (6.9%, UI 5.2–10.8%), Central and Southern Asia (4.6%, UI 3.1–7.3%), and Northern Africa and Western Asia (4.0%, UI 1.5–28.1%) had an estimated prevalence that was below the global average.

- The SDG subregion of Oceania (excluding Australia and New Zealand) at 5.7% (UI 4.1–7.4%) and the region of Latin America and the Caribbean at 5.2% (UI 3.5–18.9%) had the highest prevalence of non-partner

Lifetime (since age 15) regional prevalence of non-partner sexual violence



sexual violence in the past 12 months, with the subregion of Central America having a prevalence of 10.7% (UI 9.5–12.0%). This was followed by the broader region of Oceania (4.9% UI, 3.6–8.0%) and Eastern and South-eastern Asia (4.0%, UI 1.8–9.2%).

- The reported and hence estimated prevalence of non-partner sexual violence in the past 12 months was comparatively lower in remainder of the SDG regions and subregions, ranging from 1.4% in Europe and Northern America (UI 0.7–4.8%) and Central and Southern Asia (UI 0.8–2.6%) to 1.9% (UI 1.0–8.3%) in Northern Africa and Western Asia and 2.3% (UI 0.8–18.3%) in the Caribbean.

Countries

- The estimated prevalence of lifetime (since age 15 years) non-partner sexual violence against women aged 15–49 years was between 25% and 42% for 11 countries – nine of which were high-income and upper middle-income countries. For 47 countries this was estimated to lie between 10% and 24% and in 38 countries it was 4% and below.

- For the past-12-months prevalence of non-partner sexual violence against women aged 15–49 years, 26 countries had a prevalence of non-partner sexual violence that was the same as or above the global average, ranging from 2.7% to 14.0%. It is worth noting that most data for the countries in this median range originated from dedicated surveys on violence against women. The remaining countries had a past-12-months prevalence of non-partner sexual violence of 2% or less and the vast majority of these were either from high-income European countries or those relying on modules within broader health or other surveys like the Demographic and Health Surveys.

It is important to recognize the persistent underreporting of both intimate partner violence and, even more so, non-partner sexual violence when interpreting these findings. While there are likely to be real differences in the prevalence of non-partner sexual violence across geographical regions, some regions may be more affected by underreporting than others, given different levels of stigma, services available, and support women may receive when disclosing sexual violence. In more gender-equal societies, women and girls are more likely to disclose and report their experience of sexual violence, leading to higher prevalence estimates. On the other hand, in countries with high levels of stigmatization, lack of services, and serious repercussions for women who report this violence the actual prevalence of non-partner sexual violence is likely to be much higher than its reported or estimated prevalence.

Additionally, this form of violence is particularly impacted by measurement challenges, with wide heterogeneity in the number and type of acts of sexual violence that surveys and countries use – some have very narrow definitions (for example only including rape or attempted rape) and others use much broader definitions, encompassing a wider range of acts of sexual violence by non-partners. These factors significantly impact the reported and estimated prevalence which limits the comparability of these estimates across countries and regions.

Combined prevalence estimates of intimate partner violence and non-partner sexual violence

The estimates reiterate and confirm that intimate partner violence and non-partner sexual violence remain pervasive for women and girls across the globe. Furthermore, this combined prevalence has remained largely unchanged in the past two decades.

These two forms of violence represent a substantial proportion of the violence that women experience globally. Prevalence estimates that combine these two forms of violence provide a broader picture of the proportions and numbers of women subjected to violence during their lifetime, although this still does not capture the full extent or the variety of other forms of violence that women are exposed to and that affect their lives.

The 2023 global combined intimate partner and non-partner sexual violence prevalence estimates are as follows:

- Overall, 31.6% (UI 29.1–34.8%) of women aged 15–49 years and 30.4% (UI 28.0–33.7%) of women aged 15 years and older have been subjected to physical and/or sexual violence from any current or former husband or male intimate partner, or to sexual violence from someone other than a partner, or to both these forms of violence at least once in their lifetime.

Global prevalence estimates of lifetime intimate partner violence and/or non-partner sexual violence

840 million

of women aged ≥15 years in 2023 had been subjected to one or both of these forms of violence at least once in their lifetimes

Measurement challenges and research gaps

There has been a marked increase in the number and quality of population-based studies, including national surveys estimating the prevalence of violence (particularly intimate partner violence) against women, since 2010. However, several countries still do not have any prevalence data on intimate partner violence, and some have not conducted a survey in over a decade. There remains room for improvement in how data are collected and reported. This is particularly relevant for the measurement of non-partner sexual violence.

Gaps and challenges for accurate prevalence estimation and comparability of data include:

- infrequent national surveys;
- variations in acts included and levels of severity assigned;
- variations in recall periods used in survey questions;
- lack of disaggregation by different forms of intimate partner violence and non-partner sexual violence;

- poorly implemented surveys (which affects disclosure);
- lack of standardized measures for psychological intimate partner violence (including emotional abuse, controlling behaviours or coercive control);
- differences in surveyed populations (e.g. all women regardless of their partnership status, ever-partnered or currently partnered women); and
- lack of disaggregation by age group and heterogeneous age group definitions.

In addition, there is a lack of data about specific groups of women, such as those living with intersecting forms of discrimination, and in settings that increase vulnerability. This includes data on the prevalence, magnitude and forms of violence against, for example, women with disabilities, migrant, Indigenous and transgender women, and those living in fragile humanitarian settings, including those related to conflict and/or climate change.

Section 5 of the report explores some of the research gaps in violence against women in more detail.

All surveys underestimate the true prevalence of violence against women as there will always be women who do not disclose these experiences; however, a poorly designed or implemented survey will lead to even greater underestimation and potentially misrepresentative statistics.

Collecting high-quality data on the nature and scale of violence against women is an important first step to acknowledge and understand the problem and initiate policies and strategies to address it. Crucially, it also provides a baseline against which progress can be measured.

Addressing policy and programmatic challenges

The estimates presented in this report reiterate and add weight to the messages of the 2010 and 2018 estimates – violence against women remains a major public health problem of international concern. This has important implications for women's health and well-being. It can also affect the health and development of their children. Accelerated efforts are urgently needed to end violence against women and achieve SDG Target 5.2.

The role of the health sector in responding to and preventing violence against women is well established. According to WHO guidance for the health response to violence against women and girls, survivors need access to high-quality, comprehensive survivor-centred health care, including post-rape care. Progress has been made, with some countries aligning their policies with WHO's recommendations. However, much more needs to be done to strengthen policy development and implementation of services for survivors.

To achieve this, concerted action is required, underpinned by dedicated public funding and investment across multiple sectors. Evidence-informed programmes and policies play a critical role in ensuring that the needed multisectoral interventions are prioritized and

that resources for their implementation are included in national budgets across sectors, including health.

Equal attention must be given to preventing this violence from happening in the first place. The *RESPECT women* framework for prevention encourages policy-makers and programme implementers to invest in women's rights organizations, laws and policies that promote gender equality, and adequately resource the prevention of violence.

Funding, however, remains woefully inadequate with recent cuts in official development assistance for the prevention of violence against women and girls adversely impacting women's rights organizations, services and research. Reinvigorating investments in front-line and support organizations is critical to ensure prevention and response services within communities. This is particularly important against the backdrop of continuing systemic barriers, including patriarchal norms, which continue to impede survivors' access to services. Continued and increased investment in generating and making accessible high-quality data, building the capacity of those collecting data and reporting within countries, and institutionalizing international quality standards for data collection and reporting are all imperative for informing policy and programme development, improving global public health and achieving gender equality.

Conclusions

The estimates presented in this report demonstrate unequivocally that violence against women remains pervasive globally, affecting women across all countries and regions. It is a global public health problem of enormous proportions, requiring urgent action. As agreed in the WHO global plan of action on violence, in particular against women and girls – endorsed by the Sixty-ninth World Health Assembly in 2016, related United Nations resolutions and consensus statements – and, reflecting on 30 years since the Fourth World Conference on Women in Beijing, urgent action must be taken to ensure that all women and girls can live a life free of violence and coercion of any kind.

At current rates and given the minimal reductions in prevalence of violence observed since the year 2000, progress is too slow and achieving SDG Target 5.2 to eliminate all forms of violence against women and girls by 2030 remains elusive. In the final five years of the SDG era, governments, international agencies, civil society and communities must join forces to ensure well-resourced and sustained approaches to prevention and response. This means scaling up evidence-based prevention strategies; ensuring universal access to quality, survivor-centred services; and investing in regular collection of high-quality data to monitor progress and guide targeted response, including in humanitarian crisis settings brought about by conflict and/or climate-related emergencies. All women and girls deserve to live safe and healthy lives that are free from all forms of coercion, discrimination and violence.

Tackling this global crisis is not only imperative for achieving SDG 5 and its related targets, but also the interrelated goals, including SDG 3 (good health and well-being) and SDG 16 (peace, justice and strong institutions).

01

Introduction

Violence against women takes many forms. It includes physical, sexual or psychological violence perpetrated by an intimate partner or someone other than a partner – including other family members, friends, authority figures, acquaintances or strangers. It also includes femicide, including murders with so-called honour given as the justification, and trafficking of women. Article 1 of the 1993 United Nations *Declaration on the elimination of violence against women* defined violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" *[1]*.

Violence against women and girls is a violation of human rights and public health problem that transcends economic, social and national boundaries. Previous estimates on the prevalence of violence against women *[2,3]* showed that almost one in three (31%) women worldwide were subjected to physical and/or sexual violence by an intimate partner, or sexual violence by a non-partner at least once in their lifetime. Intimate partner violence often starts early and takes place throughout a woman's life *[4]*. Intimate partner violence and non-partner sexual violence have both short- and long-term consequences for the woman's physical and mental health. The impact on physical health can include injuries (including those that result in disabilities), chronic pain, unintended pregnancy, unsafe abortion, miscarriages, low birth weight and preterm births, sexually transmitted infections, HIV infection and urinary tract infections *[5]*. Associated mental health problems include anxiety, depression, post-traumatic stress disorder, suicide and attempted suicide, harmful use of alcohol and other substances *[5–7]*. It also has substantial and far-reaching socioeconomic consequences for women, girls, families and societies *[8–9]*. Tragically, this violence can also result in death – in 2023, on average 140 women and girls were killed every day by their partner or other family members globally *[4]*.

In recent years, the rising number of armed conflicts, protracted crises and environmental degradation and disasters have underscored the increasing risk of violence against women living in these fragile contexts; the risk of exposure to this violence is heightened by the resulting displacement and insecurity *[10,11]*. Rapid technological proliferation and change – while presenting opportunities to women and girls – can also exacerbate their risk of violence, both online and offline. Yet, so far, evidence on these drivers of violence is still limited. The coronavirus (COVID-19) pandemic highlighted the risk of increased exposure to violence in the home. Until more findings of surveys and studies that cover the COVID-19 and post-COVID periods become available and recent data from other crises emerge, our understanding of the full impact of these types of events on the prevalence of intimate partner violence and non-partner sexual violence will remain incomplete.

Powerful calls to eliminate violence against women have long been made by civil society actors, including through global and regional

conventions and consensus documents [2]. For decades, women's health and rights organizations have engaged in advocacy, urging governments and institutions to take action to address this issue. The 2030 United Nations Agenda for Sustainable Development includes Sustainable Development Goal (SDG) 5 – Achieve gender equality and empower all women and girls – which includes a target (Target 5.2) for the elimination of "all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation" *[18]*. WHO's Fourteenth General Programme of Work *[19]* calls for multisectoral action to reduce violence and injury as part of efforts to address the determinants of health and tackle the root causes of ill-health. In 2016, WHO Member States endorsed the *Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children [20]* (henceforth referred to as the WHO global plan of action on violence). One of the plan's four strategic directions focuses on improving information and evidence, including routine collection of data on violence against women and girls of all ages and conducting research on key knowledge gaps. While the body of scientific evidence documenting the nature, prevalence and impact of violence against women has grown significantly since the early 2000s, accurate measurement and reporting of data on violence against women requires continued effort and investment.

Accurate and reliable data on violence against women are important to monitoring, policy development, resource allocation and the design of effective responses. Understanding the magnitude of the problem is an important first step in addressing it. Population-based surveys that collect data on violence against women – either through dedicated surveys on violence against women or a module on this violence within a broader survey – are critical, as they are the most appropriate source of data for establishing the prevalence of violence against women in a country or population *[21,22]*. Administrative data and data on and from services can provide important information on service use and demand, quality of services provided, effectiveness of resources allocated and service costs. These data can help inform an agency's practices and its multisectoral responses to violence against women. However, evidence suggests that only a small proportion of women report the violence to which they have been subjected and often only the most severe cases come to the attention of services and agencies. Administrative data therefore do not represent the full extent of this violence in the general population.

Initial progress was made through WHO's 2005 *Multi-country study on women's health*

2 These include: (i) (global consensus documents) the 1993 United Nations *Declaration on the elimination of violence against women [11]*, the 1995 Beijing Declaration and Platform for Action emerging from the Fourth World Conference on Women *[12]*, the agreed conclusions of the 57th session of the Commission on the Status of Women in 2013 *[13]*, the Committee on the Elimination of Discrimination against Women (CEDAW) General recommendation No. 35 (in 2017) on gender-based violence against women, updating General recommendation No. 19 *[14]*, and (ii) (regional conventions) the 1994 Belém do Pará Convention (the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women) *[15]*, the 2003 Maputo Protocol (the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa) which came into effect in 2005 *[16]* and the 2011 Istanbul Convention (the Council of Europe Convention on preventing and combating violence against women and domestic violence) which came into force in 2014 *[17]*.

and domestic violence against women which established the first internationally comparable prevalence estimates across 11 countries *[23]*. In 2013, in collaboration with the London School of Hygiene and Tropical Medicine and the South African Medical Research Council, WHO produced the first global and regional estimates of intimate partner and non-partner sexual violence using data available up to 2010 *[3]*. Building on these milestones, in 2021 WHO – with and on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data (VAW-IAWGED) – generated the first internationally comparable estimates in the SDG era, covering 161 countries across all global regions *[2]*. There have been significant improvements globally in the measurement, availability and quality of population-based survey data – and especially data on physical and sexual violence perpetrated by a husband or male intimate partner – owing in large part to dedicated surveys on violence against women and modules within wider surveys such as the Domestic Violence Module of the Demographic Health Survey (DHS) *[24]*. There has also been an increase in the number of countries collecting population-based survey data on sexual violence against women, including by perpetrators other than current or former intimate partners.

This report presents new and updated estimates on physical and/or sexual intimate partner violence and non-partner sexual violence for the period 2000–2023. This includes updated global, regional and national prevalence estimates of physical and/or sexual violence by intimate partners over the lifetime and in the past 12 months. Additionally, it presents updated global and regional prevalence estimates of non-partner sexual violence over the lifetime and, for SDG monitoring purposes, global and regional estimates of prevalence of non-partner sexual violence in the past 12 months. For the first time, the report presents estimates of national prevalence of non-partner sexual violence for the past 12 months. Changes over time (2000–2023) are presented for prevalence of intimate partner violence both for the lifetime and the past 12 months at the global level.

The estimates published in this report are based on a comprehensive review of data from population-based surveys and studies conducted between 2000 and 2023 (published by 30 November 2024), thus covering a substantial evidence base spanning 23 years. The latest estimates (referred to as the 2023 estimates) supersede the global, regional and country-level prevalence estimates of intimate partner violence and non-partner sexual violence against women that were published by WHO in 2021 (referred to as the 2018 estimates) and in 2013 (the 2010 estimates) *[2]*. The 2023 estimates for intimate partner violence and non-partner sexual violence are the most reliable to date, reflecting expanded data, improved methodology and greater availability and quality of survey data. They are, therefore, not comparable with the 2018 estimates. These 2023 internationally comparable national, regional and global estimates use the statistical methods described in Section 3 to adjust, to the extent possible, for variations in how national surveys and studies measure these forms of violence against women. It cannot be overstated how important these estimates are for international monitoring purposes.

The report is made up of five sections. Section 2 outlines the key concepts and operational definitions used in this report. Section 3 describes the evidence review, data sources and methodology used for calculating and modelling the estimates.

of physical and/or sexual intimate partner violence, as well as of non-partner sexual violence. Section 4 presents the global, regional and national estimates of intimate partner violence throughout the lifetime and the past 12 months, along with the global, regional and national estimates of non-partner sexual violence against women throughout the lifetime (since 15 years of age) and the past 12 months. Section 5 summarizes these results and discusses the implications of the findings for policy and practice. Beyond the main report, there are 18 annexes presenting additional information and data.

Scene from inside UN Headquarters during the opening of the 74th General Debate at the United Nations Headquarters in New York, 2019.
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02

Definitions and concepts

NAVIGATION

2.1. Key concepts and operational definitions

This report focuses on two forms of violence against women: (i) physical and/or sexual intimate partner violence and (ii) non-partner sexual violence.

This section explains the rationale behind the two indicators (physical and/or sexual intimate partner violence and non-partner sexual violence) and how these differ from, and are related to, the two official indicators for the United Nations SDG Target 5.2. The differences are summarized in Box 2.1 and described in further detail in subsection 2.2 *[18]*.

Intimate partner violence against women refers to any behaviour by a current or former male intimate partner within the context of marriage, cohabitation or any other formal or informal union, causing physical, sexual or psychological harm. This includes physical aggression, sexual aggression or abuse, psychological abuse and controlling behaviours *[2,3,25–29]*. These forms of violence by an intimate partner are operationalized in a largely standardized way in most surveys (see Table 2.1). However, more methodological work on psychological and economic intimate partner violence and non-partner sexual violence is needed to measure adequately the prevalence of these forms of violence and to ensure comparability of data collected. Subsection 2.2 explores this in more detail.

Sexual violence against women includes rape, sexual assault, conflict-related sexual abuse, trafficking for sex, technology-facilitated and other non-contact forms of sexual abuse by any perpetrator *[2,3,30–32]*. While a large proportion of sexual violence experienced by women occurs within the context of marriage and other intimate relationships, sexual violence by relatives, friends, acquaintances, authority figures or strangers (i.e. non-partners) is also widespread globally and also has severe and lasting consequences for women's physical and mental health *[3,28,31]*. Women also experience different forms of sexual harassment, particularly in workplaces and public spaces. In many surveys this is measured separately from sexual violence. A clearer definition of sexual harassment – with standardized measures – is still needed to collect these data more systematically.

Increasing numbers of countries are collecting survey data on women's experiences of non-partner sexual violence. However, this is an especially stigmatized and underreported form of violence in most settings, with substantial measurement challenges and geographical gaps in terms of availability and quality of data *[2]*. Tables 2.1 and 2.2 explain the conceptual and operational definitions of the two types of violence presented in this report.

The estimates of the prevalence of physical and/or sexual intimate partner violence and of non-partner sexual violence presented in this report are based on available data from studies conducted during the period 2000–2023, provided that they were population-based, nationally or subnationally representative, and used measures that ask about specific acts of intimate partner violence and/or non-partner sexual violence. Table 2.1 summarizes the operational definitions[3] commonly used in surveys or

3. For a more detailed definition of physical, sexual and psychological violence against women, see the United Nations Department of Economic and Social Affairs Statistics Division's 2014 report *Guidelines for producing statistics on violence against women – statistical surveys [28]*.

survey modules on violence against women, such as the Domestic Violence Module of the DHS [24], the WHO *Multi-country study on women's health and domestic violence against women* [23] and various European surveys on violence against women [34,35].

Box 2.1. Indicators for SDG Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

SDG indicator 5.2.1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.

What's in this report:

- Proportion of ever-partnered women and girls aged 15–49 years subjected to physical and/or sexual violence by a current or former intimate partner in their lifetime.
- Proportion of ever-partnered women and girls aged 15–49 years subjected to physical and/or sexual violence by a current or former intimate partner in the past 12 months.
- Proportion of ever-partnered women and girls aged 15 years and older subjected to physical and/or sexual violence by a current or former intimate partner in their lifetime.
- Proportion of ever-partnered women and girls aged 15 years and older subjected to physical and/or sexual violence by a current or former intimate partner in the past 12 months.

SDG indicator 5.2.2: Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence.

What's in this report:

- Proportion of women and girls aged 15–49 years subjected to sexual violence by persons other than an intimate partner in their lifetime.
- Proportion of women and girls aged 15–49 years subjected to sexual violence by persons other than an intimate partner in the past 12 months.
- Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in their lifetime.
- Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the past 12 months.

Table 2.1. Operational definitions of forms of intimate partner violence and indicators most frequently used in surveys included in this analysis

Term	Definition
Intimate partner[a] violence (physical and/or sexual) 	A woman's self-reported experience of one or more acts of physical or sexual violence, or both, by a current or former husband or male intimate partner.[b] Note: only women who reported being married, cohabiting or having an intimate partner at some point in their lives (i.e. ever-married/-partnered) were included in the measure of intimate partner violence as they are considered at risk for this form of violence. **Physical** intimate partner violence[c] is operationalized as: acts that can physically hurt you, including being slapped or having something thrown at you that could hurt you; being pushed or shoved; being hit with a fist or something else that could hurt; being kicked, dragged or beaten up; being choked or burnt on purpose; and/or being threatened with or actually having a gun, knife or other weapon used against you. **Sexual** intimate partner violence[d] is operationalized as: being physically forced to have sexual intercourse when you do not want to; having sexual intercourse out of fear of what your partner might do or through coercion; being made to have sexual intercourse when you are unable to consent (e.g. under the influence of alcohol or drugs); and/or being forced to do something sexual that you consider humiliating or degrading.
Severe intimate partner violence	Severe physical violence is defined according to the severity of the acts. The following are defined as severe: being beaten up, choked or burnt on purpose, and/or being threatened with or having a weapon used against you. Any sexual violence is considered severe.
Lifetime prevalence[e] of intimate partner violence	The proportion of ever-married/-partnered women who reported that they had experienced one or more acts of physical or sexual violence, or both, by a current or former husband or male intimate partner in their lifetime.
Past-12-months prevalence[e] of intimate partner violence (also referred to as recent or current intimate partner violence)	The proportion of ever-married/-partnered women who reported that they had experienced one or more acts of physical or sexual violence, or both, by a current or former husband or male intimate partner within the 12 months preceding the survey.

[a] The definition of intimate partner varies between settings and includes formal partnerships, such as marriage, as well as informal partnerships, such as cohabitating or other regular intimate partnerships. It is important that the denominator is inclusive of all women who could be exposed to intimate partner violence. For the purposes of this analysis, whatever definitions of "partner" that had been used in the surveys/studies that were included in the analysis were accepted (see subsection 3.1), which includes current and former husbands and current and former cohabitating and, in some instances, non-cohabitating male intimate partners.

[b] The age of 15 years is set as the lower age in the range for the purposes of these estimates. Most surveys, including the DHS *[24]* and specialized surveys on violence against women *[23]* include girls and women aged 15 years and older in the measure of intimate partner violence to capture the experiences of girls and women in settings where early marriage commonly occurs.

[c] Specialized surveys on violence against women that use the WHO instrument – including the Domestic Violence Module of the DHS and the WHO *Multi-country study on women's health and domestic violence against women [23]* – draw on adapted versions of the Conflicts Tactics Scale *[33]* to measure the prevalence of physical partner violence.

[d] As operationalized in the Domestic Violence Module of the DHS, the WHO *Multi-country study on women's health and domestic violence against women* and other dedicated surveys on violence against women, including those that use the WHO instrument.

[e] Prevalence refers to the number of women who have experienced violence divided by the number of women at risk in the study population.

Table 2.2. Operational definitions of non-partner sexual violence and indicators most frequently used in surveys included in this analysis

Term	Definition
Non-partner sexual violence 	A woman's self-reported experience of one or more acts of sexual violence by someone other than a current or former husband or male intimate partner since the age of 15 years.[a] Sexual violence refers to being forced, coerced, threatened or intimidated to perform any unwanted sexual act. This could include rape, attempted rape, unwanted sexual touching or non-contact forms of sexual violence. Some surveys used the terms "rape" or attempted rape" as their only measure of non-partner sexual violence. To avoid further underestimation of an already highly underreported form of violence, the statistical modelling adjusted for the use of this narrow definition (see Fig. 3.1 in subsection 3.2 for further details). Some surveys used and reported on a varied number of acts which adjustments were not possible. Note: the denominator for this measure is all women, as all women (ever- and never-married/-partnered women) can be considered at risk of non-partner sexual violence.

Lifetime prevalence[b] of non-partner sexual violence	The proportion of women and girls who reported that they had experienced one or more acts of sexual violence by someone other than a current or former husband or male intimate partner in their lifetime (defined as since the age of 15 years).[c]
Past-12-months prevalence of non-partner sexual violence	The proportion of women who reported that they had experienced one or more acts of sexual violence by someone other than a current or former husband or male intimate partner within the 12 months preceding the survey.[d]

[a] 15 years is set as the lower age in the age range for the purposes of these estimates (as for intimate partner violence). Young women/adolescent girls in the age group 15–17 years who experience non-partner sexual violence are also considered by some legal definitions and in studies to have experienced child sexual abuse.

[b] Prevalence refers to the number of women who have experienced violence divided by the number of at-risk women (all women in the case of non-partner sexual violence) in the study population.

[c] As presented in subsection 4.2.1, until recently the DHS [24] captured non-partner sexual violence under the following conditions: (i) only if the perpetrator of the first act of sexual violence was a non-partner; (ii) where rape or attempted rape resulted from the use of physical force only (i.e. it did not capture sexual violence involving the use of intimidation, threats or coercion); and (iii) involving women whose first experience of sexual violence was after the age of 15 years (and hence filtered out those who may have first experienced it before age 15 years and also subsequently). On the other hand, some surveys – mainly from upper middle- and high-income countries, for example, in Europe [34,35], Australia and New Zealand [36], and Mexico [37], among others – use broader and more comprehensive operational definitions and measures of sexual violence and abuse.

[d] Similar to note c above, a large number of surveys in low- and middle-income countries that have used the DHS until 2019/2020 asked only about women's experiences of rape or attempted rape in the past 12 months. This has since been extended in the DHS-8 questionnaire to encompass the phrase "any other unwanted sexual acts" [38]. Similarly as noted in c above, other studies used more comprehensive measures of sexual violence.

2.2 Differences between the indicators used for this analysis and the United Nations SDG indicators

2.2.1 Types of intimate partner violence reported

SDG indicator 5.2.1 (see Box 2.1 in the previous subsection) outlines the global measurement of three types of intimate partner violence: physical, sexual and psychological [18]. Considerable progress has been made towards establishing standards for measurement and an operational definition of physical and sexual intimate partner violence. Psychological abuse often co-occurs with physical and/or sexual violence, although psychological and controlling behaviours can also occur in the absence of other forms of violence. There is growing recognition of the serious and long-lasting impacts of psychological intimate partner violence on the health and well-being of women and families. However, further methodological work is required to measure and report psychological violence, including coercive control, by an intimate partner. Global consensus is needed on an operational definition and thresholds, as there is wide heterogeneity in what is considered psychological violence in different contexts and cultures. There

is also variation in whether controlling behaviours are included, and in the measure of frequency. These issues pose significant barriers to standardization and consistent and comparable reporting, making the estimation of the prevalence of this form of violence challenging at present *[39,40]*. WHO and partners are working towards developing methodological guidance to address some of these measurement challenges to enable global monitoring of this form of violence through recommendations based on a more standardized definition and measures to produce internationally comparable prevalence data and estimates.

This report therefore presents estimates of the prevalence of physical and/or sexual intimate partner violence only, not estimates of psychological intimate partner violence.

2.2.2 Age range of women reporting being subjected to violence

This report presents global estimates of the prevalence of violence reported by women and adolescent girls in two aggregate age groups (15–49 years and 15 years and older) as well as age-disaggregated groupings. Both relevant SDG Target 5.2 indicators (5.2.1 and 5.2.2) call for monitoring and reporting of the prevalence of violence experienced by women aged 15 years and older *[18]*. However, most data – particularly those from low- and middle-income countries – originate from the Domestic Violence Module of the DHS instrument *[24]* or from national adaptations of the DHS. The DHS and similar surveys sample women aged 15–49 years; that is, women of reproductive age. Therefore, regional and national prevalence estimates are presented for women aged 15–49 years.

In recent years has there been an increase in the number of surveys that include women aged 50 years and older. For example, some specialized surveys on violence against women include a sample age range of 18–64 years or 18–74 years, and a small number include respondents aged 15 years and older without a defined upper age limit. To better understand the scale, forms and patterns of violence experienced by older women, WHO and partners have been working on strengthening survey measures on violence against older women and have developed methodological guidance and a module on violence against older women for use in surveys of violence against women. These aim to capture additional forms of violence that are specific to older women, such as economic/financial abuse by adult children or caregivers, neglect, and limiting of mobility *[41]*.

2.2.3 Reporting time frame for non-partner sexual violence

Both SDG 5.2 Target indicators (5.2.1 and 5.2.2) call for reporting of the prevalence of violence against women in the previous 12 months. This report presents data on both past-12-months and lifetime prevalence of intimate partner violence, as well as lifetime (since age 15) and past-12-months prevalence of non-partner sexual violence. While this report shows prevalence estimates of non-partner sexual violence in the past 12 months as a response to SDG indicator 5.2.2, there are significant limitations regarding the use of this indicator for monitoring and policy purposes. The reported prevalence of non-partner sexual violence in such a limited time frame is very low, often based on small sample sizes. It uses measures that are largely restricted to rape and attempted rape, and is based on reporting that often comes years after the event (see subsection 2.3). These

factors impact the production of robust and reliable estimates and limit the value of this indicator for monitoring changes over time or for disaggregation by age or other variables. WHO will continue its ongoing targeted work to strengthen the measurement of non-partner sexual violence.

2.2.4 Data disaggregation by subgroups other than age

The SDGs encourage disaggregation of data on indicators of violence by disability status, education, ethnicity (including Indigenous status), frequency of violence, income/wealth, marital status and geographical location (urban and rural) [18,25]. These data are useful to understand variations in the prevalence and risk of violence among different population groups within countries to target prevention and response efforts more accurately. Where available, data disaggregated by some of these variables have been extracted to WHO's Global Database on the Prevalence of Violence Against Women [42] and will inform future analyses. However, the availability and consistent collection and reporting of these data are still lacking in many surveys and studies, making it challenging to produce prevalence estimates for these subgroups in a robust and comparable way for global monitoring purposes. The following subsection explores this further.

2.3 Challenges in measuring and reporting violence against women: rationale for modelled estimates

There has been marked growth in the number and quality of population-based studies, including national surveys estimating the prevalence of violence against women – particularly intimate partner violence – since the early- to mid-2000s. While 168 countries have at least one survey measuring violence against women, the statistics on violence against women are highly heterogeneous because of differences in survey sampling style, survey methods and instruments, geographical coverage, time periods and various implementation challenges [2,30–32]. Additionally, there are fewer observations for women aged 50 years and above, with around 13% of data for these estimates covering women of this age group [2,39]. Differences and gaps in the measurement of intimate partner violence and non-partner sexual violence between studies mean that robust statistical models are needed to adjust for the variations to make them as comparable as possible across countries. This comparability is important for global and regional monitoring purposes. Section 3 further describes the data sources, data processing and analytical techniques used in the production of the current (2023) estimates.

Most surveys measuring violence against women now use acts-based measures, that is, they ask whether specific acts or behaviours – such as kicking, hitting with a fist, and being physically forced to have sexual intercourse – occurred, rather than asking a single subjective question, such as "Have you ever experienced violence?" This acts-based approach yields a higher level of disclosure about experiences of violence and is considered the gold standard [2,21,28,30]. Similarly, there is greater awareness and recognition of the need to address ethics and safety when asking women about their experiences of violence in surveys. This includes the critical importance of training interviewers and the survey team on how to ask these questions in a sensitive way, protecting the safety of respondents and researchers and ensuring that support mechanisms are in place [2,3,43]. In spite of

this, underreporting is still a concern in many settings for both intimate partner violence and non-partner sexual violence. Generating high-quality data is central to informing national and subnational policy and programming.

Global monitoring of countries' and regions' progress towards reducing and ultimately eliminating violence against women in line with SDG Target 5.2 (and post-2030) requires the production of prevalence estimates that are comparable across countries and regions *[18,26]*. However, comparing the prevalence of intimate partner violence and non-partner sexual violence across studies or surveys and countries remains challenging, for several reasons, as discussed in the subsections that follow.

2.3.1 Challenges in measuring intimate partner violence

- Surveys that measure violence against women may be conducted very infrequently in some countries; for instance, only one survey conducted over a period of 10–20 years.
- Some countries do not collect any population-based survey data and many of those with these data have only one or two data points.
- Studies and surveys may use different definitions of violence, in terms of the acts measured. This occurs particularly in relation to surveys that only measure more severe acts of physical violence (e.g. being burnt, choked or threatened with a weapon).
- Surveyed populations can vary – e.g. all women regardless of their partnership status, or ever-partnered, or currently partnered women. The perpetrator being referred to may also vary – e.g. the current or most recent partner or any previous partner.
- Survey estimates are not always disaggregated by age group and, if they are, heterogeneous age groups are sometimes used. In addition, there are variations in the age groups that different surveys select for their samples (e.g. 15–49 years, 18–64 years, 18–74 years, 18 years and older).

Underreporting, particularly of sexual violence (either by a partner or non-partner) is a problem particularly in societies where violence against women, and sexual violence in particular, is associated with stigma, victim-blaming and fear of negative repercussions for the woman. This means that the actual prevalence of violence against women in a population is greatly underestimated. More methodological work – including investigating the effect of different modes of survey administration (e.g. using more confidential self-completion modules in face-to-face interviews) – is needed to address this important issue.

2.3.2 Challenges in measuring non-partner sexual violence

In addition to the above-mentioned factors that impact comparability, there are noteworthy challenges specific to the measurement and reporting of non-partner sexual violence *[27]*. Studies continue to use different measures/acts of non-partner sexual violence; some include only acts that involve physical contact, while others include acts of both contact and non-contact sexual abuse. On the one hand, surveys sometimes include only rape and attempted rape, as in surveys from many low- and middle-income countries. For example, until recently, the

DHS instrument [24] – which is the main source of data for low- and middle-income countries – measured and documented the prevalence of non-partner sexual violence only if a woman's first experience of forced sexual intercourse or unwanted acts was from someone other than a current or former husband or intimate partner. This is likely to result in an underestimation of prevalence, as it excludes women and girls whose first experience of sexual violence was by a husband or intimate partner and who subsequently experienced sexual violence by a perpetrator who had never been their husband or partner. Moreover, measures of non-partner sexual violence may be limited to rape and/or attempted rape resulting from physical force, leading to an underestimation of its prevalence. Many surveys pose single-item questions relating to forced sex or unwanted sexual acts, which fail to adequately capture the full spectrum of sexual violence that women and girls are subjected to. On the other hand, some surveys – mainly from upper middle- and high-income countries, for example, in Europe [34,35], Australia and New Zealand [36], and Mexico [37], among others and other dedicated surveys violence against women – use broader and more comprehensive operational definitions, and a wider range of acts. Furthermore, some surveys include sexual harassment and/or (more recently) varied forms of technology-facilitated sexual violence.

Overall, these important differences in measurement result in wide variations in the prevalence of non-partner sexual violence reported by surveys with comprehensive measures resulting in higher reported prevalence compared to surveys using narrower definitions and fewer acts of sexual violence. This poses a significant challenge to the generation of cross-nationally comparable estimates.

As discussed in this section, progress has been made in the collection and reporting of survey data on violence against women and this is crucial to policy and programming. However, existing variations and gaps in the measurement and reporting of violence – and particularly sexual violence – against women leads to an underestimation of prevalence, which means that adjustments are needed for comparability across studies and surveys. In general, however, the estimated prevalence closely mirrors the existing national prevalence data. These internationally comparable prevalence estimates take this into account and are the most robust in terms of data that are currently available.

03

Data and methods

NAVIGATION

This section provides an overview of the methods used to gather all eligible data on the prevalence of intimate partner violence and non-partner sexual violence and the statistical methods applied to the data to derive the prevalence estimates presented in this report.

The production of this new round of estimates was supported by the United Nations VAW-IAWGED, composed of representatives from the United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), United Nations Office on Drugs and Crime, United Nations Statistics Division, United Nations Programme for Gender Equality and the Empowerment of Women (UN Women) and WHO, alongside a Technical Advisory Group of external academics, technical experts and national statistical office representatives.

The 2023 prevalence estimates on violence against women use and build on a similar Bayesian modelling framework to that used in computation of the 2018 prevalence estimates, with some improvements [2]. The production of these estimates uses a well-tested, robust modelling framework and methodology.

3.1 Data sources, systematic review of the evidence and compilation of the database

The Global Database on the Prevalence of Violence Against Women is compiled by WHO and includes data from all available surveys and studies of: (i) physical, sexual and/or psychological intimate partner violence; (ii) sexual violence by any perpetrator (including current and former husbands and male intimate partners); and (iii) non-partner sexual violence [1,42]. A three-pronged approach was used to identify surveys and studies to include in the database: (i) systematic reviews; (ii) web searches of national statistical offices and international survey programmes (websites and metadata repositories); and (iii) formal country consultations on the estimates (see Annex 1 for more information on the country consultation process).

All population-based studies conducted between 2000 and 2023 (and published by 30 November 2024) representing national or subnational data were eligible for inclusion. Surveys that did not use questions that refer to specific acts of violence were excluded.

The inclusion criteria for studies required that they:

- were population based;
- were representative at the national or subnational level;
- were conducted between 2000 and 2023 and available by November 2024; and
- used acts-based measures of violence.

Box 3.1 describes the data extracted from the eligible studies.

3.2 Pre-processing of data

Fig. 3.1 provides a conceptual overview of methods used for data analysis and describes data inputs, pre-processing, analyses and post-processing to obtain national, regional and global estimates of statistics on violence against women.

The first step of data pre-processing involved data cleaning and consistency checks by three researchers. In a parallel and

Box 3.1. Data extracted to WHO's Global Database on the Prevalence of Violence Against Women

The following data were extracted from each eligible survey/study/observation for WHO's Global Database on the Prevalence of Violence Against Women: *

- country, author(s) and publication year;
- start and end years of data collection;
- type of violence against women;
- severity of violence measured;
- surveyed/sample population – all women, currently partnered/married women, ever-married/-partnered women;
- age group of the estimate (when available);
- recall period for prevalence – lifetime, since age 15 years, past year, past two years, other;
- geographical representation (national or subnational level, and urban, rural or mixed urban/rural setting); and
- perpetrator of intimate partner violence – current or most recent husband/intimate partner or any husband/intimate partner.

* The database can be accessed online at: www.data.who.int/data [42].

separate process, age-specific population weights were identified based on the United Nations World Population Prospects 2024 [44]. Since the appropriate denominator for intimate partner violence is women who have ever had a partner (ever-partnered) – that is, the exposed population – these weights were further adjusted to reflect the age-specific proportion of women expected to be sexually active. For non-partner sexual violence, the World Population Prospects-based population weights were used directly because the appropriate denominator here is all women regardless of relationship status. These weights were subsequently used to impute missing survey sample sizes in the few cases where these were not available. For surveys that reported age-specific prevalence but lacked the corresponding denominators, the total sample size reported in the survey was distributed proportionally across age groups according to the calculated age-specific population weights. In rare cases where studies did not report the survey sample size, this was imputed based on the lowest tercile of all sample sizes recorded in WHO's Global Database on the Prevalence of Violence Against Women [42]. Specifically, an assumed sample size of 3000 and 1000 was used for nationally representative and subnational surveys, respectively [45].

The population-based surveys included in WHO's Global Database on the Prevalence of Violence Against Women often use complex sampling schemes – such as stratification and/or clustering – that need to be accounted for in the analyses. Where adjusted standard errors or confidence intervals were available, the sample size was derived from those quantities. Where

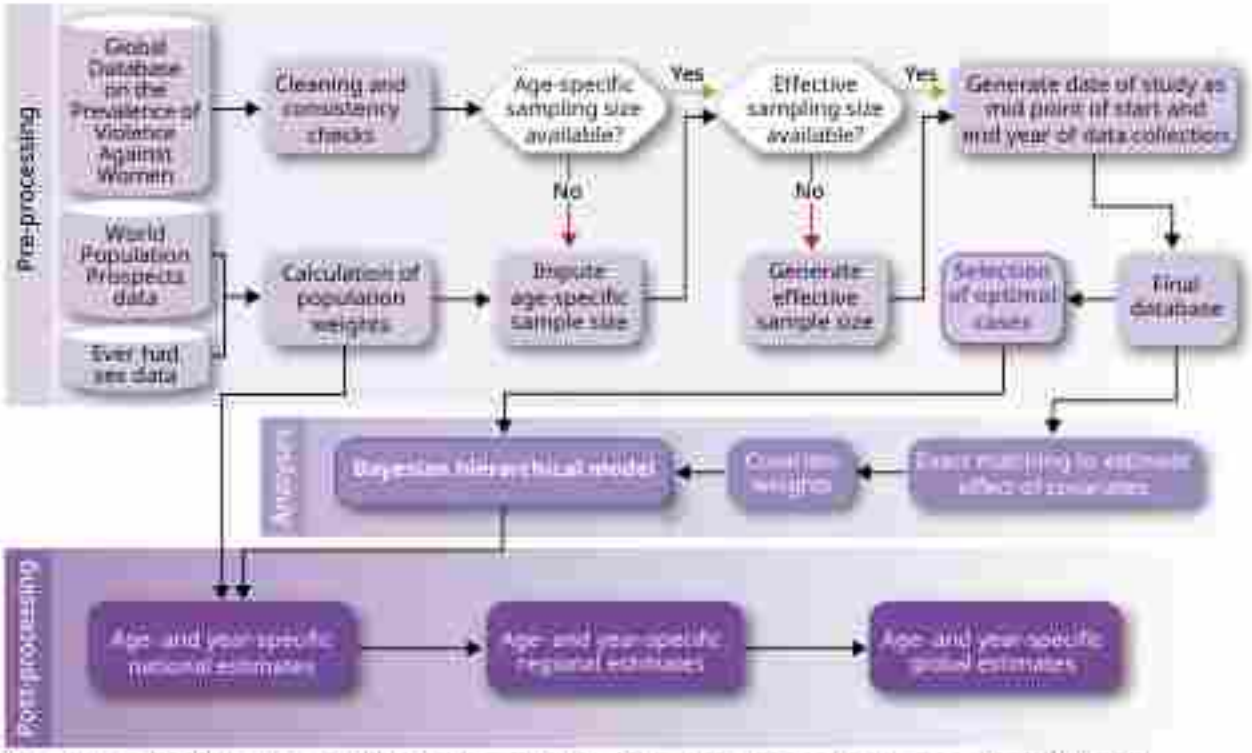


Fig. 3.1. Conceptual overview of data inputs, data pre-processing, analysis and post-processing steps required to produce global, regional and national prevalence estimates on violence against women

Note: "Ever had sex" denominator used only for intimate partner violence.

there was only a confidence interval, Wilson's formula was applied to the upper limit to obtain standard errors [46]. In cases where the survey sample size could not be derived numerically, a design effect of 2.5 was used, corresponding to the median design effect obtained from standardized surveys of individual-level data from 89 DHS [24]. The date of publication was used as a proxy for surveys in which the end date of data collection was not available. Lastly, an open-ended age category was assumed for survey samples with the upper age missing or not reported.

The last step of pre-processing involved creating two datasets with different purposes. The first was used to calculate adjustment factors through exact matching and meta-analytic methods, as described in Annex 2. These adjustment factors were required to ensure comparability across studies in cases where surveys had outcome definitions or eligibility criteria that differed from the main reference categories. The second dataset was used to model global, regional and national estimates of intimate partner violence and non-partner sexual violence. The finest levels of age stratification were retained to avoid double counting of women and to increase the precision of estimates. Where nationally representative prevalence estimates were available, observations from rural and urban areas of the same study were removed. The process was repeated, and estimates were selected from the set of observations that used so-called gold standard methods and survey instruments, applying the following rules to each survey.

- If multiple narrow age ranges were present, the broadest age range was excluded.

- If a study had estimates from both "severe violence only" and "severe and non-severe violence" categories, only the latter was kept.

- If an estimate for "physical intimate partner violence only" and "sexual intimate partner violence only" and "physical and/or sexual violence" categories was reported, then the estimates from "physical and/or sexual intimate partner violence" were kept.

- Observations were retained when the surveyed population was composed of women defined as "ever-married/-partnered".

- Observations reflecting intimate partner violence perpetrated by a person defined as "any current/previous intimate partner/husband" were kept.

- Observations on national data were prioritized over subnational data (that is, mixed urban–rural data over urban data over rural data).

For non-partner sexual violence, the optimal surveyed population was defined as "all women" rather than "partnered women". Adjustments for reference partners (current/most recent) were not applicable given the focus on non-partners. Additionally, weights were calculated to adjust for differences in surveys that measure non-partner sexual violence in the category "since age 15 years" to avoid confounding with the prevalence of child sexual abuse.

3.3 Data analysis: multilevel modelling framework

Multilevel modelling is a useful statistical method to pool observations from a range of different sources *[47]*. The multilevel approach used enables the model to borrow strength across units – that is, if a country has only one subnational survey with a small sample size, the accuracy of that prevalence estimate can be improved by using empirical observations from similar countries in the same region. The model structure applied is based on similar meta-regressions used for the 2018 estimates and health indicators *[29,31,48–56]*. The modelling framework comprises four nested levels, namely: (i) countries, (ii) regions, (iii) super regions, and (iv) the world. Twenty-one regions and seven super regions correspond to the classifications used by the Global Burden of Disease study *[55]*. The objective of the modelling was to provide a framework to estimate age- and time-specific global, regional and national prevalence of intimate partner violence and non-partner sexual violence. The following points were considered:

- The baseline risk of intimate partner violence and non-partner sexual violence differs between countries, regions and super regions. Countries within the same region and regions within the same super region are expected to have risk levels that are more similar than countries in different regions or regions in different super regions.

- The relationship between the risk of intimate partner violence or non-partner sexual violence with age and time is not linear and this relationship differs between countries, regions and super regions.

The framework provides a method to produce global, regional and national estimates of lifetime prevaleoce and past-12-months prevalence of intimate partner violence and non-partner sexual violence.

More information on the regression model and covariate modelling is available in Annex 2.

3.3.1 Model constraints

Past-12-months intimate partner violence should be lower than or equal to lifetime intimate partner violence, and past-12-months non-partner sexual violence should be lower than or equal to lifetime non-partner sexual violence. Lifetime and past-12-months outcomes were therefore jointly modelled to constrain the mean prevalence estimate for lifetime intimate partner violence or non-partner sexual violence to be greater than or equal to the corresponding past-12-months estimates in every country and for all ages.

Notably, in all cases, the observed data had past-12-months prevalence lower than the lifetime prevalence.

Further, the difference between lifetime and past-12-months intimate partner violence and lifetime (since age 15 years) and past-12-months non-partner sexual violence should be relatively small for the youngest age group (15–19 years), as these young women have been exposed to the risk of intimate partner violence for a relatively shorter period than the older age groups. Specifically, lifetime intimate partner violence should not be more than three times higher than past-12-months intimate partner violence in this group (and similarly for non-partner sexual violence).

3.3.2 Computations

Markov chain Monte Carlo simulations were used to obtain posterior distributions of the parameters of interest using STAN software [56]. Inferences are based on four chains of 15 000 iterations, with the first 5000 iterations per chain used as warm-up (burn-in) and with no thinning applied (the thinning interval was set to 1). After warm-up, samples were taken from the posterior distribution to generate summaries, such as means, medians and credible intervals. Convergence was assessed using the Gelman–Rubin statistic ($\hat{R}$), effective sample size (bulk and tail), inspection of trace plots, examination of divergent transitions and evaluation of tree depth exceedances. No issues were observed for any of the monitored parameters. All analyses were carried out using R statistical software and selected packages.

3.3.3 Improvements to the model

A beta-binomial model was used instead of the standard binomial model to generate the global, super-regional, regional and national estimates to account for overdispersion at the observational level. A study-level random effect was not included because, after modelling age and time, over 95% of age–time combinations resulted in only a single observation per country. Thus, a separate study effect is largely non-identifiable and is collinear with the country-level effect, which degraded the mixing of the Markov chain Monte Carlo chain without improving fit or predictive accuracy. The posterior inference employed the Hamiltonian Monte Carlo sampling algorithm in Stan [54,57] because

it uses gradient information to traverse the posterior efficiently, leading to lower autocorrelation and better exploration of high-dimensional hierarchical parameter spaces. In addition, to further stabilize sampling, a non-centred parameterization was used for hierarchical effects to improve convergence and effective sample sizes. Finally, inspired by related pooling approaches that were used previously in demographic projection models *[58]*, country-specific projections beyond the last observed year were not allowed if the observed series did not meet prespecified thresholds for span (covering at least 50% of the observation period), density (including three or more distinct time points) and recency (having a most recent observation within the past five years). In these instances, a precision- and steepness-weighted logarithmic pooling was adopted to blend country and global year-to-year changes and to shrink extreme and often implausible country-specific predictions towards smooth and conservative tails without abrupt, unsupported shifts *[58]*. Annex 2 provides more detail.

3.3.4 Model validation

The performance of the models was assessed by using posterior predictive checks and both in-sample and out-of-sample comparisons *[59]*. Graphical posterior predictive checks enable visual comparison of the simulations from the fitted models and observed data. This is particularly useful for understanding how the multilevel model may not fit the observed statistics on violence against women. After identifying where model predictions were incongruent with the observed data, the estimates were improved through the iterative process of model-building and refinement. In addition to visual assessment, selected summary statistics were computed for in-sample comparisons, such as the median error, absolute error, and the proportion of empirical observations outside the upper and lower credible intervals. Model performance was quantified through out-of-sample comparisons by randomly excluding 20% of countries and 20% of studies from the datasets and comparing their model-predicted age-specific prevalence with the known-but-excluded empirical observations.

3.4 Post-processing of data

The model provides estimated parameters for: (i) global, regional and country-level intercepts; (ii) fixed effects; and (iii) nested random slopes for age and time splines. These parameters were used to generate country-level predictions across various age and time combinations.

To estimate the prevalence of intimate partner violence for broader age groups (that is, 15–49 years and 15 years and older) at higher levels of aggregation (that is regional or global) and for countries without data, the age-specific prevalence estimates were weighted by the age structure of the country, taking into account the proportion of women who had ever had sex. As indicated earlier, as the definition of partnership is variable around the world, the proportion of women who entered the sexually active population is believed to be a better proxy of partner formation than marriage. For non-partner sexual violence, the age-specific prevalence estimates were weighted by the age structure of the country, considering the proportion of all women.

The country's own age distribution of the number of women who ever had sex was used to aggregate estimates of age-specific prevalence of intimate partner violence. For countries that have no empirical observations for intimate

partner violence and/or non-partner sexual violence statistics, these were statistically imputed using the regional average only for the purposes of generating regional and global prevalence estimates. No country estimates were published for countries with no data. Annexes 3 and 4 list the countries included within each of the WHO and SDG regions, respectively. The added uncertainty around such a country's point estimate was computed by sampling from the distribution of country-level intercepts.

Country-specific prevalence estimates were then aggregated at the regional level using either the Global Burden of Disease study [55], or WHO or United Nations Statistics Division classifications [60] by totalling the number of women who have experienced intimate partner violence or non-partner sexual violence in each region. This approach was also used to obtain global prevalence estimates for intimate partner violence and non-partner sexual violence.

04

Prevalence estimates

of intimate partner violence and non-partner sexual violence, 2023

NAVIGATION

This section presents the global, regional and national prevalence estimates of physical and/or sexual intimate partner violence against ever-married/-partnered women; the global, regional and national prevalence estimates of non-partner sexual violence against all women; and the global and regional combined prevalence of intimate partner violence and/or non-partner sexual violence.

The estimates presented in this report are referred to as the 2023 estimates and are the best available to date. These estimates supersede the 2018 estimates published in 2021 and the 2010 estimates published in 2013 *[2,3]*. These most recent estimates are based on a comprehensive and rigorous systematic review of all eligible studies and surveys conducted between 2000 and 2023 (see subsection 3.1), including those identified during the country consultation process and screened to ensure they met the inclusion criteria (see Annex 1).

The point estimates presented, which represent the median prevalence,[4] are the most accurate that could be derived at this time from the available data on women's self-reported experiences of intimate partner violence and of sexual violence by someone other than a partner. Box 4.1 contains a guide to interpreting the point estimates and UIs. The lifetime prevalence estimates of physical and/or sexual intimate partner violence draw on 434 studies from 163 countries and areas, and the past-12-months prevalence estimates are informed by 441 studies from 164 countries and areas from across all global regions, representing 93% of the world's population of women and girls aged 15 years and older and all Global Burden of Disease regions. The lifetime (since age 15 years) prevalence estimates of non-partner sexual violence are based on 286 studies from 140 countries and areas, and the past-12-months prevalence estimates of non-partner sexual violence estimates are based on 187 studies from 125 countries and areas, representing 89% of the world's population of women and girls 15 years and older. The characteristics of the studies conducted between 2000 and 2023 measuring lifetime and past-12-months intimate partner violence as well as those for the studies on lifetime and past-12-months non-partner sexual violence are provided in Annex 2.

4.1 Global, regional and national estimates of the prevalence of intimate partner violence, 2023

4.1.1 Global estimates of the prevalence of physical and/or sexual intimate partner violence against women aged 15–49 years and women aged 15 years and older

Lifetime prevalence

Globally, 25.8% (UI 23.7–28.8%) of ever-married/-partnered women of reproductive age (15–49 years) are estimated to have been subjected to physical and/or sexual intimate partner violence at least once in their lives. Among ever-married/-partnered women in an extended age range – that is, aged 15 years and older – 24.7% (UI 22.6–27.5%) are estimated to have been subjected to intimate partner violence at least once

4 All point estimates are provided along with their 95% credible intervals (CrI), also known as uncertainty intervals (UI), to indicate the range within which an estimate's true value falls.

Box 4.1. Interpreting point estimates and uncertainty intervals (UI)

The 2023 estimates of the prevalence of physical and/or sexual intimate partner violence and of non-partner sexual violence include a point estimate with a 95% UI. Since the mean estimate is affected by extreme values, the median point estimate has been used. In instances where only point estimates are reported in the text or tables, UIs can be obtained from the annexes to this report.

The 95% UIs computed for all the estimates provide the 2.5th and 97.5th percentiles of the posterior distributions. Both point estimates and 95% UIs should be considered when assessing the estimates. Below is an example of how to interpret the UI.

The estimated 2023 global prevalence of physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years is 25.8% (UI 23.7–28.8%). This means that:

- the median point estimate is 25.8% and the 95% UI ranges from 23.7% to 28.8%,
- there is a 95% chance that the 2023 global prevalence of intimate partner violence is between 23.7% and 28.8%; and
- there is a 2.5% chance that the 2023 global prevalence of intimate partner violence is above 28.8%, and a 2.5% chance that the value is below 23.7%.

Other accurate interpretations include:

- we are 97.5% confident that the 2023 global prevalence of intimate partner violence is at least 23.7%; and
- we are 97.5% confident that the 2023 global prevalence of intimate partner violence is 28.8% or less.

The amount and the quality of data available for estimating an indicator jointly determine the width of an indicator's UI – the greater the amount of data available, the narrower the UIs are.

in their lives. Applying this percentage to the 2023 population data from the World Population Prospects 2024 *[44]* indicates that 682 million ever-married/-partnered women aged 15 years and older were subjected to physical and/or sexual violence from an intimate partner at least once in their lives.

Past-12-months prevalence

Globally, it is estimated that 13.7% (UI 11.8–16.6%) of ever-married/-partnered women aged 15–49 years have been subjected to physical and/or sexual violence from an intimate partner within the past 12 months (preceding the survey interview). Among ever-married/-partnered women aged 15 years and older, an estimated 11.4% (UI 9.6–14.3%) have been subjected to recent (within the past 12 months) intimate partner violence. Population data from World Population Prospects 2024 indicate that 316 million and up to 395 million ever-married/-partnered women aged 15 years and older had recently been or currently were being subjected to physical and/or sexual violence from an intimate partner *[44]* (Box 4.2).

Box 4.2. Global prevalence estimates of lifetime and past-12-months intimate partner violence, 2023

Lifetime prevalence	Past-12-months prevalence
Globally, 25.4% (UI 23.7–28.8%) of ever-married/-partnered women aged 15–49 years have been subjected to physical and/or sexual intimate partner violence at least once in their lifetime. Globally, 24.7% (UI 22.6–27.5%) of ever-married/-partnered women aged 15 years and older have been subjected to physical and/or sexual intimate partner violence at least once in their lifetime.	Globally, 13.7% (UI 11.8–16.6%) of ever-married/-partnered women aged 15–49 years have been subjected to physical and/or sexual intimate partner violence in the past 12 months. Globally, 11.4% (UI 9.6–14.3%) of ever-married/-partnered women aged 15 years and older have been subjected to physical and/or sexual intimate partner violence in the past 12 months.

Age disaggregated estimates of the prevalence of intimate partner violence against ever-married/-partnered women aged 15–49 years and aged 15 years and older

Fig. 4.1 presents the global prevalence estimates of intimate partner violence against ever-married/-partnered women, disaggregated by age group.

Intimate partner violence starts early, with over one in five (23.3%, UI 21.5–25.7%) ever-married/-partnered adolescent girls in the age group 15–19 years, as well as 25.5% (UI 23.5–28.1%) of young women aged 20–24 years estimated to have been subjected to physical and/or sexual violence from a current or former husband or male intimate partner at least once in their lives. Over one in four women (between 25.5% and 27.0%) in the age groups of 25–29 years, 30–34 years, 35–39 years, 40–44 years, and 45–49 years have been subjected to this type of violence at least once. The estimated lifetime prevalence of intimate partner violence against women remains alarmingly high, ranging between 23.5% to 20.5% in all subsequent age groups (55 years and older). The overlapping UIs suggest that there are no significant differences between age groups in the prevalence of lifetime physical and/or sexual intimate partner violence.

An analysis of age-disaggregated prevalence of physical and/or sexual intimate partner violence that ever-married/-partnered women have been subjected to within the past 12 months is presented in Fig. 4.1. The reported prevalence of intimate partner violence against women in the past 12 months was highest among the younger age groups. An estimated 16.0% of girls and women aged 15–19 years (UI 14.3–18.3%) have been subjected to intimate partner violence in the past 12 months, as have

16.4% of those aged 20–24 years (UI 14.3–19.3%) and 15.7% of those aged 25–29 years (UI 13.6–18.7%). The estimated prevalence of physical and/or sexual intimate partner violence within the past 12 months was comparatively lower among ever-married/-partnered women aged 50–54 years (7.1%, UI 5.6–10.0%), 55–59 years (5.9%, UI 4.5–9.2%), 60–64 (5.1%, UI 3.8–8.0%) and 65 years and older (3.9%, UI 2.8–7.3%). The prevalence of intimate partner violence in the past 12 months was significantly higher in adolescent girls and younger women compared to women aged 45 years and older.

Adolescent girls and younger women are at the highest risk of physical and/or sexual violence from an intimate partner, particularly in the past 12 months. It is important to keep in mind that the additional forms and types of violence that older women may be subjected to are generally not captured in existing surveys on violence against women (see subsection 2.1.2 and subsection 5.3). Additionally, fewer surveys collect data on violence against older women, with comparatively fewer data points on women aged 60 years and older (13%) than on women between the ages of 15 and 49 years (40%).

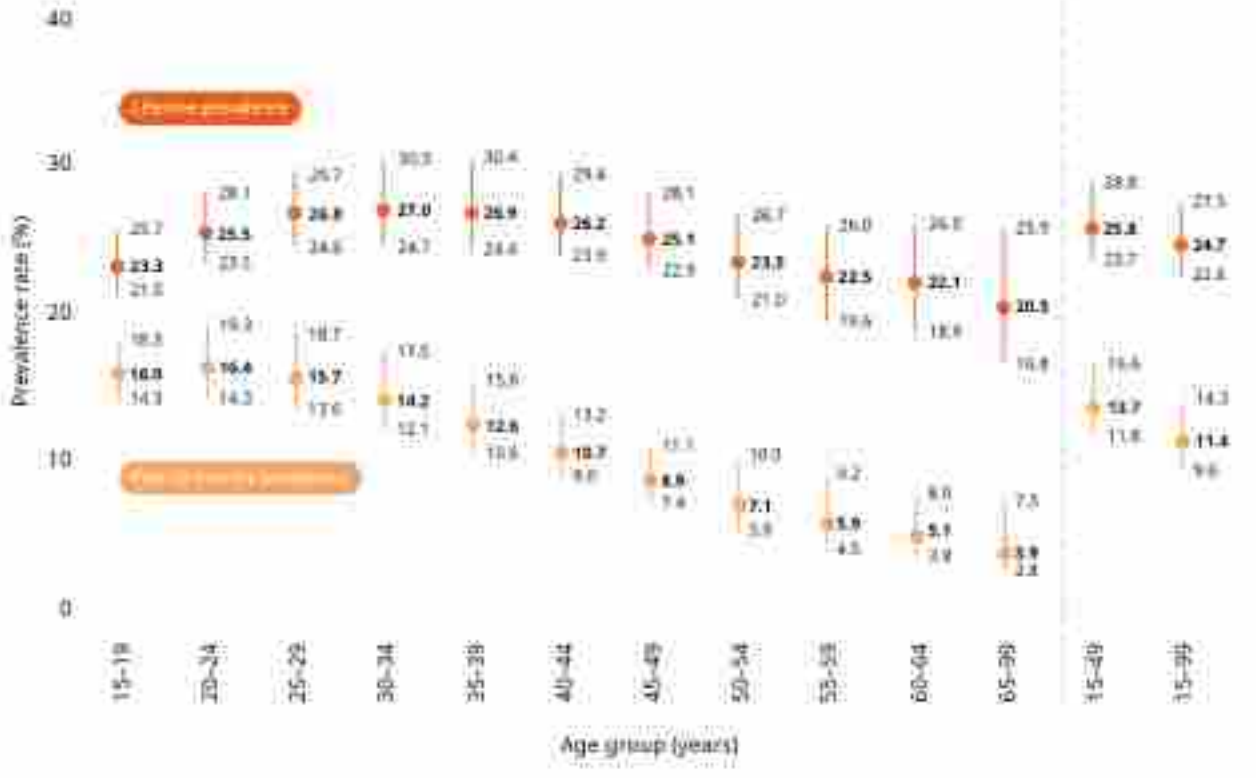


Fig. 4.1. Global prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against ever-married/-partnered women, by age group, 2023

4.1.2 Regional estimates of the prevalence of physical and/or sexual intimate partner violence

Estimates of intimate partner violence by regional groupings were also produced to examine the potential variations in prevalence across regions.

Lifetime regional prevalence of intimate partner violence

As shown in Table 4.1, using the United Nations SDG regional classifications, the estimated lifetime prevalence of physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years at regional level ranged from 15.5% (UI 12.5–19.0%) in the subregion of southern Europe to 57.7% (UI 53.1–61.8%) in the subregion of Melanesia. Over half of women in the subregion of Oceania (excluding Australia and New Zealand) (56.9%, UI 52.4–61.2%) had been subjected to physical and/or sexual intimate partner violence at least once during their lives.

Table 4.1. Global and regional prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years, by United Nations SDG region and subregion, 2023

SDG region	Lifetime intimate partner violence Point estimate % (95% UI)	Past-12-months intimate partner violence Point estimate % (95% UI)
World	**25.8 (23.7–28.8)**	**13.7 (11.8–16.6)**
Sub-Saharan Africa	**31.9 (29.7–34.5)**	**19.0 (17.2–21.1)**
Northern Africa and Western Asia	**28.8 (21.9–43.2)**	**15.8 (11.6–28.0)**
Northern Africa	29.5 (21.6–45.5)	18.7 (14.9–24.8)
Western Asia	28.1 (21.5–41.2)	13.1 (7.3–31.7)
Central and Southern Asia	**30.8 (26.8–35.6)**	**20.1 (16.3–23.9)**
Central Asia	19.1 (11.3–43.9)	7.4 (4.7–19.9)
Southern Asia	31.2 (27.1–36.0)	20.5 (16.6–24.4)
Eastern and South-eastern Asia	**18.4 (13.8–24.2)**	**9.2 (4.3–17.1)**
Eastern Asia	19.6 (12.9–27.4)	10.1 (3.2–21.5)
South-eastern Asia	16.0 (14.0–18.3)	6.8 (5.4–8.4)
Latin America and the Caribbean	**22.8 (21.1–24.9)**	**7.2 (6.2–8.3)**
Caribbean	22.4 (19.3–27.2)	12.7 (10.0–16.2)
Central America	20.1 (18.0–22.2)	6.8 (5.8–7.9)
South America	24.0 (21.5–26.8)	6.7 (5.4–8.3)
Oceania	**37.4 (33.3–41.6)**	**18.3 (16.3–20.4)**
Australia and New Zealand	24.5 (18.2–31.5)	1.7 (0.7–3.6)
Oceania (excluding Australia and New Zealand)	56.9 (52.4–61.2)	43.4 (38.7–48.4)

Melanesia	57.7 (53.1–61.8)	44.0 (39.2–49.2)
Micronesia	38.5 (29.3–56.6)	26.3 (19.9–43.6)
Polynesia	29.9 (25.3–38.8)	21.6 (17.6–29.8)
Europe and Northern America	**22.2 (18.4–28.4)**	**5.7 (3.5–10.9)**
Europe	18.6 (15.6–27.3)	4.5 (3.3–9.3)
Eastern Europe	18.6 (12.4–38.5)	5.1 (3.1–15.6)
Northern Europe	25.2 (21.4–29.2)	3.9 (2.7–5.6)
Southern Europe	15.5 (12.5–19.0)	3.0 (2.5–3.8)
Western Europe	17.1 (14.3–20.3)	4.4 (2.5–7.7)
Northern America	29.2 (21.3–36.4)	7.6 (2.3–23.4)
Least developed countries	**34.9 (32.2–38.5)**	**19.9 (18.2–21.9)**
SIDS	**31.4 (29.0–33.8)**	**21.0 (18.8–23.7)**

Notes. Partner refers to any current or former husband or male intimate partner.

Full listings of countries and areas by SDG regional and subregional groupings can be found at https://unstats.un.org/sdgs/report/2019/regional-groups/.

*Refer to Annex 5 for regional estimates (for women aged 15 years and older) by SDG region, Annex 6 for regional estimates by WHO region (aged 15 years and older), Annex 7 for regional estimates by Global Burden of Disease region (aged 15 years and older), Annex 8 for regional estimates by UNFPA region (aged 15 years and older), and Annex 9 for regional estimates by UNICEF region (aged 15 years and older).

In the SDG regional classification group of least developed countries the prevalence of lifetime physical and/or sexual intimate partner violence against ever-partnered/-married women aged 15–49 years was substantially higher than the global average at 34.9% (UI 32.2–38.5%).

The Small Island Developing States (SIDS) form a special grouping that comprises 39 states and 18 associate members of United Nations regional commissions, with a combined population of around 65 million people *[61]*. These island states are located in the Caribbean, the Pacific Ocean, the Atlantic Ocean, the Indian Ocean and the South China Sea. The SIDS face unique economic, environmental and social challenges that – as suggested by both existing and emerging evidence – increase the risk of violence against women. In 2023 the SIDS had an estimated lifetime prevalence of intimate partner violence of 31.4% (UI 29.0–33.8%).

Many of the SIDS and/or those classified as least developed countries are also listed with the World Bank groupings of conflict-affected settings or as having social and institutional fragility.[5]

5 Conflict-affected settings: Afghanistan, Burkina Faso, Cameroon, Central African Republic, Congo, Ethiopia, Haiti, Iraq, Lebanon, Mali, Mozambique, Myanmar, Niger, Nigeria, Somalia, South Sudan, Sudan, Syrian Arab Republic, Ukraine, West Bank and Gaza (occupied Palestinian territory and east Jerusalem hereinafter referred to as occupied Palestinian territory), Yemen.
Social and institutional fragility: Burundi, Chad, Comoros, Congo, Eritrea, Guinea-Bissau, Kiribati, Kosovo,* Libya, Marshall Islands, Micronesia (Federated States of), Papua New Guinea, São Tomé and Príncipe, Solomon Islands, Timor-Leste, Tuvalu, Venezuela (Bolivarian Republic of) and Zimbabwe.

*All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

The next highest lifetime prevalence estimates of physical and/or sexual intimate partner violence against ever-married/-partnered women were in the regions of sub-Saharan Africa 31.9% (UI 29.7–34.5%) and the subregions of Southern Asia (31.2%, UI 27.1–36.0%), Polynesia (29.9%, UI 25.3–38.8%), Northern Africa (29.5%, UI 21.6–45.5%) and Northern America (29.2%, UI 21.3–36.4%).

The prevalence of intimate partner violence during the lifetime was slightly lower than the global prevalence of 25.8% in the subregion of Australia and New Zealand at 24.5% (UI 18.2–31.5%); the regions of Latin America and the Caribbean 22.8% (UI 21.1–24.9%), Europe and Northern America 22.2% (UI 18.4–28.4%) and was lowest in the SDG region of Eastern and South-eastern Asia 18.4% (UI 13.8–24.2%) and the subregion of Southern Europe (15.5%, UI 12.5–19.0%), although these prevalence levels are still high, with this type of violence impacting the lives of millions of women and girls in these regions.

Estimates of past-12-months regional prevalence of intimate partner violence

The estimated past-12-months prevalence of physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years at regional level ranged widely from 1.7% to 44.0%.

Over one in three ever-married/-partnered women aged 15–49 years in the SDG subregion of Oceania (excluding Australia and New Zealand) (43.4%, UI 38.7–48.4%) – including Melanesia at a higher rate of 44.0% (UI 39.2–49.2%) – were estimated to have been subjected to physical and/or sexual violence by an intimate partner at least once in the past 12 months. Over one in four women (26.3%, UI 19.9–43.6%) in Micronesia and one in five in Polynesia (21.6%, UI 17.6–28.8%) were also subjected to physical and/or sexual intimate partner violence in the past 12 months.

The SIDS had significantly higher past-12-months prevalence compared to the global median (13.9%), with 21.0% (UI 18.8–23.7%) of women and girls subjected to physical and/or sexual intimate partner violence.

One in five women in the United Nations grouping of least developed countries (19.9%, UI 18.2–21.9%) and Central and Southern Asia (20.1%, UI 16.3–23.9%) had been subjected to intimate partner violence in the past 12 months. These are followed by the region of sub-Saharan Africa (19.0%, UI 17.2–21.1%) and the Caribbean, where 12.7% (UI 10.0–16.2%) of women were subjected to physical and/or sexual intimate partner violence in the past 12 months.

In comparison with the other regions, the estimated prevalence of intimate partner violence in the past 12 months was lower in the SDG regions of Eastern and South-eastern Asia (9.2%, UI 4.3–17.1%), Latin America and the Caribbean (7.2%, UI 6.2–8.3%) and Europe and Northern America (5.7%, UI 3.5–10.9%).

Table 4.2 presents the lifetime and past-12-months prevalence estimates of physical and/or sexual intimate partner violence by WHO region.

Table 4.2. Regional prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years, by WHO region, 2023

WHO region	Lifetime intimate partner violence Point estimate % (95% UI)	Past-12-months intimate partner violence Point estimate % (95% UI)
World	**25.8 (23.7–28.8)**	**13.7 (11.8–16.6)**
African Region	32.0 (29.5–34.9)	18.9 (17.1–21.2)
Region of the Americas	25.0 (22.1–28.0)	7.3 (5.3–12.8)
Eastern Mediterranean Region	27.2 (19.9–42.7)	16.9 (12.6–30.2)
European Region	21.7 (19.1–28.4)	6.5 (5.0–10.2)
South-East Asia Region	31.5 (27.9–36.6)	20.5 (16.6–24.8)
Western Pacific Region	18.4 (13.6–24.4)	9.0 (4.0–17.6)

Notes. Member States in each WHO region can be found at the following WHO websites.
African Region: https://www.afro.who.int/countries
Region of the Americas: https://www.paho.org/hq/index.php?option=com_wrapper&view=wrapper&Itemid=2065
South-East Asia Region: http://www.searo.who.int/en/
European Region: http://www.euro.who.int/en/countries
Eastern Mediterranean Region: http://www.emro.who.int/countries.html
Western Pacific Region: https://www.who.int/westernpacific/about/where-we-work

4.1.3 Country-level prevalence of physical and/or sexual intimate partner violence, 2023

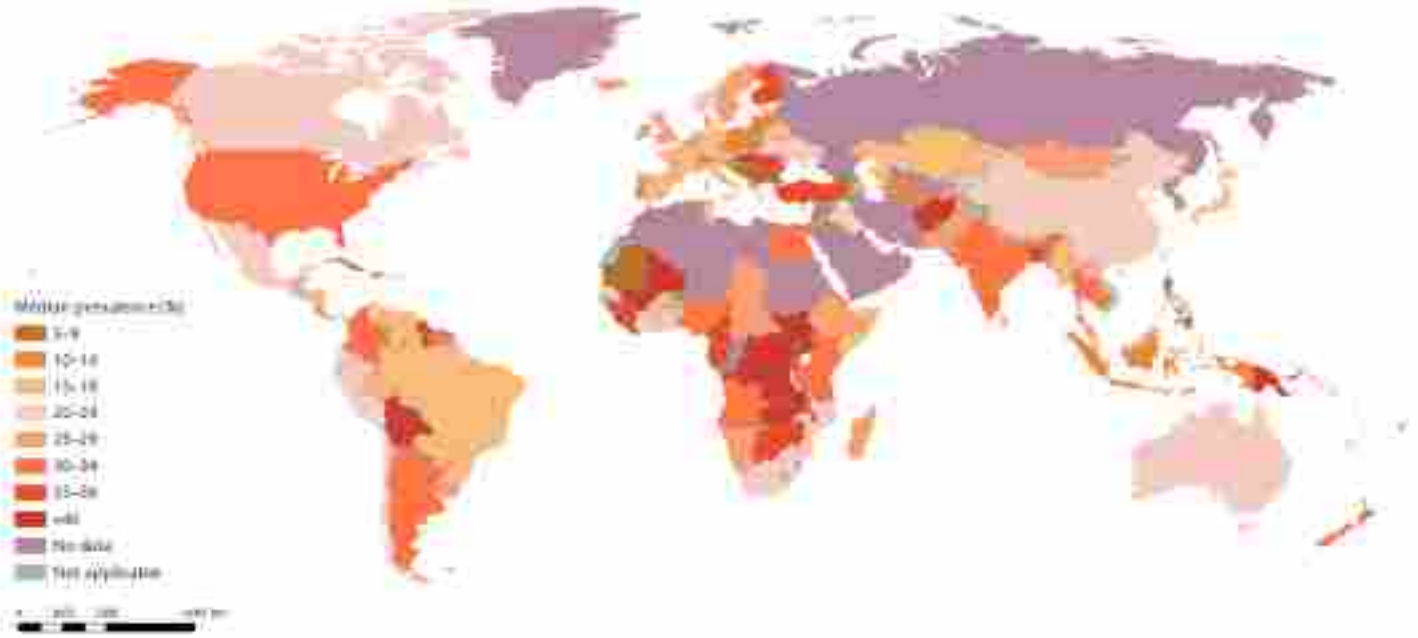
Annex 10 provides the 2023 point estimates and 95% UIs for lifetime and past-12-months physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years for every country that had at least one data source available that met the inclusion criteria for this analysis (see subsection 3.1 for details on the inclusion criteria).

Lifetime prevalence of physical and/or sexual intimate partner violence

Fig. 4.2 and Fig. 4.4 display two choropleth maps with all countries shaded according to their levels of prevalence of physical and/or sexual intimate partner violence in the lifetime (Fig. 4.2) and in the past 12 months (Fig. 4.4 in the following subsection). Countries with no prevalence data that met the inclusion criteria are also indicated.

Estimates for the lifetime prevalence of physical and/or sexual intimate partner violence drew on eligible data from 163 countries and areas and for past-12-months prevalence from 164 countries and areas (see Annex 3 and Annex 4).

In 10 countries, the prevalence of intimate partner violence was twice the global estimated prevalence, with 51–61% of ever-married/-partnered women aged between 15 and 49 years estimated to have been subjected to physical and/or sexual violence from a current or former husband or male intimate partner at least once in their lives.



World Health Organization

Fig. 4.2. Map of prevalence estimates of lifetime physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years, 2023

Five of these countries are in the SDG region of Oceania (excluding Australia and New Zealand), three are in the sub-Saharan Africa region, and one each from South America and Southern Asia. From highest to lowest prevalence estimates these countries are: Fiji (60.7%, UI 54.2–66.7%), Solomon Islands (58.6%, UI 50.6–66.9%), Papua New Guinea (57.6%, UI 52.9–61.9%), Vanuatu (55.7%, UI 49.3–62.7%), Kiribati (55.4%, UI 51.1–60.3%), Sierra Leone (55.2%, UI 49.9–60.5%), South Sudan (54.3%, UI 32.1–77.1%), Equatorial Guinea (53.3%, UI 46.1–60.8%), Bolivia (52.8%, UI 44.9–59.3%) and Afghanistan (50.9%, UI 46.7–55.3%).

In a further 10 countries between 40% and 49% of women aged 15–49 years were subjected to physical and/or sexual intimate partner violence at least once in their lives. The countries were: Bangladesh (48.9%, UI 44.4–53.0%), Democratic Republic of the Congo (48.5%, UI 43.5–53.4%), Burundi (46.6%, UI 43.0–50.8%), Uganda (46.1%, UI 41.8–50.6%), Nauru (45.8%, UI 34.7–57.1%), Marshall Islands (42.5%, UI 36.1–49.3%), Hungary (42.2%, UI 36.2–47.8%), Timor-Leste (41.7%, UI 37.1–46.8%), Mali (40.7%, UI 35.8–46.4%) and Zambia (39.8%, UI 34.7–45.3%). Taken together, these 20 countries have a very high prevalence of physical and/or sexual intimate partner violence in the range of 40–61%.

Finally, the estimated prevalence of lifetime intimate partner violence to which ever-married/-partnered women aged 15–49 years were subjected was relatively lower (9.0% or less) in 12 countries and two areas.

Fig. 4.3 presents the spread of countries between the different median prevalence ranges. Overall, there were 70 countries where the prevalence of physical and/or sexual violence by an intimate partner was higher than the global median (25.8%).

Among the countries with prevalence below the global median, 16 fell within the prevalence range of between 10% and 14% and 13 countries had an estimated prevalence of between 5% and 9%.

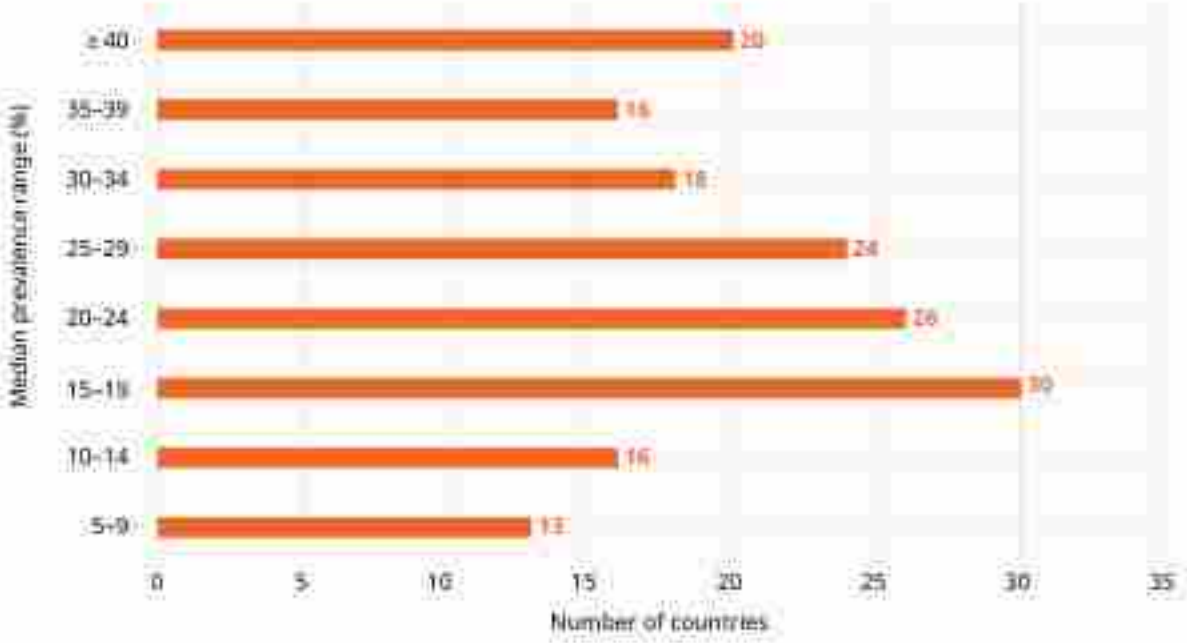


Fig. 4.3. Number of countries by median range of lifetime prevalence of physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years, 2023

Past-12-months prevalence of physical and/or sexual intimate partner violence

Fig. 4.4 shows the past-12-months prevalence of physical and/or sexual intimate partner violence that women aged 15–49 years have been subjected to.

In 17 countries the prevalence of intimate partner violence that ever-married/-partnered women aged 15–49 years had been subjected to in the past 12 months was between 25% and 45% – those countries were (in descending order): Papua New Guinea 45.3% (UI 40.1–50.9%), Kiribati 42.2% (UI 36.7–47.8%), Sierra Leone 41.0% (UI 35.7–46.5%), Afghanistan 39.7% (UI 34.2–44.5%), South Sudan 38.9% (UI 20.7–60.0%), Equatorial Guinea 37.0% (UI 30.6–45.3%), Vanuatu 36.4% (UI 29.1–44.4%), Solomon Islands 34.1% (UI 27.0–41.5%), Timor-Leste (33.7%, UI 28.5–39.8%), Liberia (33.6%, UI 28.8–38.8%), Democratic Republic of the Congo 33.2% (UI 29.2–37.9%), Sudan (28.6%, UI 10.3–53.2%), Samoa 27.3% (UI 23.6–31.6%), Tuvalu 26.3% (UI 19.4–33.7%), Burundi 25.3% (UI 22.0–28.7%), Central African Republic 25.1% (UI 21.8–28.8%) and Fiji 24.8% (UI 20.7–30.4%).

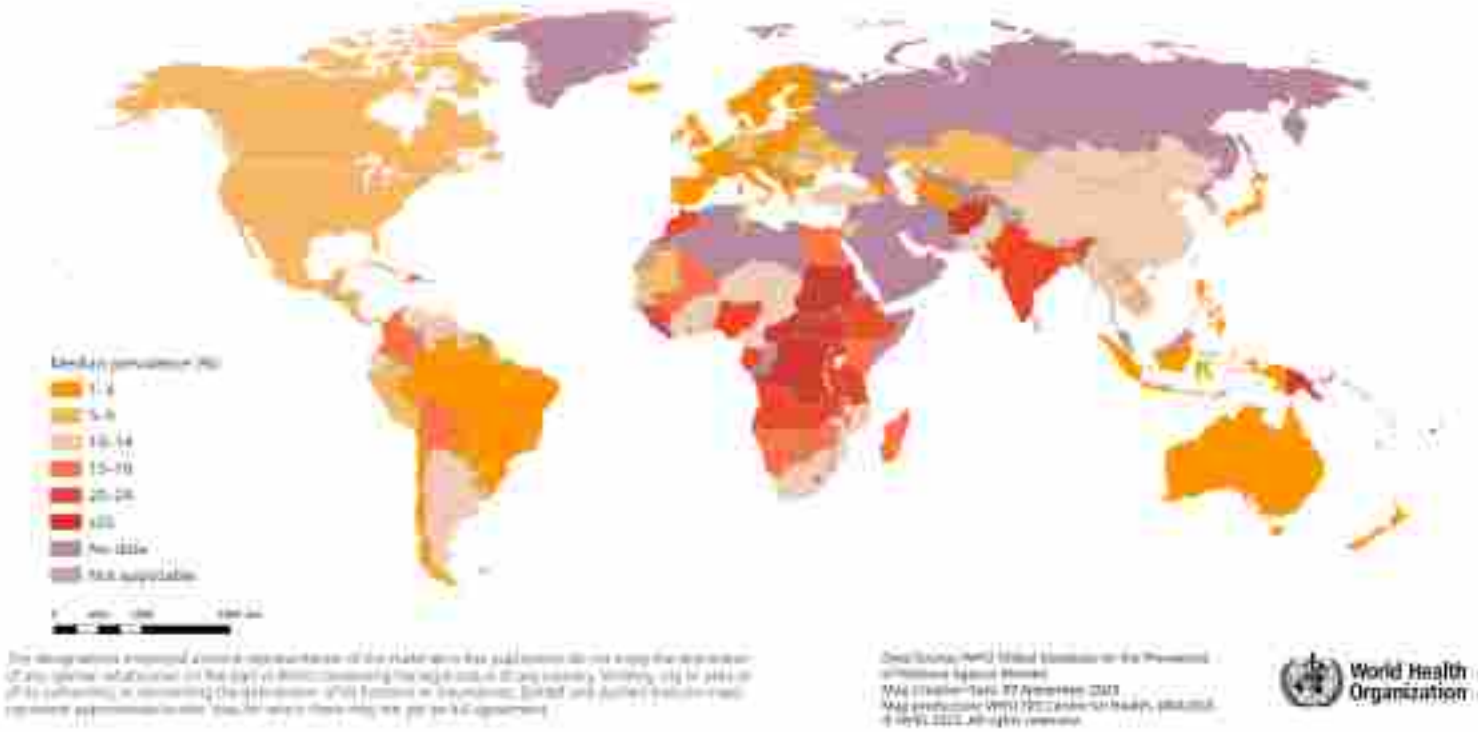


Fig. 4.4. Map of prevalence estimates of past-12-months physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years, 2023

A further 16 countries and one territory had a prevalence of between 21% and 24%: Uganda 24.2% (UI 19.9–28.9%), Tanzania 23.8% (UI 20.1–28.5%), Micronesia (Federated States of) 23.6% (UI 18.1–29.3%), Dominican Republic 22.8% (UI 15.3–31.0%), India 22.4% (UI 17.4–27.7%), Gabon 22.2% (UI 18.1–27.0%), Angola 21.9% (UI 18.9–25.4%), Nauru 21.6% (UI 13.5–31.3%), Morocco 21.6% (UI 17.9–26.4%), Lesotho 21.2% (UI 15.1–28.5%), Malawi 20.9% (UI 15.7–26.1%), the area of the occupied Palestine territory 20.8% (UI 17.7–24.2%), Ethiopia 20.1% (UI 17.1–23.0%), Guinea 19.7% (UI 16.2–23.9%), Zambia 19.6% (UI 12.6–28.5%) and Nigeria 19.6% (UI 12.2–30.7%).

Eighteen of the 33 countries and territory mentioned above with the highest prevalence of physical and/or sexual intimate partner violence in the past 12 months were from the sub-Saharan African region, 11 were from the SIDS and two each from the Southern Asia and North Africa subregions. Additionally, 46 countries had a prevalence of physical and/or sexual intimate partner violence in the past 12 months of between 10% and 19%.

Thirty-nine countries had a prevalence of physical and/or sexual intimate partner violence in the past 12 months of 4% or less. All of these countries were high-income and upper middle-income countries of Europe, Central Asia, Latin America and South-eastern Asia, and Australia and New Zealand in Oceania.

The distribution of countries by the median ranges of prevalence of physical and/or sexual intimate partner violence in the past 12 months is presented in Fig. 4.5.

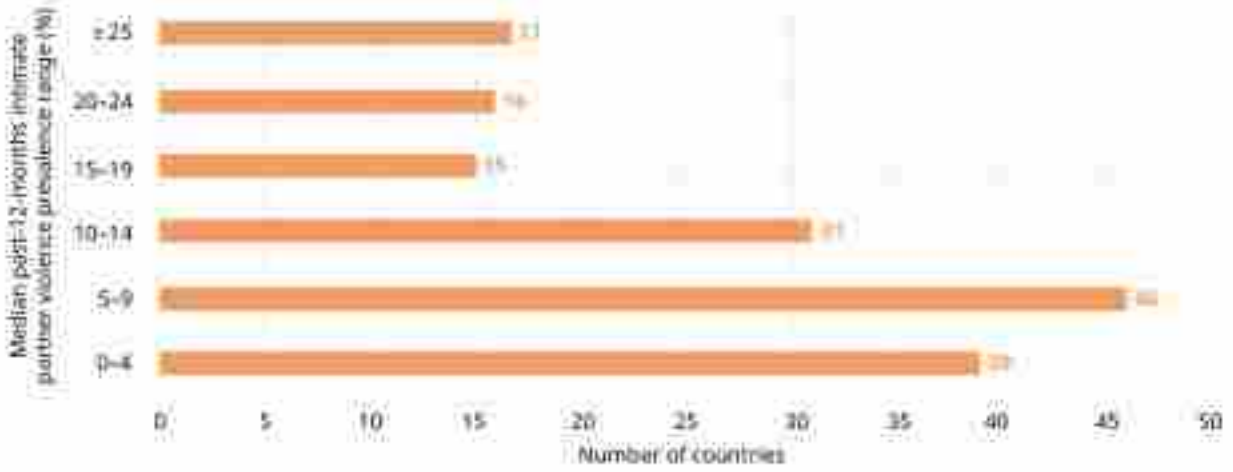


Fig. 4.5. Number of countries by median range of past-12-months prevalence of physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years, 2023

4.1.4 Changes over time in the global prevalence estimates of physical and/or sexual intimate partner violence against women aged 15–49 years (2000–2023)

Fig. 4.6 presents the change in the global lifetime and past-12-months prevalence of physical and/or sexual intimate partner violence between 2000 and 2023.

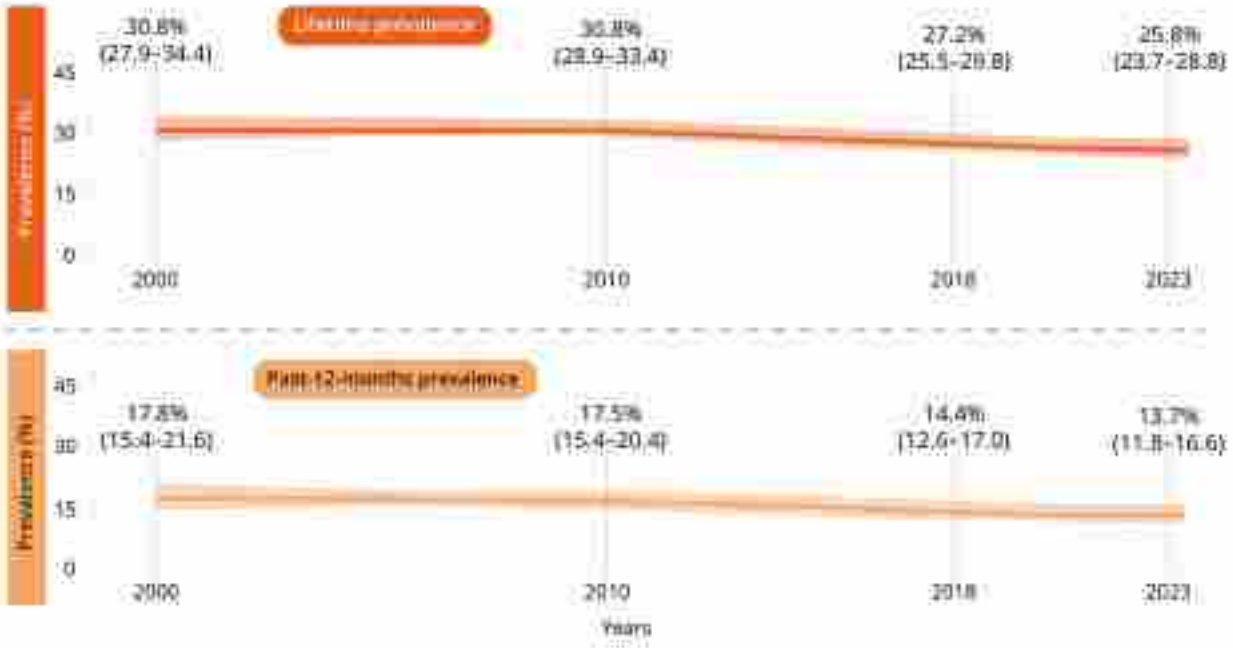


Fig. 4.6. Changes over time in the prevalence of lifetime and past-12-months physical and/or sexual violence against ever-married/-partnered women aged 15–49 years (2000–2023)

The results indicate that across this period there was a -5.0% (UI -8.7 to -1.2%) reduction in the prevalence of lifetime intimate partner violence and a reduction of -4.2% (UI -7.5 to -1.2%) in the prevalence of past-12-months intimate partner violence. While this decline since 2000 is statistically significant for the past-12-months prevalence, the annual rate of change in the prevalence of physical and/or sexual intimate partner violence is minimal at -0.2% for both the lifetime (UI -0.4 to -0.1) and the past 12 months (UI -0.3% to -0.1%).

It is important to note that changes in the prevalence of physical and/or sexual violence over time at the global level are based on averages and thus do not provide insights into what may be happening at the country or regional levels. There remain countries and regions in which the prevalence of violence against women and girls is rising. So, while global results suggest that some progress is being made, given the very small reductions over two decades the pace of decline is grossly insufficient. The results highlight that greater efforts are urgently needed to accelerate change (see Section 5). As more data become available, estimating the changes in prevalence at the regional and national levels will give a more accurate and clearer picture of these changes over time.

The annual rate of change in the prevalence of physical and/or sexual intimate partner violence is minimal at -0.2% for both the lifetime and the past 12 months

4.2 Global, regional and national prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence against women, 2023

Estimates for the lifetime prevalence of physical and/or sexual intimate partner violence drew on eligible data from 140 countries and areas and for past-12-months prevalence from 125 countries and areas (see Annex 11 and Annex 12).

There are wide variations in reported prevalence of non-partner sexual violence; the actual prevalence of non-partner sexual violence is likely to be much higher than the reported and estimated prevalence. This is related to the differing levels of reporting between countries, associated in part with stigma and fear of harm resulting from disclosure and significant measurement challenges, including the comprehensiveness or otherwise of acts used to measure this violence (see Sections 2 and 5). In addition, higher disclosure is likely when using dedicated violence against women surveys compared to short modules within broader surveys. All these factors limit comparability across countries and, while the estimates reflect the existing country data, these variations must be considered when interpreting the global, regional and national data on non-partner sexual violence.

4.2.1 Global prevalence of non-partner sexual violence

It is estimated that 8.4% (UI 6.6–11.6%) of women aged 15–49 years globally have been subjected to sexual violence from someone other than a current or former husband or male intimate partner at least once since the age of 15 years (Box 4.3). The estimated prevalence was similar for women aged 15 years and older at 8.2% (UI 6.4–11.0%).

Aggregate estimates of non-partner sexual violence for women aged 15–49 years and aged 15 years and older

Age-disaggregated estimates of global prevalence of lifetime (since age 15) non-partner sexual violence against women indicate that prevalence remains high for all age groups, varying by only 2 to 3 percentage points: from a high of 8.9% among women aged 20–24 years (UI 7.1–12.1%) and women aged 25–29 years and 8.4% (UI 6.7–11.7%) among adolescent girls aged 15–19 years to 6.1% (UI 4.6–8.7%) among women aged 60–64 years and 6.0% (UI 4.3–8.9%) among women aged 65 years and older. None of these differences were statistically significant, as indicated by the overlapping UIs (see Table 4.3).

Globally 2.7% (UI 1.8–4.8%) of women aged 15–49 years and 2.4% (UI 1.5–4.4%) of women aged 15 years and older were estimated to have been subjected to non-partner sexual violence in the past 12 months. As with lifetime rates, estimates for non-partner sexual violence in the past 12 months show that the younger age groups reported the higher prevalence (Table 4.3). Thus, 4.0% of girls and women aged 15–19 years (UI 2.8–6.7%) and 3.0% of young women aged 20–24 years (UI 2.1–5.4%) reported experiencing sexual violence at the hands of someone other than an intimate partner at least once in the past 12 months. The prevalence was slightly lower in the remaining disaggregated age groups from 25–29 years through to 65 years and older, with the estimated prevalence being lowest among women in the age groups 55–59 years (0.8%, UI 0.4–1.9%), 60–64 years (0.7%, UI 0.4–1.7%) and 65 years and older (0.5%, UI 0.3–1.6%).

Box 4.3. Global prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence, 2023

Lifetime prevalence (since age 15 years)	Past-12-months prevalence
Globally, 8.4% (UI 6.6–11.6%) of women **aged 15–49 years** have been subjected to non-partner sexual violence at least once in their lifetime.	Globally, 2.7 (UI 1.8–4.8%) of women **aged 15–49 years** have been subjected to non-partner sexual violence in the past 12 months.
Globally, 8.2% (UI 6.4–11.0%) of women **aged 15 years and older** have been subjected to non-partner sexual violence at least once in their lifetime.	Globally, 2.4% (UI 1.5–4.4%) of women **aged 15 years and older** have been subjected to non-partner sexual violence in the past 12 months.

Table 4.3. Global prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence against women, by age group, 2023

Age group, years	Lifetime (since age 15 years) % (95% UI)	Past-12-months % (95% UI)
15–19	8.4 (6.7–11.7)	4.0 (2.8–6.7)
20–24	8.9 (7.1–12.1)	3.0 (2.1–5.4)
25–29	8.9 (7.1–12.1)	2.5 (1.6–4.6)
30–34	8.5 (6.6–11.8)	2.2 (1.4–4.2)
35–39	7.9 (6.1–11.1)	1.9 (1.2–3.7)
40–44	7.5 (5.8–10.5)	1.6 (1.0–3.0)
45–49	7.0 (5.5–9.8)	1.2 (0.8–2.5)
50–54	6.7 (5.0–9.4)	1.0 (0.6–2.1)
55–59	6.3 (4.7–9.2)	0.8 (0.4–1.9)
60–64	6.1 (4.6–8.7)	0.7 (0.4–1.7)
65+	6.0 (4.3–8.9)	0.5 (0.3–1.6)
15–49	8.4 (6.6–11.6)	2.7 (1.8–4.8)
15+	8.2 (6.4–11.0)	2.4 (1.5–4.4)

4.2.2 Regional prevalence of non-partner sexual violence

Lifetime regional prevalence of non-partner sexual violence

As shown in Table 4.4, the prevalence of non-partner sexual violence varies by region and the regional prevalence patterns are different to those for intimate partner violence, with higher reported estimates of non-partner sexual violence largely in upper middle- and higher-income regions. The highest estimated lifetime prevalence of non-partner sexual violence since age 15 years was in the region of Oceania at 18.0% (UI 15.8–20.3%). The prevalence was higher than the global lifetime prevalence estimate (8.4%) in the regions of Latin America and the Caribbean at 13.5% (UI 10.5–18.2%), with 23.3% (UI 20.8–25.9%) of women aged 15–49 years in the subregion of Central America being subjected to sexual violence by someone other than a husband or partner at least once since the age of 15 years. In Europe and Northern America where the estimated prevalence of non-partner sexual violence since the age of 15 years was 12% (UI 8.8–17.2%); the subregions of Western Europe 17.8% (UI 15.4–20.8%) and Northern Europe 15.7% (UI 12.8–18.9%) had the highest estimated prevalence of non-partner sexual violence. The regions of sub-Saharan Africa (7.2%, UI 6.0–8.9%), the SDG-classified least developed countries (6.9%, UI 5.2–10.8%), Central and Southern Asia (4.6%, UI 3.1–7.3%), and Northern Africa and Western Asia (4.0%, UI 1.5–28.1%) had an estimated prevalence that was below the global average. Wider UIs indicate the lower availability of data on this specific form of violence.

Table 4.4. Global and regional prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence against women aged 15–49 years, by United Nations SDG regions, 2023 [a]

SDG region	Lifetime (since age 15 years) non-partner sexual violence Point estimate % (95% UI)	Past-12-months non-partner sexual violence Point estimate % (95% UI)
World	**8.4 (6.6–11.6)**	**2.7 (1.8–4.8)**
Sub-Saharan Africa	**7.2 (6.0–8.9)**	**1.2 (0.9–1.6)**
Northern Africa and Western Asia	**4.0 (1.5–28.1)**	**1.9 (1.0–8.3)**
Northern Africa	3.4 (1.3–25.8)	2.7 (1.6–5.4)
Western Asia	4.5 (1.6–30.6)	1.1 (0.2–11.1)
Central and Southern Asia	**4.6 (3.1–7.3)**	**1.4 (0.8–2.6)**
Central Asia	1.7 (0.5–14.2)	0.7 (0.1–9.9)
Southern Asia	4.7 (3.1–7.5)	1.4 (0.8–2.5)
Eastern and South-eastern Asia	**9.1 (5.4–14.3)**	**4.0 (1.8–9.2)**
Eastern Asia	8.2 (3.1–15.8)	4.0 (1.0–12.2)
South-eastern Asia	10.9 (8.9–13.4)	3.8 (2.8–6.5)
Latin America and the Caribbean	**13.5 (10.5–18.2)**	**5.2 (3.5–18.9)**
Caribbean	12.5 (7.3–27.8)	2.3 (0.8–18.3)
Central America	23.3 (20.8–25.9)	10.7 (9.5–12.0)
South America	9.1 (5.2–15.7)	2.8 (0.6–23.3)
Oceania	**18.0 (15.8–20.3)**	**4.9 (3.6–8.0)**
Australia and New Zealand	19.5 (16.8–22.3)	4.2 (2.2–10.1)
Oceania excluding Australia and New Zealand	16.1 (12.7–20.4)	5.7 (4.1–7.4)
Melanesia	16.3 (12.7–20.6)	5.8 (4.2–7.5)
Micronesia	11.0 (7.1–27.0)	2.4 (1.6–5.8)
Polynesia	7.0 (3.9–12.8)	1.2 (0.7–2.9)
Europe and Northern America	**12.0 (8.8–17.2)**	**1.4 (0.7–4.8)**
Europe	11.2 (9.5–18.4)	1.5 (0.7–5.1)
Eastern Europe	6.1 (3.4–21.3)	1.3 (0.5–8.9)
Northern Europe	15.7 (12.8–18.9)	1.3 (0.7–2.9)
Southern Europe	12.5 (10.2–15.0)	1.7 (1.0–2.9)
Western Europe	17.8 (15.4–20.8)	1.1 (0.5–2.4)
Northern America	12.4 (5.4–22.7)	1.0 (0.3–8.7)
Least developed countries	**6.9 (5.2–10.8)**	**1.6 (1.1–2.8)**
SIDS	**12.5 (9.4–18.9)**	**3.1 (2.2–9.6)**

[a] Refer to Annex 13 for regional estimates of lifetime and past-12-months non-partner sexual violence by SDG region (for women aged 15 years and older), Annex 14 for the same data by WHO region (aged 15 years and older), and Annex 15 for the same data by Global Burden of Disease region (aged 15years and older); Annex 16 for regional estimates by UNFPA region (aged 15 years and older), and Annex 17 for regional estimates by UNICEF region (aged 15 years and older).

Past-12-months regional prevalence of non-partner sexual violence

Indicator 5.2.2 of the SDGs focuses on the prevalence of non-partner sexual violence against women in the past 12 months. The SDG subregion of Oceania (excluding Australia and New Zealand) (5.7%, UI 4.1–7.4%) and the region of Latin America and the Caribbean (5.2%, UI 3.5–18.9%) had the highest prevalence of non-partner sexual violence in the past 12 months, with the subregion of Central America having a prevalence of 10.7% (UI 9.5–12.0%). This was followed by the broader region of Oceania (4.9%, UI 3.6–8.0%) and Eastern and South-eastern Asia (4.0%, UI 1.8–9.2%).

The prevalence of non-partner sexual violence in the past 12 months was also higher than the global average (2.7%) in the SIDS (3.1%, UI 2.2–9.6%).

The reported and hence estimated prevalence of non-partner sexual violence in the past 12 months was comparatively lower in remainder of the SDG regions and subregions, ranging from 1.4% in Europe and Northern America (UI 0.7–4.8%) and Central and Southern Asia (UI 0.8–2.6%) to 1.9% (UI 1.0–8.3%) in Northern Africa and Western Asia and 2.3% (UI 0.8–18.3%) in the Caribbean.

Alongside variations in measurement across settings, this leads to gaps in current data that are reflected in the estimates (see subsection 2.2). As explained, data availability and quality are crucial factors when it comes to the accuracy and comparability of the modelling of global and regional estimates.

While there are likely to be real differences in the prevalence of non-partner sexual violence across geographical regions, some regions may be more affected by underreporting than others, given different levels of stigma, services available, and support women may receive when disclosing sexual violence.

Table 4.5 presents the lifetime (since age 15 years) and past-12-months prevalence estimates of physical and/or sexual intimate partner violence by WHO region.

Table 4.5. Regional prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence against women aged 15–49 years, by WHO region, 2023

WHO region	Lifetime (since age 15 years) non-partner sexual violence Point estimate % (95% UI)	Past-12-months non-partner sexual violence Point estimate % (95% UI)
World	**8.4 (6.6–11.6)**	**2.7 (1.8–4.8)**
African Region	7.2 (6.0–9.4)	1.2 (0.9–1.7)
Region of the Americas	13.2 (9.4–18.2)	4.0 (2.6–13.0)
Eastern Mediterranean Region	5.8 (2.3–28.6)	1.9 (1.0–5.9)
European Region	9.1 (7.5–14.1)	1.5 (0.7–5.5)
South-East Asia Region	4.2 (2.8–5.8)	1.4 (0.8–2.4)
Western Pacific Region	9.4 (5.8–14.7)	4.3 (2.0–9.9)

Notes: Partner refers to any current or former husband or male intimate partner. Member States in each WHO region can be found at the following WHO websites:
African Region: https://www.afro.who.int/countries

Region of the Americas: https://www.paho.org/hq/index.php?option=com_wrapper&view=wrapper&Itemid=3005
South-East Asia Region: http://www.searo.who.int/en/
European Region: http://www.euro.who.int/en/countries
Eastern Mediterranean Region: http://www.emro.who.int/countries.html
Western Pacific Region: https://www.who.int/westernpacific/about/where-we-work

4.2.3 Country-level prevalence of non-partner sexual violence, 2023

Estimates for the lifetime (since age 15 years) prevalence of non-partner sexual violence drew on eligible data from 140 countries and areas and for past-12-months prevalence from 125 countries and areas (see Annex 11 and Annex 12).

Lifetime (since age 15 years) and past-12-months prevalence of non-partner sexual violence

Annex 16 provides the 2023 point estimates and 95% UIs for lifetime (since age 15 years) and past-12-months prevalence of non-partner sexual violence against ever-married/-partnered women aged 15 years and older for every country that had at least one data source available that met the inclusion criteria for this analysis. Fig. 4.7 and Fig. 4.8 display two maps with all countries shaded according to their levels of prevalence of non-partner sexual violence. Countries with no prevalence data that met the inclusion criteria are also indicated.

Fig. 4.7. Map of prevalence estimates of lifetime (since age 15 years) non-partner sexual violence against women aged 15–49 years, 2023

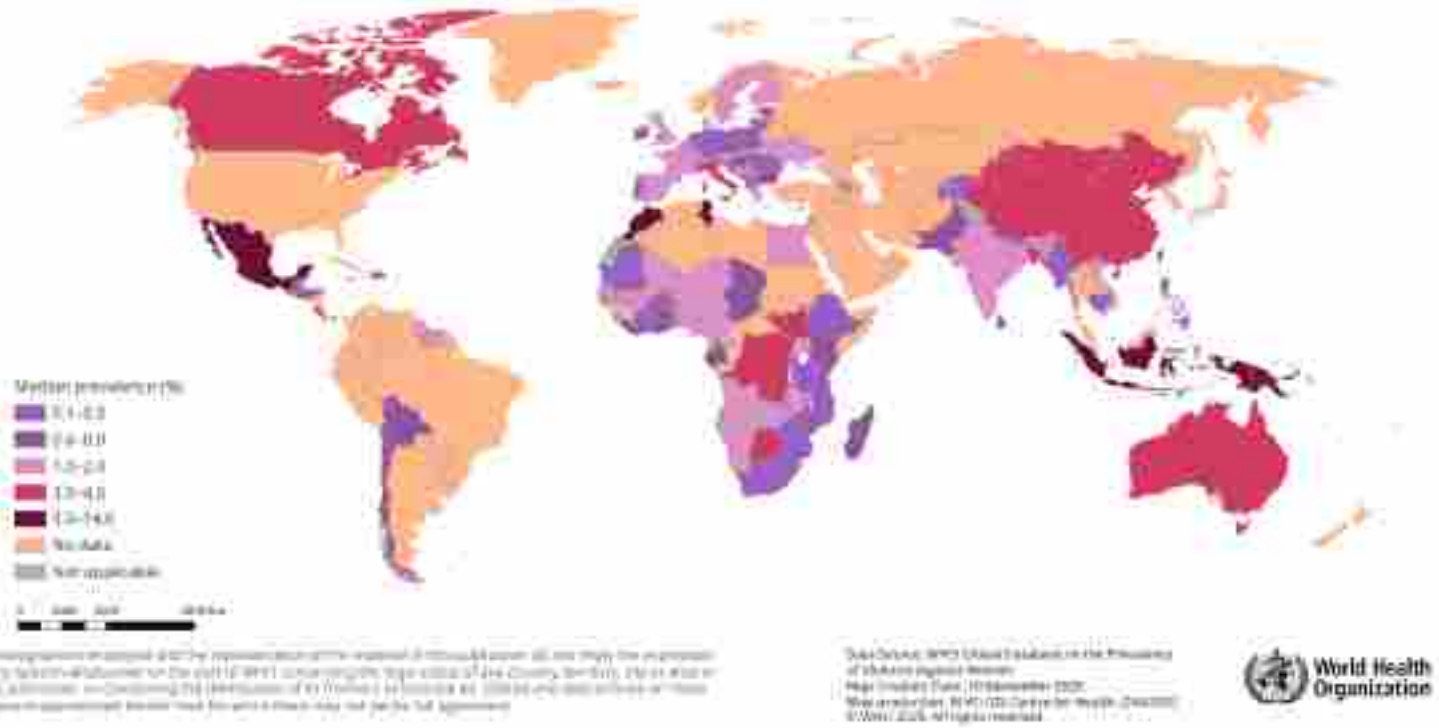


Fig. 4.8 Map of prevalence estimates of past-12-months non-partner sexual violence against women aged 15-49 years, 2023

There are substantial variations among countries in prevalence of lifetime (since age 15 years) non-partner sexual violence. This is likely to be related to underreporting and differing comprehensiveness of measures used.

The estimated prevalence of lifetime (since age 15 years) non-partner sexual violence against women aged 15–49 years was between 25% and 42% for 11 countries – nine of which were high-income and upper middle-income countries. For 47 countries this was estimated to lie between 10% and 24%, for 44 countries the prevalence ranged from 5% to 9% and it was 4% and below in 38 countries.

For the prevalence of non-partner sexual violence in the past 12 months against women aged 15–49 years, nine countries had an estimated prevalence of 5–14% and a further 20 countries or areas had an estimated prevalence of 3–4%. In total, there were 26 countries that had a prevalence of non-partner sexual violence that was the same as or above the global average. The remaining countries had a prevalence of 2% or less.

4.3 Global estimates of the combined prevalence of intimate partner violence and non-partner sexual violence, 2023

An estimate of the combined prevalence of the two forms of violence presented in this report – intimate partner violence and

non-partner sexual violence – provides an overview of the proportions of women subjected to these two forms of violence at the global level in 2023.

Globally, 31.6% (UI 29.1–34.8%) of women aged 15–49 years and 30.4% (UI 28.0–33.7%) of women aged 15 years and older have been subjected to physical and/or sexual violence from a current or former husband or male intimate partner, or to sexual violence from someone who is not a current or former husband or intimate partner, or to both forms of violence at least once since the age of 15 years. These findings suggest that, on average, 840 million women who were aged 15 years or older in 2023 had been subjected to one or both of these forms of violence at least once in their lifetimes (see Box 4.4).

Importantly, these combined estimates still do not fully capture the extent of all of the different types of violence to which women across the world are subjected. In addition to non-disclosure of intimate partner violence and non-partner sexual violence, the prevalence and magnitude of violence against women is likely to be much higher if a broader range of experiences were included (e.g. technology-facilitated violence, psychological intimate partner violence, economic abuse and physical violence by non-partners).

Box 4.4. Global prevalence estimates of lifetime physical and/or sexual intimate partner violence and/or non-partner sexual violence against women aged 15–49 years and aged 15 years and older, 2023

Globally, **31.6% (UI 29.1–34.8%)** of women **aged 15–49 years** have been subjected to physical and/or sexual intimate partner violence or non-partner sexual violence at least once in their lifetime.

Globally, **30.4% (UI 28.0–33.7%)** of women **aged 15 years and older** have been subjected to physical and/or sexual intimate partner violence or non-partner sexual violence at least once in their lifetime.

March against gender-based violence including sexual violence in Paris, France, 2019. © Jeanne Menjoulet

05

Discussion and conclusions

NAVIGATION

The estimates on the prevalence of physical and/or sexual intimate partner violence and non-partner sexual violence presented in this report are based on the best available data to date. They contribute to our understanding of violence against women globally, regionally and nationally. The report is the second to be published within the SDG reporting period (2015–2030) and provides a benchmark to track progress towards the achievement of SDG Target 5.2 *[2,18]*. The findings confirm that 840 million women around the world have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both, at least once in their lives. Both forms of violence start early, whether at the hands of an intimate partner or someone other than an intimate partner. Women can be subjected to these types of violence at any stage in their lives.

While there has been some progress in addressing violence against women, including by the health sector, much remains to be done. A 30-year review of the Beijing Platform for Action shows 88% of 159 states reporting that the elimination of violence against women and girls is a top national priority *[62]*. Of these countries, 90% have introduced or strengthened relevant laws and 66% have addressed technology-facilitated violence against women with a focus on raising awareness and increasing legislation. However, women and girls in many countries lack protection against sexual harassment in schools, work, public spaces and online. In addition, marital rape remains unaddressed in the domestic violence laws of several countries.

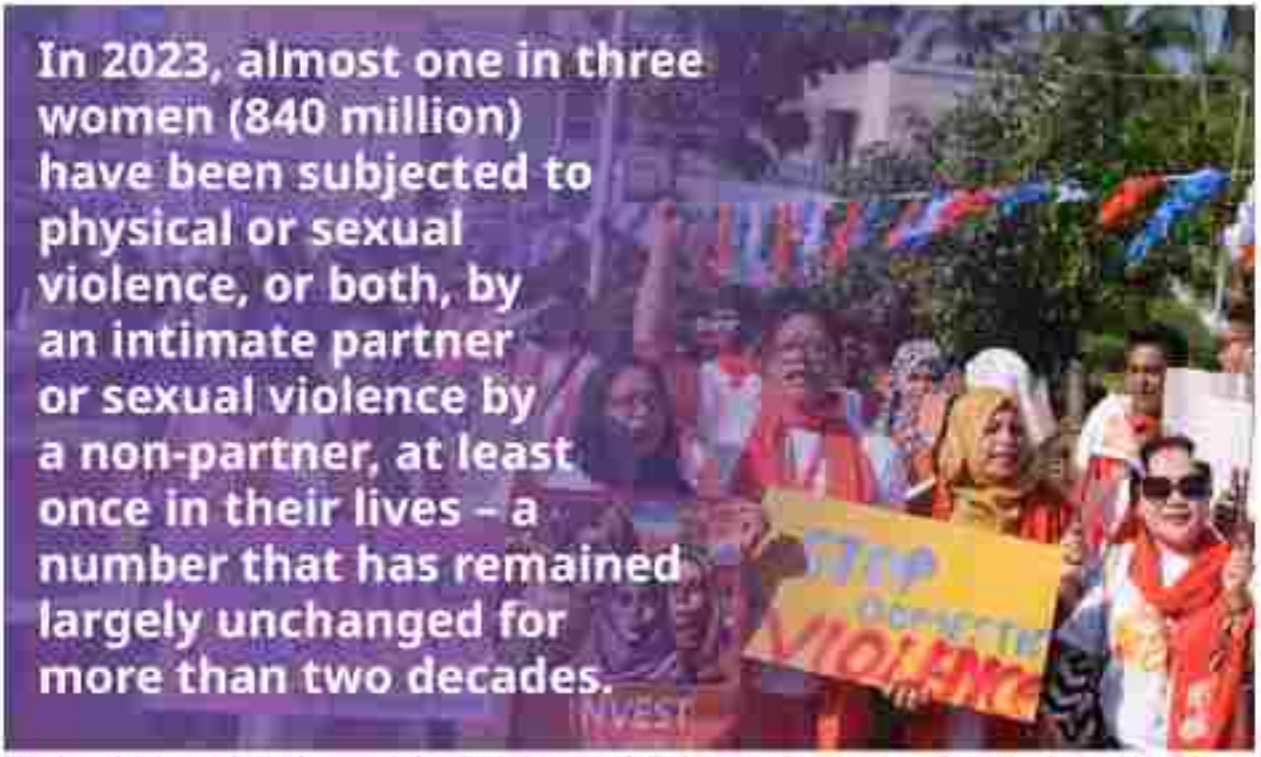
In the health sector, political commitments have been made at the World Health Assembly with the WHO global plan of action on violence, which aims to strengthen health systems' response to violence against women and children *[20]*. To implement these commitments, 81% of countries have national multisectoral plans to address violence against women and 52% have developed clinical guidelines on responding to survivors. However, only 38% of countries have health policies that consider violence against women *[63]*.

Decades of feminist activism have contributed to stronger legal reforms and more survivor-centred responses. Public health data on the prevalence of violence against women and increasing research in the last two decades have contributed to the strengthening of prevention efforts. Furthermore, public awareness of violence – and particularly sexual violence – against women has been rising globally. Recent high-profile cases of violence against women – such as the 2024 case of Gisèle Pelicot in France *[64]*, the rape and murder of a trainee doctor in a hospital in Kolkata (India) *[65]*, and public protests in many countries – have received widespread coverage in international media. The #MeToo and other national movements – such as #Ni Una Menos in Latin America, #BalanceTonPorc in France, #Nopiwouma in Senegal, #EndRapeCulture and #AmINext in South Africa, #AssaultPolice in Egypt, *Tal'at* in the occupied Palestinian territory and #EndFemicideKE in Kenya, among many others – have played an important role in building public awareness of sexual violence. Many perpetrators, however, are still not held accountable. Attitudes of victim-blaming and -shaming remain widespread, as manifested in expressions such as "she was wearing the wrong clothes" or "she was in the wrong place at the wrong time" and the many justifications of husbands' use of violence against their wives. In many societies intimate partner violence is still seen as a private matter – one that public institutions (such as the police, protection or

health services) should not interfere with or respond to. Violence is justified and not seen as preventable, as changing social norms is perceived as not feasible or not desired. Policy-makers still do not consider it enough of a priority to invest adequate resources. As a result, many women stay silent *[66–68]*.

Progress towards the elimination of violence against women is also being impacted by multiple intersecting crises, such as natural disasters (including those resulting from climate change and extreme weather events), armed conflict, forced displacement, socioeconomic inequalities, and political and technological shifts. This amplifies the risks of violence against women and girls in many settings. The COVID-19 pandemic was associated with increased reports of domestic violence and highlighted strained health and social services as well as the challenges associated with data collection *[11,69,70]*. More work remains in terms of measuring and understanding the impacts of all these challenges.

In 2023, almost one in three women (840 million) have been subjected to physical or sexual violence, or both, by an intimate partner or sexual violence by a non-partner, at least once in their lives – a number that has remained largely unchanged for more than two decades.



Five hundred people gathered at the Cox's Bazar cultural center for a series of events during the 16 Days of Activism campaign, Bangladesh, 2023. © UN Women/Maghuzur Rahman Shana

5.1 Summary of key findings

The 2023 global prevalence estimates for intimate partner violence and non-partner sexual violence are the best possible estimates at the time of writing, given the availability and quality of existing data. These 2023 estimates are not comparable with the 2018 estimates *[2]*, due to the expanded database, changes in data availability, changing quality of surveys on violence against women over the period 2000–2023, and improvements in methodology used to develop the 2023 estimates.

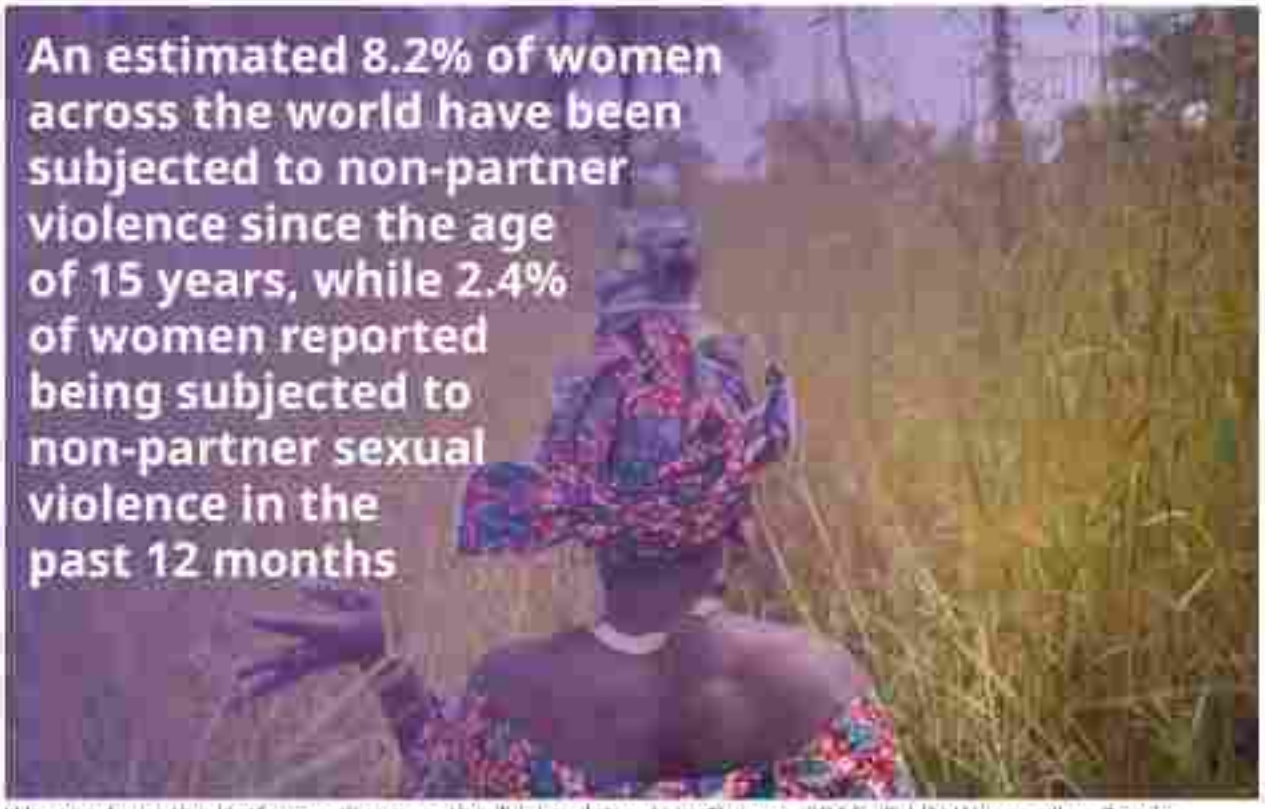
Over one in four (25.8%) ever-married/-partnered women aged 15–49 years have been subjected to physical and/or sexual violence from a current or former husband or intimate partner at least once in their lives.

Intimate partner violence affects women early in their lives, with 23.3% ever-married/-partnered adolescent girls aged 15–19 years being subjected to physical and/or sexual violence from an intimate partner at least once. Over one in five (22.1%) of women aged 60–64 years – and 20.5% of women aged 65 years and older – report being subjected to intimate partner violence at least once in their lives. These figures highlight that women may face this type of violence at any age.

The global prevalence of women subjected to physical and/or sexual intimate partner violence within the past 12 months remains substantial at 13.7%. As with lifetime prevalence, adolescent girls are at highest risk of physical and/or sexual violence, with 16.0% of adolescent girls being subjected to this violence before their 20th birthday. There are differences in the past-12-months prevalence between age groups, with estimates showing a higher proportion of adolescent girls and younger women aged 20–24 years (16.4%) being subjected to this violence and a comparatively lower prevalence of 5.1% and 3.9% among women aged 60–64 years and women aged 65 years and older, respectively. However, it is important to note that a large proportion of surveys include only standardized measures of physical and sexual intimate partner violence and do not capture the additional types of violence that older women may be subjected to (for example, withholding medication or assistive devices, isolation, threat of abandonment) *[41]*.

In terms of regional estimates, the prevalence of lifetime violence from an intimate partner varies both between and within regions. In the SDG subregion of Oceania (excluding Australia and New Zealand), over half of women (56.9%) are estimated to have been subjected to physical and/or sexual violence at the hands of an intimate partner at least once in their lives. Many of the United Nations-recognized Small Island Developing States (SIDS), which are particularly vulnerable to economic, social and structural inequalities, as well as climate change and environmental hazards, can be found in this region. Indeed, the lifetime prevalence of intimate partner violence for the entire group of SIDS is 31.4%. This prevalence is higher than the global average, reflecting the unique intersecting challenges that these populations face in relation to natural disasters, conflict and socioeconomic fragility, with large proportions living in poverty. Women and girls in sub-Saharan Africa (31.9%) and Southern Asia (31.2%) are disproportionately affected by physical and/or sexual intimate partner violence.

The prevalence of intimate partner violence in the past 12 months is, again, highest in the SDG subregion of Oceania (excluding Australia and New Zealand) at 43.4%, with Southern Asia and sub-Saharan Africa having the next highest prevalence levels of past-12-months intimate partner violence (20.5% and 19.0%, respectively). Examining the relationship between the lifetime and past 12-months prevalence figures indicates that the difference between the prevalence in these two time frames is smaller in regions with a high prevalence of intimate partner violence. This pattern may suggest that women living in societies with high rates of violence against women are less able to



Women from the Katfoura village on the Tristao Islands in Guinea, 2015. © UN Women/Joe Saade

leave abusive relationships. This in turn may be related to acceptability or normalization of this type of violence, stigma and/or a lack of financial and social resources.

An estimated 8.2% of women 15 years across the world have been subjected to non-partner sexual violence at least once since the age of 15 years, while 2.4% of women reported being subjected to non-partner sexual violence in the past 12 months. While these figures may seem small compared with the estimates for intimate partner violence, they represent 263 million adolescent girls and women globally and can be associated with devastating and lifelong consequences.

Furthermore, these numbers are a substantial underestimation given the underreporting of the true extent and magnitude of this type of violence due to, among other things, the associated stigma and shame. Disclosure can result in social isolation, ostracism and other negative health and socioeconomic consequences. It can lead to further violence and in some cases even death. There also remain significant challenges relating to the comprehensiveness and standardization of measuring this form of violence; most surveys continue to focus on questions about rape and attempted rape, failing to capture the myriad other forms of sexual violence – such as drug-facilitated sexual assaults, coerced sex without the use of physical force, and non-contact forms of sexual violence – leading to further underestimation of their prevalence *[71]*.

5.2 Implications for policy and programming

The prevalence estimates on intimate partner violence and non-partner sexual violence presented in this report reinforce the messages of the 2018 and 2010 estimates: violence against women remains a public health problem of international

concern and accelerated efforts are urgently needed to end it. With five years to go before the end of the SDG era, achieving SDG Target 5.2 on ending violence against women and girls remains far from reach [16]. The data in this report should bring urgency to countries' efforts to end violence against women and reach the SDG targets.

Evidence-informed programmes and policies play a critical role in ensuring prioritization and resource allocation for the multisectoral interventions needed. The role of the health sector in responding to and preventing violence against women within multisectoral frameworks has been well established. In the World Health Assembly of 2016, 194 WHO Member States endorsed the *Global Plan of Action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, particularly against women and girls, and against children* [20].

According to WHO guidance for the health response to violence against women and girls, survivors need access to high-quality, comprehensive survivor-centred health care, including post-rape care [72,73]. Progress has been made; the 2023 *Sexual, reproductive, maternal, newborn, child and adolescent health: report on the 2023 policy survey* [63] shows that countries have been aligning their policies with WHO's recommendations. For instance, 79% of 200 countries include provision of first-line (psychological) support to survivors who disclose violence. However, only 46% of countries' health policies include mental health care for survivors of all forms of violence. Much more needs to be done to strengthen policy development and implementation of services for survivors of violence.

Effective national responses require whole-of-government coordination. The United Nations' *Essential services package for women and girls subject to violence* provides guidance on a multisectoral approach including health, justice and policing, social services, coordination and governance [74]. While some countries reported expanding survivor services, gaps persist in availability, funding, intersectoral collaboration and monitoring. One quarter of countries report having no social services for survivors of violence.

While health and other services remain critical to addressing violence against women, equal attention must be given to preventing this violence from happening in the first place, including in humanitarian and fragile contexts. The framework for policy-makers *RESPECT women: preventing violence against women* – endorsed by United Nations agencies and partners – summarizes the latest evidence on effective strategies for preventing violence against women and girls [75]. Each letter of RESPECT stands for one strategy across different sectors: Relationship skills strengthened; Empowerment of women; Services ensured; Poverty reduced; Enabling environments; Child and adolescent abuse prevented; and Transformation of gender attitudes, beliefs and norms. This framework calls on policy-makers and programme implementers to invest in women's rights organizations, laws and policies that promote gender equality and adequately resource the prevention of violence.

Violence prevention and reduction strategies with some degree of evidence of effectiveness documented in the RESPECT framework include community mobilization and group education with men and women to change harmful social norms, including on the acceptability of violence against women and girls. Other interventions include the economic and social empowerment of women; parenting support interventions to prevent child abuse; promotion of safe schools; and improving education

and employment for women and men. A 2021 global status report on how violence against women is addressed in health and multisectoral policies showed that 40% of 174 countries include at least one of the following three strategies on prevention: empowerment of women; services provision; and transformation of gender norms. Community mobilization was included in policies by 44% of countries, group education by 53% and economic and social empowerment by 42% *[76]*.

Some governments are making promising efforts to scale up prevention of violence against women. Global initiatives such as "What works to prevent violence against women and girls" *[77]* aim to expand evidence on effective prevention interventions across countries and contexts and to scale up prevention and services in several countries and regions.

Despite increased awareness of violence against women, funding remains woefully inadequate. In 2022, official development assistance (ODA) for the prevention of violence against women and girls was 0.2% of overall aid and development funding. In the five-year period 2018–2022, ODA for prevention of violence against women decreased by 13% even as ODA increased overall during that period *[78,79]*. In 2025, there have been further cuts to this funding. These recent cuts in ODA funding have serious adverse impacts on women's rights organizations, services and research. Reinvigorating investments in these organizations – through both sustained domestic budget allocation and ODA financing – is critical to prevent and respond to violence against women, as they represent the front line of prevention and services within communities. This is particularly the case against the backdrop of continuing systemic barriers – including patriarchal norms – which still impede survivors' access to services.

5.3 Addressing measurement challenges and research gaps

There will always be women who do not disclose their experiences of violence. All surveys may therefore underestimate the true prevalence of violence against women but poorly designed or implemented surveys certainly increase that underestimation.

Sound data collection that uses internationally agreed standards and measures – including sound ethical and safety guidelines – is an important first step in understanding the problem and initiating action to address it.

Reliable data provide a baseline against which countries can measure progress, both in terms of the SDGs and more broadly *[21,22]*.

The number of countries conducting nationally representative surveys that use acts-based questions on violence against women has increased over time. For the 2023 estimates, 168 countries and areas included at least one population-based survey with data on physical and/or sexual intimate partner violence or non-partner sexual violence, compared with 162 countries for the 2018 estimates *[2]* and 83 countries included in the 2010 estimates *[3]*. Over 110 countries have conducted repeat surveys, enabling the monitoring of changes in prevalence rates over time. However, several countries still do not have any prevalence data on intimate partner violence and 42 have not conducted a survey in over a decade.

While recognizing the vast improvement in the quality of surveys on violence against women, limitations persist in survey implementation and measures of certain forms of violence. Regional gaps remain in the evidence base on prevalence of violence against women, as reflected in the number of countries reporting data on these variables (see annexes 3, 4, 11 and 12). Comparatively fewer countries in WHO's Eastern Mediterranean Region have population-based survey data on intimate partner violence (45% with data on lifetime prevalence and 50% with data on past-12-months prevalence) and even fewer countries in this region have survey data on non-partner sexual violence (7% with data on lifetime prevalence since age 15 years and 23% with past-12-months data).

In terms of measuring non-partner sexual violence, the narrow scope of survey questions in a large proportion of surveys impacts our understanding of the full range of sexual violence that women are subjected to, grossly underestimating the problem (see subsection 2.3). Questions currently used are generally skewed towards rape or attempted rape and are sometimes even further restricted to rape or attempted rape involving the use of physical force. This is especially the case in relation to the measures for sexual violence experienced in the past 12 months and survey measures widely used in low- and middle-income countries. Surveys that go beyond measuring rape or attempted rape only often use a catch-all phrase of "unwanted sexual acts" without providing examples or breaking these down into specific acts. On the other hand, some surveys include a wide range of acts within their measures of sexual violence – including sexual harassment in the street or other public places. In recent years, some surveys have started to include technology-facilitated abuse (for which operationalized measures have not yet been agreed) within the reported prevalence of sexual violence. This in turn yields much higher prevalence of non-partner sexual violence. Taken together, these measurement issues and differing levels of societal stigma associated with reporting violence exacerbate the challenges of estimating the full extent of this violence and the comparability of data across countries.

There is an urgent need for more comprehensive and standardized survey measures of non-partner sexual violence and of sexual harassment, with such measures being further validated cross-nationally. This includes disaggregation by various factors, including: (i) by the type of violence – e.g. rape, attempted rape, forced touching, kissing, fondling, as well as non-contact forms of violence (e.g. indecent exposure, forcing someone to watch pornography or to masturbate); (ii) by perpetrator (e.g. acquaintance, friend, family member, authority figure, stranger); and (iii) by type of force/coercion used (e.g. physical force, threats of harm, intimidation, intoxication/incapacitation). Stronger standardized measures of sexual violence and sexual harassment will help in developing more robust global, regional and national estimates of – and relevant policies and programmes to address – sexual violence.

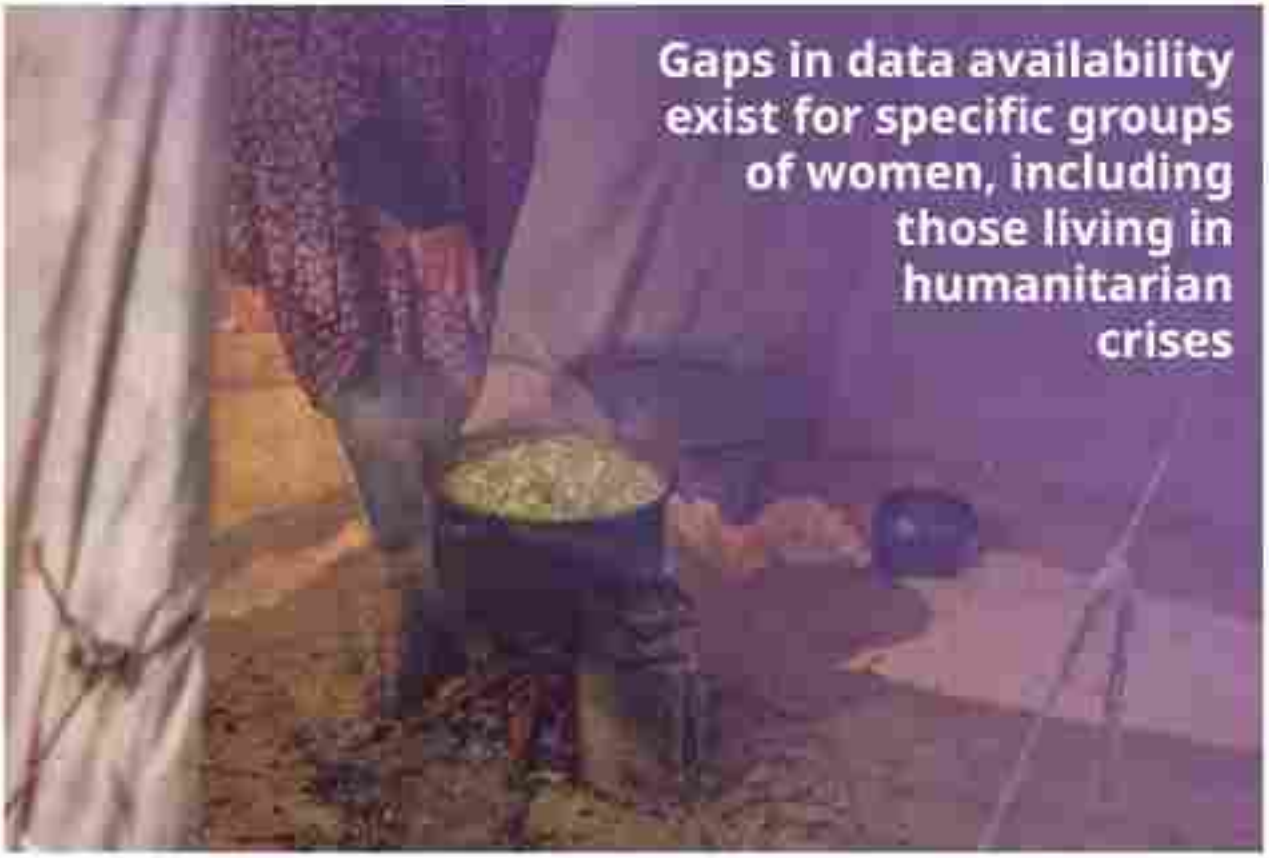
Methodological work towards developing, testing and validating standardized and cross-nationally comparable measures of non-partner sexual violence is being undertaken by WHO in collaboration with partner United Nations agencies and global and national experts.

There is growing recognition of, and research on, the serious impacts of psychological intimate partner violence on women's health *[80–84]*. However, its measurement across settings/countries (including standardization) remains challenging (see subsection 2.1.1).

Work on how to better measure, analyse and report on psychological violence by an intimate partner in a more standardized way is being undertaken by WHO and partners [40,85]. This will contribute to international comparability of measures and prevalence for global monitoring purposes and can meaningfully inform national policy and programming to address psychological intimate partner violence.

There is also a need to develop and test measures on emerging and newer forms and modalities of violence, including when facilitated by technology, for example, unwanted sharing of sexual images, and electronic tracking by intimate partners.

Data at subnational levels are important for capturing nuances or variations within countries, such as differences between urban and rural areas or subregions (e.g. state, district, province) and the impact of other social determinants. More evidence on the specific experiences of these groups or from these settings – including surveys measuring the different forms of violence experienced – could help to target prevention and response efforts.



Gaps in data availability exist for specific groups of women, including those living in humanitarian crises

Situation in the occupied Palestinian territory, Gaza strip, 2023. © WHO/EMRO communications

Surveys on violence against women have tended to focus on women aged 15–49 years, despite abuse affecting an estimated 60 million older women (aged over 60 years) worldwide [86]. Only a small proportion of the data (12%) used to model the current estimates came from women aged 50 years and over and these data are largely skewed towards high-income countries. Older women face unique vulnerabilities and risks related to violence, such as age-related health difficulties

(including mental health issues), social isolation and dependency on caregivers [86]. Survey questionnaires should be adapted to capture adequately the additional acts of abuse specific to older women, as in WHO's recently developed module [41].

Recent evidence indicates that in 2021, over 1.3 billion people globally were living with a disability [87]. Evidence suggests that women with disabilities are more likely to experience intimate partner violence and/or non-partner sexual violence during their lifetime compared to women without disabilities. The violence may be perpetrated by intimate partners, family members, caregivers or institutional staff [88]. Existing surveys and measures often do not capture disability-specific abuse, the different contexts in which this may occur and the perpetrators of this violence.

Indigenous and ethnic minority women can face systemic racism, gender discrimination and social exclusion, which limit access to justice and culturally appropriate care services [89,90]. Furthermore, language barriers and mistrust of authorities can limit participation in surveys and disclosure of violence. Surveys should be designed and implemented in partnership with civil society organizations (e.g. organizations of women with disabilities, Indigenous and ethnic minority women).

In order to adequately capture the experiences of older women, women with disabilities and Indigenous and ethnic minority women, or other groups that are socially discriminated against, measurement tools and instruments should be adapted, tested and validated. The survey instruments should capture specific forms and contexts of violence, be translated into local languages, and use ethical, culturally sensitive methodologies that build trust and ensure the relevance of findings for all groups of women. Appropriate and inclusive sampling should be applied to ensure that these are proportionately represented.

Women living in conflict, post-conflict and other fragile settings, affected by climate change, natural disasters or outbreaks, and displaced populations – are at heightened risk of being subjected to intimate partner violence and non-partner sexual violence [91–95]. These settings often present unique logistical and ethical barriers to data collection, contributing to the limited availability of prevalence data from them. It is essential to strengthen ethical and safe data collection in these settings to ensure that the scale of this violence is better understood and addressed. As with all research on violence against women, this includes requiring interviewers to received dedicated training. Data collection should take place in a private space without anyone else present, employing a non-judgemental approach, ensuring confidentiality and providing referral to support services if needed [42,96,97]. Dedicated surveys on violence against women and other population-based surveys such as the DHS are critical sources of data on violence against women. Reducing funding not only affects the analysis and dissemination of data that are already collected but also undermines the future monitoring of population health indicators, leaving a critical gap in evidence-based policy and programme planning [98]. Going forward, regular data collection is essential to enable monitoring of changes over time [21,28]. Continued and increased investment in generating and making accessible high-quality data; building the capacity of those collecting data and reporting within countries; and institutionalizing international quality standards are all imperative for improving global public health and achieving gender equality.

5.4 Conclusions

The estimates presented in this report show that violence against women remains pervasive globally. The report underscores the need for renewed attention and new approaches to prevent and respond to violence against women. This is not a problem confined to certain regions, populations or age groups; it is a global public health and human rights emergency that requires immediate action.

While data-collection systems have improved, the minimal reductions in prevalence observed since the year 2000 show that progress is too slow. At current rates, achieving the SDG Target 5.2 of eliminating all forms of violence against women and girls by 2030 remains elusive. In the final five years of the SDG era and on the 30th anniversary of the Fourth World Conference on Women in Beijing, governments, international agencies, civil society and communities must take urgent action to ensure a sustained and well-resourced response to violence against women, with a strong focus on prevention. This means accelerating efforts to scale up evidence-based prevention strategies that address the structural drivers of violence; ensuring universal access to high-quality, survivor-centred services; and investing in sustained, standardized, high-quality data collection to monitor progress and guide action, including maintaining and strengthening responses during humanitarian crises and emergencies (including conflict, natural disasters and climate-related).

Tackling this global crisis is not only imperative for achieving SDG 5 and its related targets, but also the interrelated goals, including SDG 3 (good health and well-being) [99] and SDG 16 (peace, justice and strong institutions) [100]. All women and girls deserve to live safe and healthy lives that are free from all forms of violence, coercion and discrimination.

Human rights defender joining the 16 Days of Activism, from the meeting of women leaders with the local humanitarian architecture, to recognize peace and development initiatives in the department. Colombia, 2024. © UN Women/Luis Ponce

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Annexes

Annex 1. Summary description of the 2024–2025 country consultations on prevalence estimates of intimate partner violence against women and non-partner sexual violence

A1.1. Background and objectives of the country consultations

WHO – including the Human Reproduction Programme (HRP)[1] in particular – leads the production of internationally comparable global, regional and national estimates on violence against women, in collaboration with United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the United Nations Office for Drugs and Crime and the United Nations Entity for Gender Equality and the Empowerment of Women. WHO and these United Nations partners are co-custodians of Sustainable Development Goal (SDG) Target 5.2, Indicator 5.2.1 on intimate partner violence against women and Indicator 5.2.2 on non-partner sexual violence.

In 2001, WHO's Executive Board adopted resolution EB107.R8, which proposed the establishment of a technical consultation mechanism designed to incorporate the participation and perspectives of Member States across all WHO regions *[1]*. The principal objective of this consultation process is to ensure that each Member State is systematically engaged in determining the most reliable and appropriate data to be used for international estimation and reporting. This consultation with countries is an integral part of the development and production of estimates, in line with WHO's quality standards for data publication. It is also a United Nations SDGs requirement *[2]*.

All 194 WHO Member States (and one territory) for which data were available were included in the consultation process. The aims of the consultation process were to:

- familiarize countries with the statistical modelling approach used to derive the global, regional and national estimates;
- ensure that countries had the opportunity to review their national modelled 2023 prevalence estimates on intimate partner violence and non-partner sexual violence and the data sources (surveys and studies) used in the production of these estimates; and
- ensure the inclusion of any additional surveys/studies that meet the inclusion criteria (that is, they were conducted between 2000 and 2023 and published before 30 November 2024 and/or used acts-specific questions relating to the violence experienced) but which may not have been previously identified.

1. This is the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction.

2. A list of relevant abbreviations and acronyms can be found at the end of the annexes.

A1.2. National violence against women data focal point nominations and documentation for review

The country consultations for these prevalence estimates on intimate partner violence and non-partner sexual violence were conducted via the WHO Country Portal as well as a dedicated email address (vawestimates@who.int). The process was initiated with an official communication from WHO to countries through a Circular Letter (C.L.24.2024) on 5 June 2024, informing countries of the forthcoming exercise to estimate the 2023 prevalence of intimate partner violence and non-partner sexual violence against women, covering data for the years 2000 to 2023. Countries were requested to nominate technical focal point(s) to participate in the consultations. These focal points are typically within the national health ministry, the central statistics office and/or ministry for women (and children)). Subsequently, on 14–15 April 2025 these designated officials along with the existing SDG national focal points received an invitation to access the WHO Country Portal for further information about the consultation steps. The following documentation were shared and available to download for the review and feedback.

- Summary of statistical methods (translated into all six United Nations languages). This Technical Note detailed the concepts and definitions, data, Bayesian hierarchical (nested) modelling approach, and model fits for the prevalence estimation of intimate partner violence and non-partner sexual violence.
- Country profile. This document provided each country and territory with the following information in tabular form:
    - available data sources (2000–2023) for lifetime and past-12-months physical, sexual and physical and/or sexual intimate partner violence against women and non-partner sexual violence that were used to compute the national, regional and global estimates – these data included prevalence point estimates, denominators, sample sizes, geographic level (national/subnational), residence area types (rural/urban), study title, study author(s) and survey year;
    - covariates for adjustment for lifetime and past-12-months intimate partner violence, and the odds ratios for the adjustments (if any), along with their 95% confidence intervals;
    - model fits for lifetime and past-12-months prevalence of physical, sexual and physical and/or sexual intimate partner violence against ever-married/partnered women aged 15–49 years and aged 15 years and older, and lifetime (since age 15 years) and past-12-months prevalence of non-partner sexual violence against women aged 15–49 years and aged 15 years and older; and
    - preliminary modelled national estimates of lifetime and past-12-months physical, sexual and physical and/or sexual intimate partner violence against ever-married/partnered women aged 15–49 years and aged 15 years and older in 2023, and lifetime (since age 15 years) and past-12-months prevalence of non-partner sexual violence against women aged 15–49 years and aged 15 years and older in 2023.

One hundred and twenty countries nominated national focal points; in total there were 245 nationally nominated focal points and 320 SDG focal points were also included in the consultations.

A1.3. Webinars on violence against women estimates: data and methods

As part of the country consultation process, WHO HRP organized three interactive regional webinars with question and answer (Q&A) sessions to proactively engage with and facilitate feedback from the national focal points and their teams based in ministries (health and other fields), national statistical offices and other relevant institutions. Simultaneous interpretation was provided in Arabic, French, Russian, Spanish and Portuguese.

The three webinars focused on: (i) a brief history of survey data and development of internationally comparable prevalence estimates on violence against women; (ii) the construction and structure of the WHO Global Database on Prevalence of Violence Against Women and inclusion of data into it; (iii) statistical methods used to generate the national, regional and global estimates on intimate partner violence; (iv) challenges with existing measures used in violence against women surveys and how findings are reported; (v) the rationale and process for the country consultations on these estimates, and (vi) an overview of the work of WHO and partners on strengthening methodologies, measurement and data on violence against women.

These three webinars were attended by a combined total of 227 participants from across all six WHO regions around the globe. The discussions and Q&A sessions focused on the various types of data on violence against women in different countries (e.g. administrative data versus population-based survey data), their different uses and the importance of population-based data to establish prevalence, methodological and measurement queries, and recommendations of previously unidentified surveys and studies for potential inclusion. Participants at these webinars requested similar capacity-strengthening webinars in the future to provide guidance and good practice on conducting, implementing and reporting on violence against women and on using and interpreting the newly generated estimates.

A1.4. Input, feedback, and outcomes

The country consultation process formally concluded on 17 July 2025, although exchanges regarding data and information continued with some countries until 30 September 2025. One hundred and twenty countries appointed focal points; 110 countries engaged with the process in some capacity; and 74 countries engaged through more in-depth email discussions to confirm the data sources included to model their national estimates, suggest additional surveys/studies for review (52 studies), provide data on missing or unclear denominators, discuss the methodology applied in the modelling of estimates and/or to express interest in conducting dedicated surveys on violence against women in their countries. In addition to the correspondence by email, virtual meetings were held with three country teams to discuss their country-specific queries on the data. Several focal points from national statistical offices and/or ministries of health liaised with WHO and their national teams to provide previously missed data and reports from unpublished surveys and studies to be reviewed against the inclusion criteria, and some computed the raw estimates required from survey microdata that were not

available in the public domain. At the end of the country consultation process 42 more eligible prevalence survey or study data were identified and included in the database to inform the final estimates.

Member States provided favourable feedback on the country consultation process, noting that it created an opportunity to participate in discussions on estimates of violence against women. Several indicated interest in continued engagement to strengthen capacity for producing and reporting robust, high-quality prevalence data. The consultation process also emphasized the significance of population-based prevalence data, particularly in countries and regions where evidence on intimate partner violence remains scarce or unavailable.

A1.5. Annex 1 References[3]

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3 All websites were accessed on 10 October 2025.

Annex 2. Statistical analysis: statistical modelling approach used to construct the violence against women estimates

This Annex presents a robust Bayesian hierarchical modelling framework and methodology that were used to generate the 2023 global, regional and national prevalence estimates of physical and/or sexual intimate partner violence against women and non-partner sexual violence against women, with age and time. These 2023 prevalence estimates use and build on a similar Bayesian modelling framework to that was used in computation of the 2018 prevalence estimates, with some improvements *[1-3]*.

A2.1. Bayesian hierarchical model

A2.1.1. Likelihood and linear predictor

As mentioned in section 3, the regression model uses a beta-binomial likelihood where y_{it} is the survey-adjusted number of women reporting violence for observation i at calendar year t and N_{it} is the effective sample size for that observation. Specifically, the likelihood is defined as:

$$y_{it} \sim Beta - Binomial\ (a_{it}, \beta_{it}, N_{it})$$

where a_{it} and b_{it} are derived from the mean (p_{it}) and an overdispersion parameter (φ) such that $a_{it} = p_{it}\varphi$ and $\beta_{it} = (1-p_{it})\varphi$. The overdispersion parameter (φ) captures the excess variability of individual-level probabilities around the group-level mean because not all women within the same survey may have the same underlying probability of experiencing violence, even after adjusting for co-variates and survey design. Smaller values of (φ) indicate higher heterogeneity, which means that individual probabilities vary more widely within the group *[4]*. To account for potential differences in the expected variability between studies carried out at the national or the regional-subnational level, distinct overdispersion parameters were specified ($\varphi_{national}, \varphi_{subnational}$) .

Further, the logit-transformed mean prevalence estimate p_{it} is modelled as a combination of fixed and random effects: the global intercept β_0 for the baseline prevalence across all observations; the effect of age $X^T_{age,i}(\beta_{age} + u_{age,i})$ and time $X^T_{time,i}(\beta_{time} + u_{time,i})$, geographical hierarchical effects u_i and the sum of the log-odds ratios of the adjustment factors:

$$logit(p_{it}) = \beta_0 + X^T_{age,i}(\beta_{age} + u_{age,i}) + X^T_{time,i}(\beta_{time} + u_{time,i}) + X_{s(i)}$$

A2.1.2. Geographical hierarchy

Random effects are useful to account for unobserved heterogeneity, with each country having its own random intercept and being nested within a region and each region being nested

within a super region. The hierarchy across these geographical levels allowed information to be shared (referred to as "borrowing strength") among units and improved prevalence estimation in countries with sparse data [5]. To model this hierarchy, the following equation was applied for u_i :

$$u_i = \alpha_{SR[k]r[j]c[i]} + \alpha_{R[r[j]k]} + \alpha_{C[c[i]j]}$$

where $\alpha_{SR[k]r[j]c[i]}$ is the random intercept for the super region to which the region belongs, $\alpha_{R[r[j]k]}$ is the random intercept for the region nested within the super region, and $\alpha_{C[c[i]r]}$ is the random intercept for the country nested within the region. It is assumed that these effects are normally distributed on the logit scale.

Non-informative priors were assigned to these parameters and the standard deviations for the super region (σ_s), region (σ_r), and country (σ_c) random effects were given weakly informative half-Cauchy (HC) priors [6]:

$$\alpha_{SR[k]} \sim N(0, \sigma_{SR}) \text{ and } \sigma_{SR} \sim HC(0, 25)$$

$$\alpha_{R[j]} \sim N(0, \sigma_R) \text{ and } \sigma_R \sim HC(0, 25)$$

$$\alpha_{C[i]} \sim N(0, \sigma_c) \text{ and } \sigma_C \sim HC(0, 25).$$

Instead of the standard centred parameterization, a non-centred parameterization was preferred for all random effects because it is particularly beneficial in terms of improving computational stability and sampling efficiency for hierarchical models with sparse data [7].

A study-level random effect was not included in the model for both conceptual and statistical reasons. First, age and time were already modelled as fixed effects, capturing much of the variation that might otherwise be attributed to differences between studies. After adjusting for age and time, over 95% of age–time combinations had a single observation per country. Thus, a separate study effect was largely non-identifiable and collinear with the country-level effect, which degraded the mixing of the Markov chain Monte Carlo (MCMC) chain without improving fit or predictive accuracy. Finally, formal model comparisons showed that adding a study-level random effect did not improve fit or predictive accuracy, as evaluated by the Watanabe–Akaike information criterion (WAIC) [8].

A2.1.3. Age modelling

A non-linear relationship has been documented for the prevalence of intimate partner violence with age [9,10]. To capture this relationship, age effects were modelled using natural cubic splines, as described in the 2018 report on prevalence estimates published in 2021 [1,2]. Briefly described, the choice of splines was based on the WAIC [8] and the selected splines were modified to assume that the prevalence after the age of 65 years remains constant due to the absence of sufficient data for these ages. Furthermore, the heterogeneous age groups reported among studies (some studies were reporting five-year age groups while others used

wider ranges) were handled through an age-standardizing approach [11] applied to all age groups wider than five years and computed as a weighted average of the spline-based age effects. The 2015 United Nations World Population Prospects regional female age distributions were used as weights for this approach [12].

The contribution of age to the linear predictor is captured through fixed-effect terms (β_{age}) as well as random slopes ($u_{age,i}$) for the natural cubic spline. Country-specific coefficients (random slopes) were nested within regions that were nested within super regions:

$$u_{age,i} = n_{SR[s]r[r]c[c]]]k} + n_{R[r]c[c]]]k} + n_{C[c]]k}$$

where $n_{SR[s]r[r]c[c]]]k}$ is the random slope for the k spline term for the super region to which the region belongs, $n_{R[r]c[c]]]k}$ is the random slope for the k spline term of the region nested within the super region and $n_{C[c]]k}$ is the random slope for the k spline term for the country nested within the region. It was assumed that these slopes are normally distributed on the logit scale. The fixed effects (β_{age}) that capture the global trends in the age pattern had the following non-informative prior:

$$\beta_{age} \sim N(0, 10)$$

Non-informative priors were specified on the random slopes with non-centred parameterization.

A2.1.4. Time trends

Temporal trends in the prevalence of intimate partner violence were modelled following the framework of the 2018 global analysis [1,2] to capture potential non-linear changes over the 20-year study period. Time, as in the case of age, was standardized by centering it around its mean and scaling it by its standard deviation in order to improve model convergence. Here again, the contribution of time to the linear predictor was modelled through fixed-effect terms (β_{time}) and random slopes ($u_{time,i}$) for the natural cubic spline. Again, country-specific coefficients (random slopes) are nested within regions that are nested within super regions:

$$u_{time,i} = \xi_{SR[s]r[r]c[c]]]k} + \xi_{R[r]c[c]]]k} + \xi_{C[c]]k}$$

where $\xi_{SR[s]r[r]c[c]]]k}$ is the random slope for the k spline term for the super region to which the region belongs, $\xi_{R[r]c[c]]]k}$ is the random slope for the k spline term of the region nested within the super region and $\xi_{C[c]]k}$ is the random slope for the k spline term for the country nested within the region. It was assumed that these slopes are normally distributed on the logit scale. The fixed effects β_{time} that capture the global trends with time have the same non-informative prior:

$$\beta_{time} \sim N(0, 10)$$

Similarly, non-informative priors on the random slopes were specified through non-centred parameterization.

A2.1.5. Covariate modelling

To adjust for survey-level heterogeneity due to differences in outcome definitions or eligibility criteria and therefore improve comparability, covariate modelling was used (i.e., crosswalk). Adjustment factors were estimated externally using an exact-matching identification strategy [7,13], which ensured that observations – with and without the factor to be adjusted for – had the same distribution of not as other key study characteristics (i.e., population surveyed, country, time of data collection, etc.). It was performed separately for each of the adjustment factors that are presented in Table 2.1 (at the end of this annex). The estimated adjustment factors were summarized as a vector $X_{s,i,}$ of the sum of all log-odds ratio in vector $\beta_{r,i,}$ multiplied by binary covariates $C_{s,i,}$:

$$X_{s,i,} = \sum \beta_{r,i,} C_{s,i,}$$

For optimal observations (i.e., observations not needing any adjustments) the indicator was set to the reference category $C_{s,i,} = 0$. Adjustments were included as the median log-odds ratio value corresponding to each observation. The specific adjustment factors used for lifetime and past-12-months intimate partner violence and non-partner sexual violence are shown in Table A2.1.

The summary characteristics of the studies conducted between 2000 and 2023 are given in detail in Table A2.2 and Table A2.3 (at the end of this annex), for the two different forms of violence studied, respectively.

A2.1.6. Constraints

As described in section 3 of the report, lifetime intimate partner violence (or non-partner sexual violence) estimates must be greater than or equal to the corresponding past-12-months estimates across all countries, time points and age groups. This was achieved by jointly analysing lifetime and past-12-months data and forcing, at each MCMC iteration, the predicted mean prevalence estimates for intimate partner violence or non-partner sexual violence to be greater than or equal to the respective past-12-months estimates:

$$\mu_{lifetime} \geq \mu_{past\text{-}year}, \forall_i$$

The constraint was imposed on the mean rather than on each individual observation because, during the MCMC simulation, a strict observation-level constraint could lead to unnecessary rejection of MCMC samples for observations with close values that could circumstantially have higher values for past-12-months than for lifetime prevalence. The applied constraint at the mean level still captures the intended relationship between lifetime and past-12-months prevalence without the risk of disrupting the MCMC process. Importantly, the observed data in all cases had past-12-months prevalence lower than lifetime prevalence. Thus, a stricter rule was unnecessary, while at the same time it could potentially hinder the flexibility of the model.

Furthermore, the difference between lifetime and past-12-months intimate partner violence (or non-partner sexual violence) is expected to be small for women aged 15–19 years.

Preliminary empirical observations indicated that the prevalence ratio of lifetime to past-12-months intimate partner violence against age group of young women was always less than three *[11]*. To capture this, the following constraint was implemented at each MCMC iteration:

$$RR \leq 3 \text{ where } RR = \mu_{lifetime,a^*} / \mu_{past\ year,a^*}, \forall_i$$

A2.2. Computations and convergence diagnostics

All models were fitted in a Bayesian framework using Stan *[14]* through the RStan interface *[15]* in R *[16]*. MCMC sampling was performed with the No-U-Turn Sampler *[17]*, with four parallel chains and a total of 15 000 iterations (with the first 5000 iterations used as warm-up/burn-in). No thinning was applied (i.e., thinning interval was set to 1). After warm-up, samples were taken from the posterior distribution to generate summaries such as means, medians and credible (probability) intervals. Convergence was assessed using the potential scale reduction statistic ($\hat{R} < 1.01$), effective sample size (bulk and tail ESS), visual inspection of trace plots *[18]*, examination of divergent transitions and evaluation of treedepth exceedances. No issues were identified for any of the monitored parameters. Further, posterior predictive checks did not reveal any lack of model fit *[19]*.

A2.3. Post-processing

Country-level predictions were generated by sampling from the posterior distributions of the model parameters:

$$logit(\tilde{p}_{it}) = \tilde{\beta}_0 + \widetilde{X}^T_{age,i}(\hat{\beta}_{age} + \tilde{u}_{age,i}) + \widetilde{X}^T_{time,i}(\hat{\beta}_{time} + \tilde{u}_{time,i}) + \tilde{u}_i$$

For broader age groups (i.e., 15–49 years) and higher levels of aggregation (i.e., regional and global), weighted averages of the age-specific prevalence estimates were produced using appropriate weights. Specifically, for intimate partner violence, the denominator of interest is ever-partnered women, rather than all women. Hence, the weights were based on the age structure of each country, taking account of the proportion of women who have ever had sex because this provides a more consistent proxy of partnership formation than marriage, which can vary across contexts. For non-partner sexual violence, the weights were directly proportional to the age structure of the female population of each country. Country-level predictions for countries without studies on intimate partner violence (or non-sexual partner violence) were generated from the regional average, with additional uncertainty included by sampling from the distribution of country-level intercepts (i.e., $\sim N(0,\sigma_s)$).

Furthermore, country-specific predictions beyond the last observed year follow a two-path rule determined by the observed series. Specifically, if the country-specific series meets pre-specified information thresholds (i.e., minimum span covering 50% of the entire observation period, studies covering at least three distinct time points and the most recent observation being within the last five years), free extrapolation was allowed using the model-derived country–time trajectory. If these conditions were not met, the last estimated logit was updated

recursively using a precision- and steepness-weighted pooling that blends country and global year-to-year changes.

This process yields smooth, conservative, age-specific tails that remain anchored to the last observed level, while borrowing stable trends from the global prediction. The process was inspired by related pooling approaches previously used in demographic projection models (*20,21*), which prevent extrapolation in countries with sparse or outdated information. In these instances, pooling shrinks extreme and often implausible country-specific predictions towards smooth and conservative tails without abrupt, unsupported shifts.

Finally, regional and global prevalence estimates for intimate partner violence (or non-partner sexual violence) were generated as population-weighted averages of the country-specific predictions.

A2.4. Changes over time in the prevalence of lifetime and past-12-months physical and/or sexual intimate partner violence and sensitivity analysis

To assess the robustness of the estimated global trends in the prevalence of intimate partner violence (or non-partner sexual violence), a sensitivity analysis of the global aggregation procedure was carried out. In addition to the official global estimates, which were derived by population-weighted averaging of country-level posterior draws, two complementary diagnostics were implemented, namely:

1. leave-one-out (LOO) influence analysis – examining how global prevalence changed if a given country was excluded from the aggregation; and
2. precision-weighted global aggregation – re-weighting country contributions by the inverse posterior variance of their prevalence estimates, thereby giving more weight to countries with more precise predictions (i.e., more data points).

These diagnostics provided complementary views on the stability of the global trend. The LOO analysis identified influential countries at each time point, while the precision-weighted analysis tested the influence of high-variance estimates on the global trend.

Finally, to assess change over time, global prevalence was compared at two reference periods – from 2000 to 2023 and from 2018 to 2023. Posterior draws allowed the calculation of both the median change and its 95% credible interval (referred to as uncertainty interval (UI) in the main report), along with the posterior probability of decline.

All analyses were repeated under four different scenarios: (i) including all countries; (ii) including only countries with observed data; (iii) applying the extrapolation rule to restrict projections; and (iv) allowing unconstrained projections. Results across all scenarios were consistent. The LOO analysis revealed, at most, approximately a 1% shift in prevalence when the most influential country was excluded, and under all scenarios both the magnitude and direction of global change over time remained consistent.

Table A2.1. List of covariates for which adjustments were estimated and characteristics used for exact matching

Covariates to adjust	Factors for exact matching
Intimate partner violence datasets	
Intimate partner violence definition: "severe violence" (ref. "all severity")	Survey ID, population surveyed, violence type, age, geographical strata, partners
Intimate partner violence type: "physical only" (ref. "physical and/or sexual")[a]	Survey ID, population surveyed, age, geographical strata, partners
Intimate partner violence type: "sexual only" (ref. "physical and/or sexual")[a]	Survey ID, population surveyed, age, geographical strata, partners
Reference partners: "current/most recent" (ref. "any partners")	Survey ID, population surveyed, violence type, age, geographical strata, severity
Population surveyed: "all women" (ref. "ever-partnered")	Survey ID, violence type, age, geographical strata, severity, partners
Population surveyed: "currently partnered" (ref. "ever- partnered")	Survey ID, violence type, age, geographical strata, severity, partners
Geographical strata: "urban" (ref. "national")	Survey ID, population surveyed, violence type, age, severity, partners
Geographical strata: "rural" (ref. "national")	Survey ID, population surveyed, violence type, age, severity, partners
Non-partner sexual violence datasets	
Non-partner sexual violence time: "ever" (ref. "since the age of 15 years")[b]	Survey ID, population surveyed, age, geographical strata, partners
Non-partner sexual violence definition: "severe violence" (ref. "all severity")	Survey ID, population surveyed, violence type, age, geographical strata, partners
Population surveyed: "Partnered women only" (ref. "all women")	Survey ID, violence type, age, geographical strata, severity, partners
Geographical strata: "urban" (ref. "national")	Survey ID, population surveyed, violence type, age, severity, partners
Geographical strata: "rural" (ref. "national")	Survey ID, population surveyed, violence type, age, severity, partners

[a] Separate adjustments estimated for lifetime and past-year IPV.

[b] Conducted only for the lifetime (since age 15 years) non-partner sexual violence dataset.

Table A2.2 Summary characteristics of studies conducted between 2000 and 2023 measuring lifetime and past-12-months prevalence of physical and/or sexual intimate partner violence

Study characteristics	Lifetime physical and/or sexual intimate partner violence	Past-12-months physical and/or sexual intimate partner violence
Study sample characteristics and representativeness		
Number of age-specific observations	1794	1718
Number of studies	434	441
Nationally representative studies	373	391
Number of countries/areas represented	163	164
Countries with 1 study only	49	55
Countries with 2 studies only	44	45
Countries with 3 studies only	27	23
Countries with 4 or more studies	43	41
Number of Global Burden of Disease regions represented	21 (100%)	21 (100%)
Median year of data collection	2013	2013
Studies conducted 2000–2004	51	63
Studies conducted 2005–2009	65	62
Studies conducted 2010–2014	124	126
Studies conducted 2015–2019	111	120
Studies conducted 2020–2024	83	70
Observations requiring adjustments		
Violence definition: "severe violence only"*	5/434 (1%)	4/441 (1%)
Violence type: "physical IPV only"	99/434 (23%)	106/441 (24%)
Violence type: "sexual IPV only"	12/434 (3%)	3/441 (1%)
Population surveyed: "all women"	26/434 (6%)	33/441 (7%)
Population surveyed: "currently partnered"	35/434 (8%)	112/441 (25%)
Reference partners: "current/most recent"	155/434 (36%)	38/441 (9%)
Geographical strata: "urban only"	24/434 (6%)	21/441 (5%)
Geographical strata: "rural only"	7/434 (2%)	8/441 (2%)
Observations not requiring any adjustments	841/1939 (43%)	1049/1888 (56%)

* The definition of severe violence corresponds to the one reported in the survey description. Most commonly it includes being beaten up, choked or burnt on purpose, and/or being threatened with or having a weapon used against you. Any sexual partner violence is considered severe.

Table A2.3. Summary characteristics of studies conducted between 2000 and 2023 measuring lifetime and past-12-months prevalence of non-partner sexual violence

Study characteristics	Lifetime (since age 15 years) non-partner sexual violence	Past-12-months non-partner sexual violence
Study sample characteristics and representativeness		
Number of age-specific observations	1432	1016
Number of studies	286	189
Nationally representative studies	266	183
Number of countries/areas represented	140	125
Countries with 1 study only	58	86
Countries with 2 studies only	39	21
Countries with 3 studies only	27	14
Countries with 4 or more studies	16	4
Number of Global Burden of Disease regions represented	21 (100%)	21 (100%)
Median year of data collection	2014	2015
Studies conducted 2000–2004	35	9
Studies conducted 2005–2009	34	17
Studies conducted 2010–2014	79	63
Studies conducted 2015–2019	76	72
Studies conducted 2020–2023	62	28
Observations requiring adjustments		
Violence definition: only "rape" and/or "attempted rape" measured	19/286 (7%)	79/189 (42%)
Violence time: "ever"	74/286 (26%)	Not applicable
Population surveyed: "partnered women only"	4/286 (1%)	3/189 (2%)
Geographical strata: "urban only"	11/286 (4%)	2/189 (1%)
Geographical strata: "rural only"	3/286 (1%)	0/189 (0%)
Observations not requiring any adjustments	1138/1525 (75%)	537/1066 (50%)

A2.5. Annex 2 References

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Annex 3. Countries with eligible data on prevalence of physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15 years and older, by WHO region, 2000–2023

Table A3.1 Countries with eligible data on lifetime prevalence of intimate partner violence against ever-married/-partnered women aged 15–49 years, by WHO region, 2023

WHO region	Countries and areas	Number of countries/ areas
African Region	Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, Somalia, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe	41
Region of the Americas	Argentina, Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru, Suriname, Turks and Caicos Islands, Venezuela (Bolivarian Republic of)	24
South-East Asia Region	Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste	9
European Region	Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kosovo,[4] Kyrgyzstan, Montenegro, North Macedonia, Republic of Moldova, Serbia, Tajikistan, Türkiye, Turkmenistan, Ukraine	17

4 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Eastern Mediterranean Region	Afghanistan, Egypt, Iraq, Jordan, Lebanon, occupied Palestinian territory including east Jerusalem (hereinafter referred to as "occupied Palestinian territory), Pakistan, Tunisia	8
Western Pacific Region	Cambodia, China, Cook Islands, Fiji, Indonesia, Kiribati, Lao People's Democratic Republic, Marshall Islands, Micronesia (Federated States of), Mongolia, Papua New Guinea, Philippines, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Viet Nam	18
High-income countries and areas	Australia, Austria, Belgium, Bulgaria, Canada, Chile, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong SAR (China), Hungary, Iceland, Ireland, Italy, Japan, Latvia, Lithuania, Luxembourg, Malaysia, Malta, Nauru, Netherlands (Kingdom of the), New Zealand, Norway, Palau, Panama, Poland, Portugal, Republic of Korea, Romania, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Kingdom of Great Britain and Northern Ireland, United States, Uruguay	46
TOTAL		**163**

Note: SAR: Special Administrative Region.

Table A3.2 Countries with eligible data on past-12-month prevalence of intimate partner violence against ever-married/-partnered women aged 15 years and older, by WHO region, 2023

WHO region	Countries and areas	Number of countries/ areas
Africa Region	Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe	42
Region of the Americas	Argentina, Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru, Suriname, Turks and Caicos Islands, Venezuela (Bolivarian Republic of)	24
South-East Asia Region	Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste	9
European Region	Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kosovo,[5] Kyrgyzstan, Montenegro, North Macedonia, Republic of Moldova, Serbia, Tajikistan, Turkmenistan, Türkiye, Ukraine	17
Eastern Mediterranean Region	Afghanistan, Egypt, Jordan, Morocco, occupied Palestinian territory, Pakistan, Sudan, Tunisia	8

5 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Western Pacific Region	Cambodia, China, Cook Islands, Fiji, Indonesia, Kiribati, Lao People's Democratic Republic, Marshall Islands, Micronesia (Federated States of), Mongolia, Papua New Guinea, Philippines, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Viet Nam	18
High-income countries and areas	Australia, Austria, Belgium, Bulgaria, Canada, Chile, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong SAR (China), Hungary, Iceland, Ireland, Israel, Italy, Japan, Latvia, Lithuania, Luxembourg, Malta, Nauru, Netherlands (Kingdom of the), New Zealand, Norway, Palau, Panama, Poland, Portugal, Republic of Korea, Romania, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Kingdom of Great Britain and Northern Ireland, United States, Uruguay	46
TOTAL		**164**

Annex 4. Countries with eligible data on prevalence of physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15 years and older, by United Nations SDG region, 2023

Table A4.1 Countries with eligible data on lifetime prevalence of intimate partner violence against ever-married/-partnered women aged 15–49 years, by United Nations SDG region, 2023

SDG region	Countries and areas	Number of countries/ areas
Sub-Saharan Africa	Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe	41
Northern Africa and Western Asia		
Northern Africa	Egypt, Tunisia	2
Western Asia	Armenia, Azerbaijan, Cyprus, Georgia, Iraq, Jordan, Lebanon, occupied Palestinian territory, Türkiye	9
Central and Southern Asia		
Central Asia	Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan	4
Southern Asia	Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka	8

Eastern and South-eastern Asia		
Eastern Asia	China, Hong Kong SAR (China), Japan, Mongolia, Republic of Korea	5
South-eastern Asia	Cambodia, Indonesia, Lao People's Democratic Republic, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam	10
Latin America and the Caribbean	Argentina, Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, Venezuela (Bolivarian Republic of)	26
Oceania		
Australia and New Zealand	Australia, New Zealand	2
Excluding Australia and New Zealand		
Melanesia	Fiji, Papua New Guinea, Solomon Islands, Vanuatu	4
Micronesia	Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Palau	5
Polynesia	Cook Islands, Samoa, Tonga, Tuvalu	4
Europe and Northern America		
Eastern Europe	Bulgaria, Belarus, Czechia, Hungary, Poland, Republic of Moldova, Romania, Slovakia, Ukraine	9
Northern Europe	Denmark, Estonia, Finland, Iceland, Ireland, Latvia, Lithuania, Norway, Sweden, United Kingdom of Great Britain and Northern Ireland	10

Southern Europe	Albania, Bosnia and Herzegovina, Croatia, Greece, Italy, Kosovo,[6] Malta, Montenegro, Portugal, North Macedonia, Serbia, Slovenia, Spain	13
Western Europe	Austria, Belgium, France, Germany, Luxembourg, Netherlands (Kingdom of the), Switzerland	7
Northern America	Canada, United States	2
TOTAL		**163**
Least developed countries	Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Ethiopia, Gambia, Guinea, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Rwanda, São Tomé and Principe, Senegal, Sierra Leone, Solomon Islands, South Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Zambia	40

Notes: SAR: Special Administrative Region; SDG: Sustainable Development Goal.

6. All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table A4.2 Countries with eligible data on past-12-month prevalence of intimate partner violence against ever-married/-partnered women aged 15 years and older, by United Nations SDG region, 2023

SDG region	Countries and areas	Number of countries/areas
Sub-Saharan Africa	Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Eswatini, Equatorial Guinea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, São Tomé and Principe, Senegal, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe	42
Northern Africa and Western Asia		
Northern Africa	Egypt, Morocco, Sudan, Tunisia	4
Western Asia	Azerbaijan, Armenia, Cyprus, Georgia, Israel, Jordan, occupied Palestinian territory, Türkiye	8
Central and Southern Asia		
Central Asia	Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan	4
Southern Asia	Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka	8
Eastern and South-eastern Asia		
Eastern Asia	China, Hong Kong SAR (China), Japan, Mongolia, Republic of Korea	5
South-eastern Asia	Cambodia, Indonesia, Lao People's Democratic Republic, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam	9

Latin America and the Caribbean	Argentina, Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, Venezuela (Bolivarian Republic of)	28
Oceania		
Australia and New Zealand	Australia, New Zealand	2
Excluding Australia and New Zealand		
Melanesia	Fiji, Papua New Guinea, Solomon Islands, Vanuatu	4
Micronesia	Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Palau	5
Polynesia	Cook Islands, Samoa, Tonga, Tuvalu	4
Europe and Northern America		
Eastern Europe	Bulgaria, Belarus, Czechia, Hungary, Poland, Republic of Moldova, Romania, Slovakia, Ukraine	9
Northern Europe	Denmark, Estonia, Finland, Iceland, Ireland, Latvia, Lithuania, Norway, Sweden, United Kingdom of Great Britain and Northern Ireland	10
Southern Europe	Albania, Bosnia and Herzegovina, Croatia, Greece, Italy, Kosovo,[7] Malta, Montenegro, North Macedonia, Portugal, Serbia, Slovenia, Spain	13

7 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Western Europe	Austria, Belgium, France, Germany, Luxembourg, Netherlands (Kingdom of the), Switzerland	7
Northern America	Canada, United States	2
TOTAL		**164**
Least developed countries	Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Djibouti, Ethiopia, Gambia, Guinea, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, South Sudan, Sudan, Timor-Leste, Togo, Tuvalu, Uganda, United Republic of Tanzania, Zambia	42

Annex 5. Regional prevalence of lifetime and past-12-months physical and/or sexual intimate partner violence against women aged 15 years and older, by SDG region, 2023

Table A5.1. Regional prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15 years and older, by SDG region, 2023

SDG region	Lifetime intimate partner violence Point estimate % (95% UI)	Past-12-months intimate partner violence Point estimate % (95% UI)
World	**24.7 (22.6–27.5)**	**11.4 (9.6–14.3)**
Sub-Saharan Africa	**31.7 (29.4–34.5)**	**17.4 (15.9–19.3)**
Northern Africa and Western Asia	**29.2 (22.8–42.7)**	**13.5 (10.0–23.5)**
Northern Africa	29.0 (21.1–44.9)	15.9 (12.8–21.6)
Western Asia	29.6 (23.8–40.5)	11.3 (6.5–25.4)
Central and Southern Asia	**30.7 (26.4–35.3)**	**18.2 (14.7–22.0)**
Central Asia	18.8 (11.3–43.6)	6.3 (4.1–16.2)
Southern Asia	31.1 (26.7–35.9)	18.6 (15.0–22.6)
Eastern and South-eastern Asia	**18.1 (13.6–22.9)**	**8.1 (3.7–15.4)**
Eastern Asia	18.7 (12.8–25.2)	8.7 (2.9–18.5)
South-eastern Asia	16.3 (14.1–18.6)	6.2 (4.9–7.6)
Latin America and the Caribbean	**23.5 (21.8–25.3)**	**6.5 (5.5–7.5)**
Caribbean	20.5 (17.0–26.8)	10.5 (8.2–14.0)
Central America	21.5 (19.4–23.7)	6.4 (5.4–7.4)
South America	24.4 (22.2–26.9)	6.0 (4.8–7.5)
Oceania	**32.9 (28.5–37.4)**	**13.3 (11.6–15.3)**
Australia and New Zealand	22.0 (16.2–28.2)	1.5 (0.6–3.0)
Oceania (excluding Australia and New Zealand)	55.4 (49.5–60.3)	37.9 (33.5–42.9)
Melanesia	56.2 (50.2–61.4)	38.5 (34.1–43.6)

Micronesia	36.8 (26.6–57.9)	22.3 (16.3–40.7)
Polynesia	29.8 (25.0–38.8)	18.9 (15.5–25.9)
Europe and Northern America	**21.4 (18.5–27.4)**	**5.0 (3.2–9.3)**
Europe	18.6 (15.6–27.1)	4.1 (3.0–8.6)
Eastern Europe	19.3 (13.3–37.8)	4.8 (3.0–14.6)
Northern Europe	24.6 (21.1–28.2)	3.5 (2.5–4.9)
Southern Europe	14.8 (12.0–18.3)	2.7 (2.2–3.4)
Western Europe	16.4 (13.8–19.3)	3.9 (2.2–7.1)
Northern America	27.9 (23.0–32.9)	6.6 (2.0–20.1)
Least developed countries	**34.8 (32.0–38.3)**	**18.2 (16.6–20.0)**
Small Island Developing States	**28.5 (25.9–30.8)**	**17.2 (15.1–19.3)**

Notes. SDG: Sustainable Development Goal. UI: uncertainty interval.

Annex 6. Regional prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against women aged 15 years and older, by WHO region, 2023

Table A6.1 Regional prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15 years and older, by WHO region, 2023

WHO region	Lifetime Point estimate % (95% UI)	Past-12-months Point estimate % (95% UI)
World	**24.7 (22.6–27.5)**	**11.4 (9.6–14.3)**
African Region	31.8 (29.0–35.2)	17.3 (15.5–19.7)
Region of the Americas	25.2 (22.8–27.7)	6.5 (4.5–11.8)
Eastern Mediterranean Region	27.2 (19.9–42.2)	14.6 (11.1–26.4)
European Region	21.2 (18.6–28.0)	5.4 (4.2–8.9)
South-East Asia Region	31.1 (26.6–36.3)	18.5 (14.9–22.5)
Western Pacific Region	17.8 (13.3–22.7)	7.9 (3.4–15.6)

Note. UI: uncertainty interval.

Annex 7. Regional prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against women aged 15 years and older, by Global Burden of Disease region, 2023

Table A7.1 Regional prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15 years and older, by Global Burden of Disease region, 2023

Global Burden of Disease region	Lifetime Point estimate % (95% UI)	Past-12-months Point estimate % (95% UI)
World	**24.7 (22.6–27.5)**	**11.4 (9.6–14.3)**
Central Europe, Eastern Europe and Central Asia	**20.4 (15.4–33.9)**	**6.3 (4.7–13.3)**
Central Europe	18.9 (17.0–20.9)	4.0 (2.9–5.4)
Eastern Europe	18.5 (8.0–50.5)	5.2 (2.2–21.9)
Central Asia	25.7 (20.6–40.2)	13.1 (10.9–19.3)
High-income regions	**20.9 (18.3–23.8)**	**4.9 (3.1–9.6)**
High-income Asia Pacific	13.3 (8.0–20.0)	4.8 (2.9–7.6)
Australasia	22.0 (16.2–28.2)	1.5 (0.6–3.0)
Western Europe	18.5 (16.4–20.7)	3.5 (2.6–5.0)
Southern Latin America	23.6 (15.2–32.9)	4.2 (1.9–8.7)
High-income North America	27.9 (23.0–32.9)	6.6 (2.0–20.1)
Latin America and the Caribbean	**23.5 (21.8–25.3)**	**6.5 (5.5–7.6)**
Caribbean	20.9 (17.5–27.2)	10.4 (8.2–13.8)
Andean Latin America	30.6 (27.1–35.0)	8.3 (6.2–11.3)
Central Latin America	23.9 (21.8–25.9)	8.2 (6.9–9.6)
Tropical Latin America	19.7 (16.4–23.3)	3.0 (1.8–5.4)
Latin America Southern	23.6 (15.2–32.9)	4.2 (1.9–8.7)
North Africa and Middle East	**29.0 (20.8–46.9)**	**13.5 (9.4–27.4)**
South Asia	**31.0 (26.3–35.9)**	**18.5 (15.1–22.5)**
Southeast Asia, East Asia, Oceania	**18.8 (14.1–23.9)**	**8.6 (3.8–16.4)**
East Asia	19.3 (12.8–26.3)	9.2 (2.6–20.0)
Southeast Asia	16.4 (14.2–18.7)	6.2 (4.9–7.6)

Oceania	**55.4 (49.4–60.2)**	**37.8 (33.5–42.9)**
Sub-Saharan Africa	**31.7 (29.4–34.5)**	**17.4 (15.9–19.3)**
Central sub-Saharan Africa	43.2 (38.7–48.1)	27.9 (24.5–32.3)
Eastern sub-Saharan Africa	32.2 (30.2–34.2)	17.8 (16.0–19.8)
Southern sub-Saharan Africa	25.5 (21.9–29.8)	10.8 (8.8–12.8)
Western sub-Saharan Africa	29.1 (24.4–35.1)	15.0 (11.8–19.3)

Note. UI: uncertainty interval.

Annex 8. Regional prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against women aged 15 years and older, by UNFPA region, 2023

Table A8.1. Regional prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15 years and older, by UNFPA region, 2023

UNFPA region	Lifetime Point estimate % (95% UI)	Past-12-months Point estimate % (95% UI)
World	24.7 (22.6–27.5)	11.4 (9.6–14.3)
Arab States	27.1 (19.0–43.7)	15.0 (10.9–26.7)
Asia and the Pacific	24.3 (21.0–28.0)	13.2 (9.9–17.9)
East and Southern Africa	33.7 (31.8–35.7)	18.7 (17.4–20.1)
Eastern Europe and Central Asia	28.2 (25.2–33.0)	9.4 (6.9–13.0)
Latin America and the Caribbean	23.5 (21.8–25.2)	6.4 (5.5–7.5)
West and Central Africa	29.4 (24.7–35.3)	15.3 (12.2–19.4)

Notes. UI: uncertainty interval. UNFPA: United Nations Population Fund.

Annex 9. Regional prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against women aged 15 years and older, by UNICEF region, 2023

Table A9.1. Regional prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15 years and older, by UNICEF region, 2023

UNICEF region	Lifetime Point estimate % (95% UI)	Past-12-months Point estimate % (95% UI)
World	24.7 (22.6–27.5)	11.4 (9.6–14.3)
East Asia and the Pacific	18.5 (14.0–23.1)	8.2 (3.8–15.5)
Europe and Central Asia	27.7 (25.2–31.5)	8.9 (6.6–12.0)
Eastern Europe and Central Asia	24.8 (19.8–39.0)	7.8 (5.6–15.2)
Western Europe	18.0 (16.4–19.7)	3.3 (2.6–4.4)
Latin America and the Caribbean	23.5 (21.8–25.2)	6.4 (5.5–7.5)
Middle East and North Africa	26.8 (16.8–47.9)	12.9 (7.8–32.5)
North America	27.9 (23.0–32.9)	6.6 (2.0–20.1)
South Asia	31.3 (26.7–36.2)	18.8 (15.4–22.7)
Sub-Saharan Africa	31.7 (29.4–34.5)	17.4 (15.9–19.3)
Eastern and Southern Africa	30.7 (28.2–33.9)	17.3 (15.5–19.4)
West and Central Africa	32.5 (28.3–37.7)	18.0 (15.4–21.6)
Least developed countries	34.8 (32.0–38.3)	18.2 (16.6–20.0)

Notes. UI: uncertainty interval. UNICEF: United Nations Children's Fund.

Annex 10. National prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against women aged 15–49 years, 2023

Table A10.1. National prevalence estimates of lifetime and past-12-months physical and/or sexual intimate partner violence against ever-married/-partnered women aged 15–49 years, 2023

Countries	Lifetime Point estimate % (95% UI)	Past-12-months Point estimate % (95% UI)
Afghanistan	50.9 (46.5–55.6)	39.7 (34.2–44.5)
Albania	18.4 (12.4–25.1)	2.3 (1.7–3.1)
Algeria	–	–
Andorra	–	–
Angola	33.9 (30.2–37.7)	21.9 (18.9–25.4)
Antigua and Barbuda	–	–
Argentina	33.8 (24.8–43.6)	10.6 (5.6–17.6)
Armenia	8.7 (6.4–11.4)	3.6 (2.3–5.1)
Australia	23.4 (16.6–31.4)	1.8 (0.6–4.0)
Austria	18.4 (12.7–25.3)	2.1 (0.8–4.4)
Azerbaijan	15.2 (12.9–18.1)	6.9 (5.0–9.4)
Bahamas	25.2 (18.6–33.8)	4.2 (2.1–7.5)
Bahrain	–	–
Bangladesh	48.9 (44.4–53.0)	15.7 (12.5–20.3)
Barbados	–	–
Belarus	18.5 (14.3–23.6)	5.6 (3.5–8.6)
Belgium	17.2 (13.9–20.6)	5.3 (2.0–10.1)
Belize	22.0 (6.4–43.1)	8.2 (1.9–18.9)
Benin	18.6 (15.7–21.8)	9.5 (7.4–11.6)
Bhutan	17.6 (14.9–20.4)	5.9 (4.5–7.3)
Bolivia (Plurinational State of)	52.8 (44.9–59.3)	15.2 (10.5–20.4)
Bosnia and Herzegovina	9.1 (5.7–14.3)	3.2 (1.5–6.5)
Botswana	35.8 (24.7–46.7)	16.7 (10.6–23.5)

Brazil	19.1 (14.8–24.0)	2.4 (1.0–5.4)
Brunei Darussalam	–	–
Bulgaria	7.8 (5.7–10.2)	3.7 (1.6–7.1)
Burkina Faso	17.4 (14.4–20.6)	10.2 (8.2–12.4)
Burundi	46.6 (43.0–50.8)	25.3 (22.0–28.7)
Cabo Verde	17.3 (13.3–21.5)	13.9 (10.2–17.9)
Cambodia	10.7 (6.8–15.7)	4.8 (3.2–7.1)
Cameroon	36.4 (32.4–40.6)	10.7 (6.7–16.1)
Canada	24.1 (11.5–42.5)	8.5 (1.9–25.6)
Central African Republic	29.3 (25.5–33.0)	25.1 (21.8–28.8)
Chad	28.3 (23.9–32.8)	14.2 (11.6–17.5)
Chile	22.4 (10.6–38.0)	3.9 (0.8–14.5)
China	20.2 (12.8–29.1)	10.6 (2.8–23.9)
China, Hong Kong SAR	10.1 (7.5–13.5)	2.2 (1.1–3.9)
Colombia	29.8 (26.2–33.7)	14.8 (11.0–20.3)
Comoros	8.2 (5.6–11.6)	6.0 (3.8–8.9)
Congo	–	–
Cook Islands	27.9 (22.6–35.2)	12.1 (8.3–16.4)
Costa Rica	34.2 (29.6–38.1)	5.7 (3.7–8.2)
Côte d'Ivoire	20.2 (17.0–24.0)	12.7 (9.9–15.7)
Croatia	10.6 (6.7–16.2)	2.3 (0.8–5.0)
Cuba	8.4 (4.5–13.8)	5.1 (3.0–8.5)
Cyprus	32.3 (25.7–39.2)	6.3 (2.2–13.4)
Czechia	12.6 (9.2–17.1)	2.8 (1.9–4.0)
Democratic People's Republic of Korea	–	–
Democratic Republic of the Congo	48.5 (43.5–53.4)	33.2 (29.2–37.9)
Denmark	27.2 (20.2–34.0)	2.9 (0.9–9.2)
Djibouti	9.6 (5.8–14.6)	5.9 (3.1–9.8)
Dominica	–	–
Dominican Republic	28.5 (23.6–34.6)	22.8 (15.3–31.0)
Ecuador	24.1 (18.0–32.6)	9.8 (5.2–15.3)
Egypt	33.5 (31.0–36.2)	17.2 (15.0–19.3)
El Salvador	14.9 (10.2–20.4)	5.3 (3.1–8.6)

Equatorial Guinea	53.3 (46.1–60.8)	37.0 (30.6–45.3)
Eritrea	–	–
Estonia	22.2 (17.6–27.8)	2.7 (0.9–6.0)
Eswatini	–	17.1 (11.9–24.8)
Ethiopia	26.6 (22.9–30.4)	20.1 (17.1–23.0)
Fiji	60.7 (54.2–66.7)	24.8 (20.7–30.4)
Finland	37.4 (33.2–42.1)	2.7 (1.7–4.1)
France	18.9 (12.8–25.7)	3.4 (1.1–7.1)
Gabon	37.9 (31.9–42.5)	22.2 (18.1–27.0)
Gambia	35.9 (29.3–41.9)	10.0 (7.3–13.2)
Georgia	7.3 (3.9–12.1)	1.3 (0.4–3.1)
Germany	15.6 (11.6–20.3)	4.7 (1.3–12.2)
Ghana	21.3 (18.0–25.2)	13.4 (10.1–17.1)
Greece	22.0 (15.0–30.3)	4.6 (1.9–10.1)
Grenada	27.7 (22.0–34.1)	6.7 (4.4–10.0)
Guatemala	18.9 (16.5–21.3)	7.2 (5.5–9.1)
Guinea	37.6 (32.4–43.7)	19.7 (16.2–23.9)
Guinea-Bissau	–	–
Guyana	35.0 (29.3–41.8)	11.8 (8.4–15.6)
Haiti	26.1 (21.5–31.3)	12.5 (7.6–19.6)
Honduras	23.9 (21.1–26.9)	6.0 (4.7–7.6)
Hungary	42.2 (36.2–47.8)	5.2 (2.5–9.9)
Iceland	24.7 (15.0–35.4)	2.4 (1.5–3.7)
India	29.9 (24.4–36.4)	22.4 (17.4–27.7)
Indonesia	11.9 (9.6–14.2)	3.6 (2.5–5.1)
Iran (Islamic Republic of)	–	–
Iraq	19.8 (15.7–24.5)	–
Ireland	24.6 (18.9–30.8)	4.6 (2.5–7.1)
Israel	–	5.4 (2.4–11.2)
Italy	14.9 (8.4–23.9)	2.8 (2.0–3.8)
Jamaica	19.5 (15.2–24.7)	5.9 (3.7–8.6)
Japan	14.7 (7.6–23.5)	3.7 (1.8–7.2)
Jordan	11.7 (9.4–14.6)	10.0 (7.8–12.6)

Kazakhstan	15.4 (12.9–18.0)	4.7 (2.6–7.5)
Kenya	30.7 (27.2–34.6)	14.6 (12.0–17.3)
Kiribati	55.4 (51.1–60.3)	42.2 (36.7–47.8)
Kosovo[8]	4.7 (2.6–7.7)	4.7 (2.6–7.7)
Kuwait	–	–
Kyrgyzstan	23.7 (19.5–28.1)	12.8 (9.8–15.9)
Lao People's Democratic Republic	14.5 (11.5–17.8)	6.0 (4.3–7.9)
Latvia	14.1 (9.3–19.5)	2.4 (1.0–5.4)
Lebanon	38.8 (29.2–47.7)	–
Lesotho	27.8 (23.5–32.2)	21.2 (15.1–28.5)
Liberia	34.8 (24.8–45.7)	33.6 (28.8–38.8)
Libya	–	–
Lithuania	12.3 (8.0–19.0)	3.6 (2.3–5.7)
Luxembourg	29.8 (20.3–39.9)	5.3 (1.6–11.3)
Madagascar	28.3 (23.8–33.4)	14.6 (11.4–18.3)
Malawi	36.2 (31.5–40.1)	20.9 (15.7–26.1)
Malaysia	13.4 (5.0–28.8)	–
Maldives	14.3 (11.8–17.4)	5.0 (3.6–7.0)
Mali	40.7 (35.8–46.4)	17.9 (14.4–21.7)
Malta	16.7 (13.1–20.1)	4.2 (2.2–6.9)
Marshall Islands	42.5 (36.1–49.3)	17.6 (13.5–23.2)
Mauritania	9.2 (7.2–12.6)	6.1 (4.3–8.5)
Mauritius	–	–
Mexico	19.8 (17.2–22.6)	7.0 (5.6–8.6)
Micronesia (Federated States of)	31.4 (24.8–38.5)	23.6 (18.1–29.3)
Monaco	–	–
Mongolia	29.4 (25.5–34.4)	12.1 (9.6–15.2)
Montenegro	8.0 (5.3–11.6)	4.2 (1.7–8.6)
Morocco	–	21.6 (17.9–26.4)
Mozambique	24.4 (20.8–28.3)	14.0 (11.1–17.2)
Myanmar	18.7 (15.1–22.8)	10.5 (7.8–14.1)

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Namibia	25.3 (19.9–31.2)	17.1 (13.3–21.8)
Nauru	45.8 (34.7–57.1)	21.6 (13.5–31.3)
Nepal	26.1 (21.5–30.5)	12.3 (9.3–15.8)
Netherlands	17.3 (11.7–24.7)	5.2 (3.2–8.0)
New Zealand	29.7 (19.2–41.6)	1.2 (0.4–3.3)
Nicaragua		
Niger	–	12.5 (10.3–15.3)
Nigeria	32.2 (22.9–44.1)	19.6 (12.2–30.7)
Niue	–	–
North Macedonia	9.4 (6.7–13.1)	3.8 (1.6–7.9)
Norway	22.3 (16.9–28.1)	4.0 (2.1–6.9)
occupied Palestinian territory	34.3 (28.8–40.7)	20.8 (17.7–24.2)
Oman	–	–
Pakistan	24.8 (20.6–28.8)	13.1 (10.3–16.2)
Palau	22.9 (18.0–28.8)	9.2 (6.1–13.1)
Panama	16.2 (14.4–17.9)	5.2 (4.1–6.5)
Papua New Guinea	57.6 (52.9–61.9)	45.3 (40.1–50.9)
Paraguay	18.8 (15.9–22.0)	3.6 (1.7–7.0)
Peru	23.2 (20.9–25.7)	8.0 (6.5–9.8)
Philippines	7.2 (4.8–11.1)	3.1 (1.9–4.1)
Poland	9.8 (5.8–14.5)	1.7 (0.6–3.5)
Portugal	9.8 (7.9–11.9)	4.6 (2.8–7.9)
Qatar	–	–
Republic of Korea	12.6 (7.1–20.2)	8.4 (3.9–17.0)
Republic of Moldova	26.1 (13.0–44.6)	9.2 (3.7–19.0)
Romania	34.5 (29.6–39.5)	10.6 (5.5–16.8)
Russian Federation	–	–
Rwanda	35.7 (30.7–41.8)	18.4 (13.8–23.3)
Saint Kitts and Nevis	–	–
Saint Lucia	–	–
Saint Vincent and the Grenadines	–	–
Samoa	35.9 (31.7–40.5)	27.3 (23.6–31.6)
San Marino	–	–

São Tomé and Príncipe	30.4 (26.4–35.0)	19.4 (15.8–24.5)
Saudi Arabia	–	–
Senegal	21.1 (17.3–25.3)	10.7 (8.4–14.2)
Serbia	9.1 (5.8–14.0)	3.6 (1.6–7.0)
Seychelles	–	–
Sierra Leone	55.2 (49.9–60.5)	41.0 (35.7–46.5)
Singapore	7.1 (3.1–13.9)	2.6 (0.8–5.8)
Slovakia	27.7 (20.6–37.5)	5.6 (3.4–8.8)
Slovenia	10.6 (7.5–14.3)	3.0 (1.9–4.9)
Solomon Islands	58.6 (50.6–66.9)	34.1 (27.0–41.5)
Somalia	15.3 (13.0–17.8)	–
South Africa	22.1 (17.8–27.3)	10.6 (7.8–13.4)
South Sudan	54.3 (32.1–77.1)	38.9 (20.7–60.0)
Spain	18.3 (15.2–22.0)	2.4 (1.6–3.5)
Sri Lanka	17.2 (13.0–22.7)	8.0 (5.0–11.9)
Sudan	–	28.6 (10.3–53.2)
Suriname	30.7 (25.5–37.1)	6.9 (4.7–10.2)
Sweden	24.5 (20.0–29.1)	4.3 (1.5–8.9)
Switzerland	13.4 (11.1–16.2)	4.3 (3.0–5.9)
Syrian Arab Republic	–	–
Tajikistan	27.4 (23.3–31.6)	16.8 (13.5–20.5)
Thailand	32.9 (22.8–45.2)	14.3 (8.7–23.4)
Timor-Leste	41.7 (37.1–46.8)	33.7 (28.5–39.8)
Togo	21.7 (17.6–25.6)	10.3 (8.4–12.8)
Tonga	20.1 (16.4–24.4)	13.0 (9.4–16.7)
Trinidad and Tobago	28.3 (22.8–34.7)	6.5 (4.2–10.0)
Tunisia	19.4 (14.9–24.8)	5.8 (3.8–8.4)
Türkiye	34.7 (30.8–38.9)	13.3 (8.3–20.7)
Turks and Caicos Islands	20.5 (13.8–29.0)	8.0 (4.9–11.9)
Turkmenistan	11.2 (8.4–14.3)	3.5 (1.6–7.0)
Tuvalu	38.6 (29.5–47.0)	26.3 (19.4–33.7)
Uganda	46.1 (41.8–50.6)	24.2 (19.9–28.9)
Ukraine	22.2 (18.0–27.7)	6.9 (5.2–14.8)

United Arab Emirates	–	–
United Kingdom of Great Britain and Northern Ireland	26.0 (20.0–32.3)	4.0 (2.3–6.6)
United Republic of Tanzania	33.4 (29.0–37.9)	23.8 (20.1–28.5)
United States of America	29.6 (22.0–37.7)	7.4 (1.8–24.2)
Uruguay	24.8 (14.5–36.5)	4.7 (2.1–10.0)
Uzbekistan	–	–
Vanuatu	55.7 (49.3–62.7)	36.4 (29.1–44.4)
Venezuela (Bolivarian Republic of)	19.4 (15.7–23.6)	10.6 (8.6–13.4)
Viet Nam	23.9 (17.9–31.4)	11.2 (9.0–13.6)
Yemen	–	–
Zambia	39.8 (34.7–45.3)	19.6 (12.6–28.5)
Zimbabwe	39.2 (31.7–48.1)	15.1 (10.2–20.8)

Note: UI: uncertainty interval.

Annex 11. Countries with eligible data on prevalence of non-partner sexual violence against women aged 15 years and older, by WHO region, 2023

Table A11.1. Countries with eligible data on lifetime (since age 15 years) prevalence of non-partner sexual violence against all women aged 15 years and older, by WHO region, 2023

WHO region	Countries and areas	Number of countries/ areas
African Region	Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gabon, Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe	35
Region of the Americas	Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Colombia, Costa Rica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Paraguay, Peru, Suriname, Turks and Caicos Islands, Panama	21
South-East Asia Region	Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste	9
European Region	Albania, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kosovo,[9] Kyrgyzstan, Montenegro, North Macedonia, Republic of Moldova, Serbia, Tajikistan, Türkiye, Turkmenistan, Ukraine	16
Eastern Mediterranean Region	Egypt, Pakistan	2
Western Pacific Region	Cambodia, China, Cook Islands, Fiji, Indonesia, Kiribati, Lao People's Republic, Marshall Islands, Micronesia (Federated States of), Mongolia, Papua New Guinea, Philippines, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Viet Nam	18

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High-income countries and areas	Australia, Austria, Belgium, Bulgaria, Chile, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong SAR (China), Hungary, Ireland, Italy, Japan, Latvia, Lithuania, Luxembourg, Malta, Nauru, Netherlands (Kingdom of the), New Zealand, Palau, Poland, Portugal, Romania, Singapore, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Kingdom of Great Britain and Northern Ireland, United States	39
Total		**140**

Note: SAR: Special Administrative Region.

Table A11.2. Countries with eligible data on past 12 months prevalence of non-partner sexual violence among all women aged 15 years and older, by WHO region, 2023

WHO region	Countries and areas	Number of countries/areas
African Region	Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Chad, Comoros, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe	37
Region of the Americas	Belize, Bolivia (Plurinational State of), Costa Rica, Chile, Dominican Republic, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Suriname, Turks and Caicos Islands	15
South-East Asia Region	Bangladesh, Bhutan, India, Maldives, Myanmar, Nepal, Sri Lanka, Timor-Leste	8
European Region	Albania, Armenia, Bosnia and Herzegovina, Indonesia, Kosovo,[10] Kyrgyzstan, Montenegro, North Macedonia, Republic of Moldova, Serbia, Tajikistan, Ukraine	11
Eastern Mediterranean Region	Egypt, Pakistan, occupied Palestinian territory, Tunisia	4
Western Pacific Region	Cambodia, China, Indonesia, Kiribati, Marshall Islands, Micronesia (Federated States of), Mongolia, Papua New Guinea, Philippines, Samoa, Tonga, Tuvalu, Viet Nam	13
High-income countries and areas	Australia, Austria, Belgium, Bulgaria, Canada, Chile, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong SAR (China), Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Nauru, Netherlands (Kingdom of the), Palau, Poland, Portugal, Romania, Singapore, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Kingdom of Great Britain and Northern Ireland	37
Total		**125**

Note: SAR: Special Administrative Region.

10. All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Annex 12. Countries with eligible data on the prevalence of non-partner sexual violence against all women aged 15 years and older, by United Nations SDG region, 2023

Table A12.1 Countries with eligible data on lifetime (since 15) prevalence of non-partner sexual violence against women aged 15 years and older, by United Nations SDG region, 2023

SDG region	Countries and areas	Number of countries/areas
Sub-Saharan Africa	Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Chad, Comoros, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Gabon, Gambia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mali, Mozambique, Namibia, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe	33
Northern Africa and Western Asia		
Northern Africa	Egypt	1
Western Asia	Azerbaijan, Cyprus, Georgia, Türkiye	4
Central and Southern Asia		
Central Asia	Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan	4
Southern Asia	Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka	7
Eastern and Southeastern Asia		
Eastern Asia	China, Hong Kong SAR (China), Japan, Mongolia	4
South-eastern Asia	Cambodia, Indonesia, Lao People's Democratic Republic, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam	9
Latin America and the Caribbean	Bahamas, Belize, Bolivia (Plurinational State of), Brazil, Colombia, Costa Rica, Chile, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Paraguay, Peru, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay	24

Oceania		
Australia and New Zealand	Australia and New Zealand	2
Oceania (excluding Australia and New Zealand)		
Melanesia	Fiji, Papua New Guinea, Solomon Islands, Vanuatu	4
Micronesia	Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Palau	5
Polynesia	Cook Islands, Samoa, Tonga, Tuvalu	4
Europe and Northern America		
Eastern Europe	Bulgaria, Belarus, Czechia, Hungary, Poland, Republic of Moldova, Romania, Slovakia, Ukraine	9
Northern Europe	Denmark, Estonia, Finland, United Kingdom of Great Britain and Northern Ireland, Ireland, Latvia, Lithuania, Sweden	8
Southern Europe	Albania, Bosnia and Herzegovina, Croatia, Greece, Italy, Kosovo,[11] Malta, Montenegro, North Macedonia, Portugal, Serbia, Slovenia, Spain	13
Western Europe	Austria, Belgium, France, Germany, Luxembourg, Netherlands (Kingdom of the), Switzerland	7
Northern America	Canada, United States	2
Total		**140**
Least developed countries	Angola, Bangladesh, Benin, Bhutan, Botswana, Burkina Faso, Burundi, Cambodia, Chad, Comoros, Democratic Republic of Congo, Ethiopia, Gambia, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Malawi, Mali, Mozambique, Myanmar, Nepal, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, Solomon Islands, South Sudan, Timor-Leste, Togo, Uganda, United Republic of Tanzania, Zambia	34

Note: SAR: Special Administrative Region.

11 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Table A12.2 Countries with eligible data on past 12 months prevalence of non-partner sexual violence against women aged 15 years and older, by United Nations SDG region, 2023

SDG region	Countries and areas	Number of countries/ areas
Sub-Saharan Africa	Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Chad, Comoros, Côte d'Ivoire, Democratic Republic of Congo, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe	37
Northern Africa and Western Asia		
Northern Africa	Egypt, Morocco, Tunisia	3
Western Asia	Armenia, Cyprus, occupied Palestinian territory	3
Central and Southern Asia		
Central Asia	Kyrgyzstan, Tajikistan	2
Southern Asia	Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka	7
Eastern and Southeastern Asia		
Eastern Asia	China, Hong Kong SAR (China), Mongolia	3
South-eastern Asia	Cambodia, Indonesia, Myanmar, Philippines, Singapore, Timor-Leste, Viet Nam	7
Latin America and the Caribbean	Belize, Bolivia (Plurinational State of), Costa Rica, Chile, Dominican Republic, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Suriname, Trinidad and Tobago, Turks and Caicos Islands	16
Oceania		
Australia and New Zealand	Australia	1
Oceania (excluding Australia and New Zealand)		
Melanesia	Papua New Guinea	1

Micronesia	Kiribati, Marshall Islands, Micronesia (Federated States of), Nauru, Palau	5
Polynesia	Samoa, Tonga, Tuvalu	3
Europe and Northern America		
Eastern Europe	Bulgaria, Czechia, Hungary, Poland, Republic of Moldova, Romania, Slovakia, Ukraine	8
Northern Europe	Denmark, Estonia, Finland, United Kingdom of Great Britain and Northern Ireland, Ireland, Latvia, Lithuania, Sweden	8
Southern Europe	Albania, Bosnia and Herzegovina, Croatia, Greece, Italy, Kosovo.12 Malta, Montenegro, North Macedonia, Portugal, Serbia, Slovenia, Spain	13
Western Europe	Austria, Belgium, France, Germany, Luxembourg, Netherlands (Kingdom of the), Switzerland	7
Northern America	Canada	1
Total		**125**
Least developed countries	Angola, Bangladesh, Benin, Bhutan, Botswana, Burkina Faso, Burundi, Cambodia, Chad, Comoros, Democratic Republic of Congo, Eswatini, Ethiopia, Gambia, Haiti, Kiribati, Lao People's Democratic Republic, Lesotho, Liberia, Malawi, Mali, Mozambique, Myanmar, Nepal, Niger, Rwanda, São Tomé and Príncipe, Senegal, Sierra Leone, South Sudan, Timor-Leste, Togo, Uganda, United Republic of Tanzania, Zambia	35

12 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Annex 13. Regional prevalence estimates of lifetime (since age 15) and past-12-months non-partner sexual violence against women aged 15 years and older, by SDG region, 2023

Table A13.1. Regional prevalence estimates of lifetime (since age 15 years) and past-12months non-partner sexual violence against women aged 15 years and older, by SDG region, 2023

SDG region	Lifetime (since age 15 years) non-partner sexual violence Point estimate % (95% UI)	Past-12-months non-partner sexual violence Point estimate % (95% UI)
World	**8.2 (6.4–11.0)**	**2.4 (1.5–4.4)**
Sub-Saharan Africa	**7.2 (6.0–8.9)**	**1.1 (0.8–1.4)**
Northern Africa and Western Asia	**3.6 (1.4–25.1)**	**1.8 (1.0–7.1)**
Northern Africa	3.1 (1.2–24.2)	2.6 (1.7–4.9)
Western Asia	4.1 (1.5–26.1)	1.0 (0.2–9.5)
Central and Southern Asia	**4.3 (2.8–7.0)**	**1.2 (0.7–2.3)**
Central Asia	1.6 (0.5–12.6)	0.7 (0.1–9.0)
Southern Asia	4.4 (2.9–7.1)	1.2 (0.7–2.2)
Eastern and South-eastern Asia	**8.4 (4.7–13.4)**	**3.4 (1.5–8.1)**
Eastern Asia	7.7 (3.1–14.2)	3.4 (0.8–10.1)
South-eastern Asia	10.0 (8.1–12.3)	3.2 (2.3–5.7)
Latin America and the Caribbean	**12.7 (9.8–17.3)**	**4.5 (2.9–16.6)**
Caribbean	12.2 (6.4–31.3)	2.2 (0.7–20.7)
Central America	22.4 (20.0–24.7)	9.5 (8.5–10.6)
South America	8.6 (4.8–15.0)	2.4 (0.5–20.1)
Oceania	**17.3 (15.3–19.3)**	**4.0 (2.8–7.1)**
Australia and New Zealand	18.7 (16.1–21.2)	3.5 (1.9–8.5)

Oceania (excluding Australia and New Zealand)	14.9 (11.8–18.8)	4.8 (3.5–6.4)
Melanesia	15.1 (11.9–19.1)	4.9 (3.6–6.6)
Micronesia	10.3 (6.2–28.5)	2.1 (1.4–5.4)
Polynesia	6.6 (3.7–12.7)	1.1 (0.6–2.6)
Europe and Northern America	**11.5 (8.6–16.3)**	**1.2 (0.6–4.2)**
Europe	10.7 (9.2–17.5)	1.3 (0.6–4.2)
Eastern Europe	5.8 (3.3–20.6)	1.2 (0.4–7.6)
Northern Europe	14.8 (12.2–17.8)	1.1 (0.6–2.5)
Southern Europe	12.3 (9.9–14.6)	1.5 (0.9–2.5)
Western Europe	16.7 (14.4–19.5)	0.9 (0.4–2.0)
Northern America	12.0 (5.3–21.8)	0.9 (0.3–7.6)
Least developed countries	**6.6 (5.1–10.2)**	**1.4 (1.0–2.5)**
Small Island Developing States	**11.8 (8.4–20.3)**	**2.7 (1.7–10.9)**

Notes: Please note that some surveys use very narrow definitions of sexual violence, for example, including questions mainly on rape and attempted rape while other surveys use more comprehensive and broader range of acts. This limits comparability of prevalence estimates across regions and countries.

SDG: Sustainable Development Goal; UI: uncertainty interval.

Annex 14. Regional prevalence estimates of lifetime (since age 15) and past-12-months non-partner sexual violence against women aged 15 years and older, by WHO region, 2023

Table A14.1. Regional prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence against women aged 15 years and older, by WHO region, 2023

WHO region	Lifetime (since age 15 years) non-partner sexual violence Point estimate % (95% UI)	Past-12-months non-partner sexual violence Point estimate % (95% UI)
World	8.2 (6.4–11.0)	2.4 (1.5–4.4)
African Region	7.2 (5.9–9.4)	1.1 (0.6–1.6)
Region of the Americas	12.4 (8.9–17.4)	3.4 (2.1–11.0)
Eastern Mediterranean Region	5.8 (2.1–26.9)	1.8 (1.0–5.4)
European Region	9.1 (7.7–14.3)	1.4 (0.7–4.6)
South-East Asia Region	3.9 (2.7–5.5)	1.2 (0.7–2.2)
Western Pacific Region	8.7 (5.0–13.5)	3.6 (1.5–8.6)

Notes: Please note that some surveys use very narrow definitions of sexual violence, for example, including questions mainly on rape and attempted rape while other surveys use more comprehensive and broader range of acts. This limits comparability of prevalence estimates across regions and countries.

UI: uncertainty interval.

Annex 15. Regional prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence against women aged 15 years and older, by Global Burden of Disease region, 2023

Table A15.1. Regional prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence against women aged 15 years and older, by Global Burden of Disease region, 2023

Global Burden of Disease region	Lifetime (since age 15 years) non-partner sexual violence Point estimate % (95% UI)	Past-12-months non-partner sexual violence Point estimate % (95% UI)
World	**8.2 (6.4–11.0)**	**2.4 (1.5–4.4)**
Central Europe, Eastern Europe, and Central Asia	**5.3 (3.3–16.2)**	**1.2 (0.4–6.2)**
Central Europe	5.5 (4.5–6.7)	0.6 (0.3–1.6)
Eastern Europe	6.3 (2.0–33.0)	1.5 (0.3–13.2)
Central Asia	1.9 (0.8–15.3)	0.7 (0.1–9.5)
High-income regions	**13.4 (10.0–17.7)**	**1.4 (0.7–5.0)**
High-income Asia Pacific	9.5 (3.6–23.1)	0.9 (0.1–13.3)
Australasia	18.7 (16.1–21.2)	3.5 (1.9–8.5)
Western Europe	15.7 (13.8–17.7)	1.3 (0.7–2.3)
Southern Latin America	7.0 (3.7–15.1)	2.1 (0.6–10.7)
High-income North America	12.0 (5.3–21.8)	0.9 (0.3–7.6)
Latin America and the Caribbean	**12.9 (9.9–17.8)**	**4.5 (3.0–17.0)**
Caribbean	12.1 (6.4–31.2)	2.2 (0.6–20.6)
Andean Latin America	11.1 (4.8–35.2)	1.6 (0.2–25.8)
Central Latin America	19.1 (16.9–21.3)	7.6 (6.6–12.7)
Southern Latin America	7.1 (3.9–15.6)	2.0 (0.5–11.7)
Tropical Latin America	6.9 (3.2–13.3)	2.0 (0.1–29.6)

North Africa and the Middle East	**3.5 (1.1–29.5)**	**1.6 (0.9–7.7)**
Southern Asia	**4.1 (2.8–5.9)**	**1.2 (0.7–2.1)**
South-eastern Asia, Eastern Asia, Oceania	**8.2 (4.5–13.3)**	**3.4 (1.5–8.6)**
Eastern Asia	7.2 (2.3–14.7)	3.4 (0.8–11.1)
South-eastern Asia	10.0 (8.1–12.3)	3.2 (2.3–5.8)
Oceania	13.5 (9.5–19.8)	0.9 (0.4–7.3)
Sub-Saharan Africa	**7.2 (6.0–8.9)**	**1.1 (0.8–1.4)**
Central sub-Saharan Africa	13.9 (10.4–19.0)	2.6 (1.8–3.7)
Eastern sub-Saharan Africa	7.2 (6.0–9.0)	0.8 (0.6–1.3)
Southern sub-Saharan Africa	4.9 (3.3–7.3)	0.5 (0.2–0.9)
Western sub-Saharan Africa	5.3 (3.9–8.7)	0.9 (0.6–1.6)

Notes: Please note that some surveys use very narrow definitions of sexual violence, for example, including questions mainly on rape and attempted rape while other surveys use more comprehensive and broader range of acts. This limits comparability of prevalence estimates across regions and countries.

UI: uncertainty interval.

Annex 16. Regional prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence against women aged 15 years and older, by UNFPA region, 2023

Table A16.1. Regional prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence against ever-married/-partnered women aged 15 years and older, by UNFPA region, 2023

UNFPA region	Lifetime (since age 15 years) Point estimate % (95% UI)	Past-12-months Point estimate % (95% UI)
World	8.2 (6.4–11.0)	2.4 (1.5–4.4)
Arab States	3.9 (1.1–31.8)	2.2 (1.3–6.0)
Asia and the Pacific	6.4 (4.3–9.6)	2.5 (1.3–5.4)
East and Southern Africa	8.1 (6.9–9.7)	1.1 (0.9–1.4)
Eastern Europe and Central Asia	2.9 (2.2–5.2)	1.2 (0.4–7.9)
Latin America and the Caribbean	12.7 (9.8–17.2)	4.4 (2.9–16.7)
West and Central Africa	5.5 (4.1–8.7)	0.9 (0.6–1.6)

Notes: Please note that some surveys use very narrow definitions of sexual violence, for example, including questions mainly on rape and attempted rape while other surveys use more comprehensive and broader range of acts. This limits comparability of prevalence estimates across regions and countries.

UI: Uncertainty Interval. UNFPA: United Nations Population Fund.

Annex 17. Regional prevalence estimates lifetime (since age 15 years) and past-12-months non-partner sexual violence against women aged 15 years and older, by UNICEF region, 2023

Table A17.1. Regional prevalence estimates of lifetime and past-12-months non-partner sexual violence against ever-married/-partnered women aged 15 years and older, by UNICEF region, 2023

UNICEF region	Lifetime (since age 15 years) Point estimate % (95% UI)	Past-12-months Point estimate % (95% UI)
World	8.2 (6.4–11.0)	2.4 (1.5–4.4)
East Asia and the Pacific	8.5 (5.0–13.4)	3.4 (1.5–8.1)
Europe and Central Asia	3.8 (3.1–5.6)	1.1 (0.4–6.5)
Eastern Europe and Central Asia	4.4 (2.5–15.6)	1.5 (0.4–8.5)
Western Europe	12.9 (11.5–14.2)	1.1 (0.6–2.0)
Latin America and the Caribbean	12.7 (9.8–17.2)	4.4 (2.9–16.7)
Middle East and North Africa	4.3 (1.1–36.4)	2.0 (1.2–6.7)
North America	12.0 (5.3–21.8)	0.9 (0.3–7.6)
South Asia	4.1 (2.8–5.9)	1.2 (0.7–2.1)
Sub-Saharan Africa	7.2 (6.0–8.9)	1.1 (0.8–1.4)
Eastern and Southern Africa	6.9 (5.6–10.3)	0.8 (0.6–1.6)
West and Central Africa	7.5 (5.9–10.5)	1.4 (1.0–2.0)
Least developed countries	6.6 (5.1–10.2)	1.4 (1.0–2.5)

Notes. Please note that some surveys use very narrow definitions of sexual violence, for example, including questions mainly on rape and attempted rape while other surveys use more comprehensive and broader range of acts. This limits comparability of prevalence estimates across regions and countries.

UI: uncertainty interval. UNICEF: United Nations Children's Fund.

Annex 18. National prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence against women aged 15–49 years, 2023

Table A18.1. National prevalence estimates of lifetime (since age 15 years) and past-12-months non-partner sexual violence against women ever-married/-partnered women aged 15–49 years, 2023

Country	Lifetime (since age 15 years) non-partner sexual violence Point estimate % (95% UI)	Past-12-months non-partner sexual violence Point estimate % (95% UI)
Afghanistan	-	-
Albania	1.5 (0.7–2.6)	0.4 (0.1–1.2)
Algeria	-	-
Andorra	-	-
Angola	5.5 (3.7–7.8)	1.1 (0.5–2.1)
Antigua and Barbuda	-	-
Argentina	-	-
Armenia	-	0.4 (0.1–1.0)
Australia	21.7 (18.5–25.2)	3.8 (2.3–5.8)
Austria	25.7 (22.6–29.4)	1.5 (0.4–3.8)
Azerbaijan	0.9 (0.4–1.7)	-
Bahamas	20.8 (15.9–27.4)	-
Bahrain	-	-
Bangladesh	2.8 (2.0–4.1)	2.7 (1.5–4.7)
Barbados	-	-
Belarus	14.3 (10.8–18.3)	-
Belgium	13.7 (11.3–16.3)	1.1 (0.4–3.2)
Belize	4.5 (1.5–10.0)	1.1 (0.2–4.6)
Benin	2.1 (1.4–3.1)	1.4 (0.7–2.6)
Bhutan	7.4 (5.3–9.5)	1.4 (0.8–2.2)
Bolivia (Plurinational State of)	9.5 (5.9–15.2)	0.9 (0.2–3.0)
Bosnia and Herzegovina	1.7 (0.9–2.9)	1.0 (0.2–2.6)
Botswana	24.4 (13.0–39.1)	3.7 (1.0–9.9)

Brazil	6.4 (2.7–12.3)	–
Brunei Darussalam	–	–
Bulgaria	3.0 (1.6–4.6)	0.6 (0.1–2.4)
Burkina Faso	1.5 (0.7–2.6)	0.2 (0.1–0.4)
Burundi	15.2 (11.8–19.3)	1.6 (0.8–3.0)
Cabo Verde	–	–
Cambodia	0.8 (0.4–1.5)	0.1 (0.0–0.3)
Cameroon	11.7 (9.1–14.9)	1.1 (0.4–2.2)
Canada	–	3.3 (1.8–6.6)
Central African Republic	–	–
Chad	7.4 (4.9–10.7)	0.9 (0.3–2.1)
Chile	5.6 (3.4–8.8)	0.8 (0.3–1.7)
China	7.4 (2.0–15.4)	4.2 (0.9–13.9)
China, Hong Kong SAR	11.1 (5.9–18.3)	2.0 (0.6–7.0)
Colombia	8.3 (5.0–13.1)	–
Comoros	2.4 (1.3–4.1)	0.6 (0.2–1.2)
Congo	–	–
Cook Islands	7.2 (3.8–12.0)	–
Costa Rica	30.6 (19.4–46.6)	3.9 (2.1–7.3)
Côte d'Ivoire	4.1 (2.4–6.4)	0.3 (0.1–0.6)
Croatia	12.3 (8.1–18.7)	0.4 (0.1–1.7)
Cuba	–	–
Cyprus	7.4 (4.8–11.4)	0.7 (0.2–2.1)
Czechia	6.3 (4.2–9.1)	0.9 (0.3–2.6)
Democratic People's Republic of Korea	–	–
Democratic Republic of the Congo	17.8 (13.1–23.4)	4.0 (2.6–5.5)
Denmark	32.5 (25.9–39.3)	1.4 (0.4–3.7)
Djibouti	–	–
Dominica	–	–
Dominican Republic	10.3 (6.6–14.4)	0.6 (0.2–1.5)
Ecuador	7.9 (4.5–13.0)	–
Egypt	2.1 (1.5–3.1)	1.4 (0.5–3.2)
El Salvador	24.4 (18.4–30.7)	8.1 (4.4–13.3)

Equatorial Guinea	-	-
Eritrea	-	-
Estonia	12.7 (13.3–22.0)	2.5 (0.9–6.9)
Eswatini	-	0.7 (0.3–1.4)
Ethiopia	3.8 (2.5–6.0)	0.5 (0.2–1.2)
Fiji	12.3 (7.6–19.5)	-
Finland	37.7 (34.8–41.3)	2.0 (0.8–5.6)
France	20.3 (14.8–27.1)	1.2 (0.4–3.2)
Gabon	9.7 (6.2–14.2)	0.8 (0.4–1.5)
Gambia	6.1 (3.4–10.4)	1.1 (0.4–2.4)
Georgia	2.1 (0.8–4.1)	-
Germany	11.7 (8.6–15.3)	0.4 (0.1–1.4)
Ghana	9.1 (6.0–12.2)	0.6 (0.2–1.1)
Greece	17.4 (12.1–24.3)	1.2 (0.4–3.2)
Grenada	23.8 (16.5–32.4)	3.4 (1.9–6.7)
Guatemala	6.4 (4.1–9.1)	0.5 (0.2–1.3)
Guinea	-	-
Guinea-Bissau	-	-
Guyana	10.8 (8.0–14.0)	2.4 (0.7–5.6)
Haiti	9.8 (6.5–14.4)	1.0 (0.4–2.0)
Honduras	6.5 (3.6–11.2)	0.4 (0.2–0.8)
Hungary	10.1 (7.3–13.3)	0.9 (0.2–2.5)
Iceland	-	-
India	4.1 (2.5–5.8)	1.2 (0.6–2.2)
Indonesia	17.9 (14.2–22.8)	7.7 (5.5–11.0)
Iran (Islamic Republic of)	-	-
Iraq	-	-
Ireland	26.9 (21.2–32.9)	0.8 (0.2–2.2)
Israel	-	-
Italy	21.8 (15.5–28.5)	2.8 (1.3–5.4)
Jamaica	16.5 (12.0–21.9)	3.2 (1.5–6.1)
Japan	7.5 (3.3–15.1)	-
Jordan	-	-

Kazakhstan	1.7 (0.4–3.8)	–
Kenya	5.5 (3.8–7.4)	0.7 (0.4–1.1)
Kiribati	10.1 (6.5–14.4)	2.9 (1.8–4.7)
Kosovo[13]	2.0 (1.1–3.2)	0.8 (0.2–2.6)
Kuwait	–	–
Kyrgyzstan	0.7 (0.2–1.7)	0.1 (0.0–0.5)
Lao People's Democratic Republic	5.7 (3.9–8.5)	–
Latvia	7.4 (3.8–13.0)	1.2 (0.3–3.1)
Lebanon	–	–
Lesotho	11.9 (4.5–24.2)	4.3 (1.4–12.7)
Liberia	5.5 (3.5–8.1)	0.9 (0.4–1.9)
Libya	–	–
Lithuania	7.4 (3.7–12.4)	0.4 (0.1–1.3)
Luxembourg	26.7 (19.6–35.1)	1.8 (0.5–4.7)
Madagascar	8.8 (6.5–11.6)	0.9 (0.4–1.8)
Malawi	11.1 (8.3–14.2)	2.5 (1.3–4.6)
Malaysia	–	–
Maldives	13.8 (10.7–17.2)	1.1 (0.5–2.1)
Mali	4.9 (3.1–7.1)	1.0 (0.4–2.2)
Malta	9.9 (5.4–15.1)	0.8 (0.2–2.3)
Marshall Islands	12.8 (8.6–18.4)	0.9 (0.3–2.4)
Mauritania	2.9 (1.5–4.7)	0.4 (0.1–1.0)
Mauritius	–	–
Mexico	27.6 (24.6–30.4)	14.0 (12.6–15.3)
Micronesia (Federated States of)	8.2 (5.1–12.4)	2.8 (1.1–6.2)
Monaco	–	–
Mongolia	11.0 (8.8–13.6)	3.1 (1.8–4.9)
Montenegro	1.6 (0.7–3.1)	0.9 (0.2–3.0)
Morocco	–	9.5 (5.3–14.4)
Mozambique	2.1 (1.2–3.4)	0.2 (0.1–0.5)
Myanmar	1.4 (0.6–2.5)	0.3 (0.1–0.9)

13 All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Namibia	8.4 (5.7–12.2)	1.4 (0.5–3.5)
Nauru	42.0 (27.9–58.3)	10.2 (4.4–19.7)
Nepal	3.6 (1.9–6.0)	0.1 (0.0–0.4)
Netherlands (Kingdom of the)	29.9 (22.1–37.1)	2.6 (0.9–6.2)
New Zealand	7.5 (5.1–10.8)	–
Nicaragua		
Niger	–	2.1 (0.8–4.0)
Nigeria	4.1 (2.5–6.9)	1.3 (0.5–2.8)
Niue	–	–
North Macedonia	2.2 (1.2–3.9)	0.7 (0.1–2.3)
Norway	–	–
occupied Palestinian territory	–	4.6 (2.9–6.8)
Oman	–	–
Pakistan	7.6 (2.3–18.0)	0.8 (0.1–3.7)
Palau	15.8 (10.9–22.5)	5.2 (2.8–8.8)
Panama	2.5 (1.3–4.4)	–
Papua New Guinea	16.4 (12.5–20.4)	6.2 (4.5–8.1)
Paraguay	2.7 (1.7–4.6)	–
Peru	10.8 (5.5–18.9)	–
Philippines	2.8 (1.6–4.2)	0.2 (0.1–0.4)
Poland	3.1 (1.3–6.1)	0.4 (0.1–1.5)
Portugal	5.0 (2.4–9.0)	0.4 (0.1–1.5)
Qatar	–	–
Republic of Korea	–	–
Republic of Moldova	5.8 (3.7–8.6)	1.9 (0.3–7.8)
Romania	6.2 (4.2–8.7)	0.2 (0.0–1.0)
Russian Federation	–	–
Rwanda	10.9 (7.4–15.2)	3.4 (1.6–6.5)
Saint Kitts and Nevis	–	–
Saint Lucia	–	–
Saint Vincent and the Grenadines	–	–
Samoa	7.6 (3.5–13.1)	1.3 (0.7–2.3)
San Marino	–	–

São Tomé and Príncipe	2.9 (1.4–5.8)	1.2 (0.4–3.3)
Saudi Arabia	–	–
Senegal	7.5 (5.3–10.1)	1.0 (0.4–2.0)
Serbia	3.3 (1.6–6.3)	1.1 (0.3–3.4)
Seychelles	–	–
Sierra Leone	4.0 (2.5–5.9)	1.0 (0.4–2.0)
Singapore	4.2 (1.5–8.9)	0.8 (0.2–3.1)
Slovakia	7.5 (3.8–12.8)	1.3 (0.4–3.3)
Slovenia	7.6 (3.8–12.9)	0.4 (0.1–1.5)
Solomon Islands	16.1 (10.0–25.9)	–
Somalia	–	–
South Africa	2.2 (1.2–3.6)	0.2 (0.1–0.7)
South Sudan	20.2 (11.6–33.0)	3.0 (0.5–10.8)
Spain	6.7 (4.8–9.2)	1.4 (0.7–2.6)
Sri Lanka	5.2 (3.2–7.9)	0.7 (0.2–1.8)
Sudan	–	–
Suriname	12.0 (8.3–17.5)	2.4 (0.8–5.1)
Sweden	39.8 (31.9–48.5)	2.1 (0.7–4.5)
Switzerland	23.2 (14.8–36.5)	1.7 (0.5–6.4)
Syrian Arab Republic	–	–
Tajikistan	0.2 (0.1–0.6)	0.2 (0.1–0.6)
Thailand	7.7 (3.3–15.7)	–
Timor-Leste	2.1 (1.0–3.6)	0.8 (0.3–1.9)
Togo	8.5 (5.8–12.1)	0.6 (0.2–1.5)
Tonga	3.2 (2.3–4.3)	1.1 (0.4–2.1)
Trinidad and Tobago	13.1 (8.6–18.5)	3.3 (1.2–6.6)
Tunisia	–	13.5 (8.9–18.3)
Türkiye	2.4 (1.6–3.6)	–
Turkmenistan	0.8 (0.2–1.9)	–
Turks and Caicos Islands	8.3 (5.3–12.6)	0.7 (0.2–2.1)
Tuvalu	11.4 (8.1–16.0)	1.0 (0.3–2.4)
Uganda	10.7 (7.6–15.3)	1.1 (0.6–2.0)
Ukraine	5.6 (3.4–8.5)	1.5 (0.5–3.9)

United Arab Emirates	-	-
United Kingdom of Great Britain and Northern Ireland	7.7 (4.8–11.8)	1.0 (0.3–3.2)
United Republic of Tanzania	7.4 (5.0–10.1)	0.3 (0.1–0.7)
United States	11.1 (4.2–22.4)	-
Uruguay	-	-
Uzbekistan	-	-
Vanuatu	30.3 (21.7–40.8)	-
Venezuela (Bolivarian Republic of)	-	-
Viet Nam	11.3 (9.2–14.2)	2.0 (1.2–3.2)
Yemen	-	-
Zambia	7.6 (5.3–10.3)	1.1 (0.6–1.9)
Zimbabwe	10.6 (4.7–21.4)	0.2 (0.0–0.5)

Notes: Please note that some surveys use very narrow definitions of sexual violence, for example, including questions mainly on rape and attempted rape while other surveys use more comprehensive and broader range of acts. This limits comparability of prevalence estimates across regions and countries.

SAR: Special Administrative Region. UI: uncertainty interval.

For further information please contact:

Department of Sexual and Reproductive Health and Research
World Health Organization
Avenue Appia 20
CH 1211, Geneva 27
Switzerland

em: vawestimates@who.int
https://www.who.int/health-topics/violence-against-women