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What works to prevent violence against women and girls evidence reviews

Paper 1:

State of the field of research on violence against women and girls

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WhatWorks

TO PREVENT VIOLENCE

Acronyms

ADHD	Attention Deficit Disorder
ACE	Adverse Childhood Experiences
CDC	Centre for Disease Control and Prevention
CSA	Child Sexual Abuse
DFID	UK Department for International Development
FSWs	Female Sex Workers
GBV	Gender-based Violence
HICs	High Income Countries
IPV	Intimate Partner Violence
LMICs	Low and Middle Income Countries
MSM	Men who have Sex with Men
ODD	Oppositional Defiant Disorder
RCT	Randomized Control Trial
STI	Sexually Transmitted Infection
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
UNICEF	UN Children's Fund
UN MCS	UN Multi-country Study on Men and Violence in Asia and the Pacific
WHO	World Health Organization
WHO DV	WHO Multi-country Study on Women's Health and Domestic Violence against Women

Contents

Acronyms	1
1. Introduction	4
1.1 Scope and goals of the review	5
1.2 Limitations of the review	6
1.3 Methodological challenges in researching violence against women and girls	6
2. Intimate Partner Violence	7
2.1 What do we know about intimate partner violence?	7
2.2 What risk factors influence intimate partner violence?	10
3. Non-partner sexual violence	17
3.1 What do we know about sexual violence against women by non-partners?	17
3.2 What risk factors influence sexual violence perpetrated by non-partners?	21
4. Child Abuse	25
4.1 What do we know about child abuse?	25
4.2 What risk factors influence child abuse?	28
5. What are the key gaps in our knowledge base?	31
Conclusions and recommendations	33
References	34

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1. Introduction

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

most conservative estimates indicate national costs of VAWG to be billions of dollars (Day et al., 2005).

VAWG takes many different forms globally, and is most likely to be perpetrated by someone known to the victim, such as a family member or intimate partner (Ellsberg and Heise, 2005). Types of VAWG are distinguished according to the age, life stage, or context in which they occur, with some risks and consequences exacerbated by conditions of violence and insecurity (Solotaroff and Pande, 2014). Understanding the different forms that VAWG can take is important for identifying the sociocultural norms and beliefs that perpetuate violence, and for the informed design of preventative programmes and policies (Ellsberg and Heise, 2005). The following table summarises the definitions of forms of VAWG addressed by existing studies and by this review.

Table 1. Definitions of forms of VAWG addressed by existing studies

Child abuse or maltreatment	Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power (WHO, 1999 b).
Child sexual abuse	Contacts or interactions between a child and an older or more knowledgeable child or adult ... when the child is being used as an object of gratification for an older child's or adult's sexual needs. These contacts or interactions are carried out against the child using force, trickery, bribes, threats or pressure (UNICEF, 2001).
Intimate partner violence	IPV refers to any behaviour in an intimate relationship that causes physical, sexual, or psychological harm, including aggression, sexual coercion, psychological abuse and controlling behaviour (WHO, 2005). An intimate partner or relationship is defined as a person with whom an individual has a close, personal relationship that may be characterized by emotional connectedness, regular contact or sexual behaviour, identification as a couple, and cohabitation. Intimate partners may include current or former spouses, boyfriends or girlfriends, dating partners, and ongoing sexual partners (Breiding et al., 2015).
Sexual violence - partner or non-partner	Any act in which one person uses force, coercion or psychological intimidation to force another to carry out a sexual act against his or her will or participate in unwanted sexual relations (WHO, 2004).

Source: *Table of forms of VAWG adapted from Solotaroff and Pande (2014).*

This is the first in a series of four evidence review papers produced by What Works to Prevent Violence against Women and Girls (hereafter referred to as What Works). What Works is a DFID-funded global programme that is investing an unprecedented £25 million over 5 years for the prevention of VAWG. It supports primary prevention efforts across Africa, Asia, and the Middle East, that seek to understand and address the underlying causes of violence, in order to stop it before it starts.

The papers were produced to assess the current state of research and the evidence base in order to inform the research agenda of the global programme. The focus of What Works is to advance the field of primary prevention in particular, however this is understood to be closely aligned with response efforts. The papers therefore focus on prevention, although response mechanisms are also considered, particularly in paper 3. The four individual papers are:

Paper 1: State of the field of research on violence against women and girls.

Paper 2: Interventions to prevent violence against women and girls.

Paper 3: Response mechanisms to prevent violence against women and girls.

Paper 4: Approaches to scale-up and assessing cost-effectiveness of programmes to prevent violence against women and girls.

1.1 Scope and goals of the review:

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

To develop and implement effective prevention and response interventions globally, researchers

and practitioners need to understand the scale, scope, and nature of the problem. In order to design context specific programmes and policies, we need to understand variations across countries and even within countries. We also need evidence on the experiences and perspectives of both victims and perpetrators. In addition, it is crucial to have knowledge about the circumstances, and the risk and protective factors that influence the occurrence of VAWG. The ecological model has been used to help illustrate these multiple risk and protective factors across individual, family, community, and societal levels. The model (to be explored below) highlights the complex interplay of factors across and between the levels, and can therefore indicate key points for prevention and intervention (World Health Organization, 2002; Heise, 1998). In particular, fully understanding the links between structural, political, economic, and social determinants, and their pathways to violence, is absolutely vital in advancing our prevention efforts.

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

This first paper in the series focuses on intimate partner violence (IPV), non-partner sexual violence, and child abuse, as the most common forms of VAWG globally, and the focus of the What Works programme.

The paper aims to:

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

- Summarize the existing literature on the links between structural, economic, political, community, relationship, and individual factors and the prevalence of partner violence, non-partner rape, and child abuse;
- Identify the gaps in understanding the factors that influence the prevalence of VAWG;
- Discuss the implications for primary prevention interventions; and
- Outline the suggested research agenda needed to advance the field of violence prevention.

This paper represents a summary of the evidence from qualitative and quantitative (cross-sectional and longitudinal) research on VAWG published in peer-reviewed journals and organisational reports in the last twenty years, with a focus on the most recent literature. The paper presents what we see as the state of the field of research, and draws in particular from: DFID's 'What works to prevent partner violence: An evidence overview' (Heise, 2012); the World Health Organization's (WHO) and London School of Hygiene and Tropical Medicine's (2010) 'Preventing intimate partner and sexual violence against women'; findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific (hereafter, known as the UN MCS) (Fulu, Jewkes et al., 2013; Fulu, Warner et al., 2013; Jewkes et al., 2013); and the South African MRC's 'Rape Perpetration: A review' (Jewkes, 2012).

1.2 Limitations of the review

This paper has a number of limitations. First, this paper is not a systematic review and cannot be considered as such. Secondly, the review was limited to access to published reports and articles and does not include a thorough review of grey literature. The review tends to focus more on quantitative research, although qualitative research is considered important

and needs further attention in future research.

Finally, it is noted that men and boys are also subjected to violence throughout their lifetime. Their experiences, while in some ways similar to those of women and girls, are distinct and are the product of specific individual, family, community, societal, and global risk factors (Solotaroff and Pande, 2014). This is a growing field of research and policy that focuses on the construction of masculinities in diverse settings, and the ways in which masculinities are expressed and maintained through violence (Pawlak and Barker, 2012). While violence against men and boys is a critical issue, it is not the subject of this paper and merits a paper of its own.

1.3 Methodological challenges in researching violence against women and girls

Conducting research into VAWG is a complex and challenging investigation into often sensitive and private domains. A number of methodological challenges arise in carrying out such research and these challenges create substantive barriers in filling the gaps in the current global knowledge base on VAWG (Ellsberg and Heise, 2005). Studies of violence attempt to capture the multiple levels of analysis at which violence may be examined - individual, familial, community, societal, global - and the diverse experiences of women and men within each of these spheres (Solotaroff and Pande, 2014). While a greater amount of data exists for certain countries and for certain forms of violence, this is not an indication that violence is greater in those countries of that those forms of violence are the most prevalent, but rather reflects the focus and accessibility of existing studies (Solotaroff and Pande, 2014). Moreover, many existing studies on violence are cross-sectional and demonstrate an association between risk factors and VAWG, but do not

provide strong analysis of unequivocal causal links (Solotaroff and Pande, 2014). Variations in reported rates, therefore, may represent differences in methodological approaches and priorities, as well as actual differences in levels of violence.

Historically, it has been difficult to compare estimated prevalence rates across both countries and studies. One reason has been the multiple and varied ways in which violence is defined, measured, and reported by both researchers and respondents across studies (Bott, Morrison and Ellsberg 2005; Ellsberg et al. 2001; Ellsberg and Heise 2005; Solotaroff and Pande 2014). Reported rates of violence are strongly affected by: the expansiveness of the definitions of violence used; the types of questions asked during surveys and interviews (general versus behaviour-specific); the age range and other available demographic data of individuals included in a given study; sociocultural beliefs and norms affecting disclosure of sensitive information; and the specific research methods used by a study (for example anonymous survey versus telephone or face-to-face survey) (Ellsberg and Heise, 2005). Researchers must also be aware of the potential for increased risk of violence that participation in studies can generate for women – a point which underpins the WHO’s guidelines, ‘Putting Women First’, for safe and ethical research into VAWG (WHO, 1999a).

This issue has been substantially addressed by the widespread use of the gold-standard WHO Multi-country Study on Women’s Health and Domestic Violence against Women (hereafter, known as the WHO DV Study) (Garcia-Moreno et al., 2005). However, the standardisation of research methods has applied primarily to the measure of IPV, and the measures of non-partner violence and child abuse remain varied and often difficult to compare.

These methodological challenges suggest the

need for caution in undertaking comparative research and drawing conclusions from cross-sectional studies. This is particularly true where such evidence is used to inform programme and policy design, implementation, and evaluation.

2. Intimate partner violence

2.1 What do we know about intimate partner violence?

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

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

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

Reports from women demonstrate equally large differences, with especially dramatic variation in the proportion of women experiencing current partner violence (defined as physical or sexual violence by a partner within the last 12 months) across settings. For example, the WHO DV Study found that reports of current abuse by a partner

varied from less than 4 percent in Yokohama, Japan and Belgrade, Serbia to 53.7 percent in rural Ethiopia, and 34.2 percent in the Cuzco, Peru. Reported rates of current partner violence in high-income countries average around 4 percent in the US, Great Britain and Ireland, when using roughly similar methodologies - compared to one-third to half of all women in some lower income countries (Black et al., 2011; Walby and Allen, 2004; Watson and Parsons, 2005).

In non-Western countries, the proportion of women who report experiencing partner violence in the last 12 months is generally at least half the proportion reporting lifetime partner violence. For example, of the 53 percent of women in Dhaka Bangladesh, who report having ever experienced physical or sexual violence by a partner, more than half of these (30 percent) report experiencing violence within the past 12 months. By contrast, in settings like Australia, Canada, Ireland, and the US, the rates of lifetime violence versus on-going violence are vastly different, with a far larger percentage of women reporting violence by a partner over their life course, than those reporting current abuse (Australian Bureau of Statistics, 2012; Black et al., 2011; Canadian Centre for Justice Statistics, 2013; Watson and Parsons, 2005). This suggests that, on average, women in high-income countries are better able to leave relationships that turn violent than are similarly positioned women in countries where social stigma and a lack of economic alternatives for women make leaving less viable.

Interestingly, the differences in level of partner violence observed between countries can also be seen within the countries themselves, with vastly different rates of violence reported by women living in different regions, different villages and cities, and even in different neighbourhoods within a city. This unequal 'geography' of violence suggests that various

factors combine to establish the level of partner violence present in any one setting.

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

Most partner violence in low income countries is perpetrated by men against women.

In low-income and middle-income countries, the majority of IPV is perpetrated by men against women. In higher income countries, a greater proportion of violence appears to be mutual (perpetrated by both partners), although the health and social consequences of violence remain more severe for women than for men.

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

A growing body of evidence suggests that in high-income settings, women are indeed becoming more physically aggressive, as women's status improves and social norms against female violence are challenged (Archer, 2006). This has led to an increase in relationships where both men and women use physical aggression, although the health and social consequences of violence remain

more severe for women than for men (Black et al., 2011; Canadian Centre for Justice Statistics, 2013; Watson and Parsons, 2005; Walby and Allen, 2004a). Women are also the victims of the most severe types of physical violence and the majority of incidents reported to the police.

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

Several research groups have attempted to test Johnson's hypothesis, generally finding mixed support for his thesis (Frye et al., 2006; Graham-Kevan and Archer, 2008). The possibility that there are various types of IPV, each with different risk factors, manifestations, and gender dynamics, is a compelling thesis and one worthy of further investigation. Nonetheless, population-based research indicates that in some high-income and middle-income settings, the level of physical aggression by women is relatively high and not entirely motivated by self-defence.

At the same time, efforts to extend the 'gender symmetry' analysis to low-income settings are largely misplaced. Throughout large swathes of the developing world, studies have shown that the dominant problem is clearly one of violence perpetrated by men against women and girls. Not only is the behaviour common and socially condoned, it is embedded in a

matrix of gender inequality in terms of access to resources and deep-seated norms that grant men authority over female behaviour. In the 15 sites of the WHO DV Study, for example, less than a quarter of women (with the exception of Yokohama in Japan and Bangkok in Thailand) report ever having hit their partner when he was not already hitting them, with the majority reporting offensive violence once or twice ever. The evidence suggests that women are more likely to aggress against their male partners in settings where women have gained more independence and wife-beating is less socially acceptable, as found in studies of IPV in North America and Europe (Archer, 2006; Heise, 2012). For these reasons, the What Works program and the reports produced therein focus on the male practice of VAWG.

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

Analysis of household survey data from the WHO DV survey and other national violence studies (including Indonesia, Nicaragua, Vietnam and Turkey) all demonstrate that the various types of partner violence generally overlap in relationships (Directorate General of the Status of Women, 2010; Ellsberg, et al. 1999; Hakimi et al., 2002; Vung, Ostergren and Krantz, 2008). The vast majority of women who experience physical or sexual partner violence also experience emotional abuse; likewise those who experience sexual violence most often experience physical violence as well. As the authors of a recent survey replicating the WHO study in Turkey observe, "Sexual partner violence rarely occurs alone. When a woman experiences sexual violence, she usually also experiences physical violence" (Directorate General of the Status of Women, 2010).

However, based on studies using the WHO DV methodology, the pattern of violence seen in

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

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

The reigning paradigm for understanding partner violence is the socio-ecological model, which posits that violence emerges from the interplay of multiple interacting factors at different levels of the social 'ecology' (Heise, 1998; Krug, Dahlberg et al., 2002; Solotaroff and Pande, 2014). This includes: genetic endowment, developmental history, personality profile, and current behaviours of the partners who enter a relationship; the specific dynamics of that relationship, including levels of conflict, communication style, and power dynamics; the household and community structures in which that relationship is embedded; and the macro-level and global-level forces that shape prevailing norms, access to resources, and the relative standing of men versus women.

Significantly, this conceptualisation of violence means that different combinations of factors interact to increase the likelihood of either perpetrating violence or being a victim. Likewise, there are multiple different pathways that can result in physical or sexual partner violence. While individual factors may be the most proximate explanation for differences in risk, individual attitudes and behaviors are influenced by community structures and social environments, and by distal factors such as gender inequalities embedded in legal systems

(Solotaroff and Pande, 2014). This is important when considering how change happens, as these distal factors can both shape and be shaped by individual beliefs. Ground-level shifts in individual beliefs can also reach a 'tipping point', at which social norms surrounding violence are transformed, ultimately leading to changes in distal factors, such as laws (Solotaroff and Pande, 2014).

To date, violence researchers have spent too little effort elucidating these different pathways. The next generation of research must further explore this relationship between distal factors and individual beliefs and behaviours in specific settings. The focus should be on how more distal, upstream factors (such as gender inequitable property regimes) work through community and normative structures to influence relationship dynamics, and individual attitudes, beliefs, behaviours and stressors.

2.2 What risk factors influence intimate partner violence?

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

Individual factors

Violence in childhood

Studies from a wide range of industrial and developing country settings have found that children who witness violence between their parents or who are physically abused themselves are more likely to use violence in their relationships as adults (Abrahams and Jewkes, 2005; Ellsberg et al., 1999; Flake, 2005; Gage, 2005; Jewkes et al., 2002; Kishor and Johnson, 2005; Martin et al., 2002; Solotaroff

and Pande, 2014; Urbina, 2005). Solotaroff and Pande (2014) found the association between childhood exposure to IPV and a higher risk of marital violence in adulthood to hold in their study of VAWG in South Asia. In India and Bangladesh, studies have found an increased risk of spousal violence for women who witnessed their mothers being abused, or women who were harshly abused themselves during childhood (International Centre for Research on Women, 2000; Jeyaseelan, Kumar, Neelakantan, Peedicayil, Pillar and Duvvury, 2007). This association persists in well-controlled multivariate studies and has been consistent in settings as diverse as Nicaragua, the US and Vietnam (Ellsberg et al., 1999; Vung et al., 2008; Whitfield et al., 2003).

This cross-sectional evidence is supplemented by a range of longitudinal studies in high-income countries that have followed children and their families forward in time. Consistently, these studies have confirmed a strong relationship between exposure to violence in childhood and subsequent risk of perpetrating dating violence as well as partner violence in adulthood (Capaldi et al., 1997; Capaldi and Clark, 1998; Ehrensaft et al., 2003; Magdol et al., 1998; Swinford and DeMaris, 2000). Other studies have demonstrated that the association with various negative health and behavioural sequelae remain, even after controlling for family dysfunction elements, such as growing up with an alcoholic parent (Chartier et al., 2010). The pattern is not inevitable, however, and a key question for future research is what genetic, situational, socio-cultural, and life course factors distinguish those who later become violent from those who go on to form healthy relationships.

While the link is well established, less is known about the exact mechanisms through which early exposure to violence operates to increase risk of future perpetration. Research from high-income country studies has demonstrated that

early exposure to violence can leave emotional and developmental scars that predispose a child to later behavioural problems, including poor school performance, bullying, and anti-social behaviour in adolescence (Hemphill, Toumbourou and Catalano, 2005; Ireland and Smith, 2009; Pears and Capaldi, 2001). Left unchecked, this developmental pathway is highly predictive of later engagement in partner violence. There is even evidence that early trauma can affect the developing brain, interfering with a child's ability to learn to trust and develop empathy, and heightening the tendency to perceive benign overtures as threats (Kinniburgh, Blaustein and Spinazzola, 2005; Neigh, Gillespie and Nemeroff, 2009; Perry, 2005). Children who grow up in violent homes also internalize the idea that violence is an effective tool to exert dominance and get what you want. If no negative consequences accompany violence, then children, especially boys, readily incorporate aggression into their behaviour (Bandura, 1978). There is an urgent need for further research to establish whether or not the developmental pathway that exists in high-income countries—early violence leading to antisocial behaviour in adolescence leading to partner violence in adulthood—is similarly operative in low-income countries; whether or not it interacts with norm-driven violence, and if so, how.

Attitudes and norms accepting partner violence

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

Women and men appear to make finely grained distinctions as to what 'justifies' wife-beating, with individuals accepting some reasons but rejecting other reasons in a list of possible circumstances wherein abuse might be justified (Ellsberg et al., 2001). For example, in a study into attitudes and justification for wife-beating with 496 women across six villages in rural Bangladesh, Yount and colleagues found that the women in the villages held incredibly diverse beliefs about wife-beating, and that social change was perceived as a primary factor in generating these diverse beliefs and their attendant behaviours (Yount et al., 2013). Despite this reported diversity, the study found that 91 percent of women believed that wife-beating was never justified for hypothetical transgressions depicted as unintended, that is where extenuating circumstances led to transgressive behaviour (Yount et al., 2013). The authors suggest that some interview answers reflect a social desirability bias, with respondents concerned about providing an answer that did not contradict perceptions of social norms, nor put them at risk of increased violence (Yount et al., 2013).

Acceptability of violence appears to be strongly linked to both the nature of the perceived transgression and the severity of abuse. Violence that is viewed as 'without just cause' or as excessive is more likely to be condemned by women themselves and by others (Go et al., 2003; Jeejeebhoy, Santhya and Sabarwal, 2013; Yount et al., 2013). This suggests the possibility of intervening at multiple levels, to: challenge the underlying beliefs that define the range of acceptable male and female behaviour; build a new social consensus that all violence is unacceptable in families, regardless of severity; foster informal sanctions against men who abuse their wives.

Over 35 population-based studies from Asia, Africa, Latin America, and the Middle East have demonstrated that women's attitudes that

condone partner violence are highly associated with victimisation (Fournier et al., 1999; Guoping et al., 2010; Khawaja, Linos and El-Roueiheb, 2008; Rani and Bonu, 2009; Uthman, Lawoko and Moradi, 2010). Using detailed analysis of DHS data for over 100,000 women from 15 countries in Sub-Saharan Africa, Cools and Kotsadam (2014) found that women who believe that wife-beating is justified are 7.9 percentage points more likely to be physically or sexually abused by a partner than those who reject the legitimacy of such violence.

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

Likewise, the UN MCS found that the relationship between attitudes condoning wife-beating and perpetration varied across the study's nine Asian and Pacific sites. Pooled analysis across all sites, found that on average, men with gender inequitable attitudes (measured by the GEM scale) or more controlling behaviour, were 42 percent and 74 percent more likely to abuse their partners, respectively. However, the association between perpetrating partner violence and the specific question that measured attitudes toward wife-beating varied by country.¹

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

Alcohol use

Scores of studies from low-income and middle-income countries show a strong and consistent association between men's use of alcohol and women's risk of experiencing domestic violence (Abramsky et al., 2011; Dalal et al., 2009; Foran and O'Leary, 2008; Gage 2005; Graham and Bernards, 2008; Hindin et al., 2008). One systematic review pooled the results of 11 studies and found that harmful use of alcohol was associated with a 4.6-fold increased risk of exposure to IPV compared to mild or no alcohol use (Gil-Gonzalez et al., 2006).

Risk of partner violence appears especially linked to heavy episodic drinking. A ten-country study on alcohol use and partner violence in Latin America, for example, found that violence toward female partners was especially associated with binge drinking, suggesting that

the quantity of alcohol consumed per occasion - not just whether or not her partner drinks - accounts for the relationship between drinking and partner violence (Graham et al., 2008).

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

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

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

[†]The GEM scale asks participants to note their degree of agreement with this statement: There are times when a woman deserves to be beaten. (This question is less specific than that used in the DHS.)

intoxication (Quigley and Leonard, 2006). Part of the association between violence and alcohol use may also be that men's drinking becomes a source of arguments in relationships. Analysis of overlapping individual, relationship and community-level risk factors for partner violence in Brazil and Peru demonstrates that the association between men's drinking and violence is partially mediated through couple conflict, suggesting that alcohol affects risk, in part, through conflict about drinking (Heise, 2011).

Harmful notions of masculinity and rigid gender roles

Multiple lines of evidence suggest that certain constructions of masculinity and strictly enforced gender roles create an environment conducive to partner violence. Many societies are fundamentally patriarchal, with men considered to have greater value than women and accorded privileges - including power over women's behaviour, entitlement with respect to marital and extra-marital sex, and command of the economic and political sphere. In return, men are expected to provide economically for the family and to conform to certain expectations regarding masculinity. Although gender theorists point out that, in any setting, masculinities are multiple, dynamic and open to change, there is generally a dominant construction of gendered practice that reinforces male privilege and female obedience (Connell, 2005; Connell and Messerschmidt, 2005). Other forms of masculine practice are subordinated to this model, and all men - whether they enact the ideal or not - structure their sense of self in relation to this 'hegemonic' ideal (Beasley, 2008; Connell, 1987, 2005).²

Research done on violent men suggests that risk of partner violence is highest when narratives of what it means to be a man in a society are linked to: toughness, male control of women, husband as breadwinner, and

heterosexual performance (as exemplified through sexual prowess and multiple partners). The UN MCS, for example, found a clustering of risk factors and behaviours that co-occurred with perpetration of partner violence in most sites. These included fights with other men, frequent quarrelling, controlling behaviour in relationships, multiple sexual partners, engaging with sex workers, and transactional sex (Fulu et al., 2013). Several studies extend this finding from Asia and the Pacific to the African continent, with a similar clustering of factors emerging as predictive of partner violence in South Africa and India (Decker et al., 2009; Dunkle et al., 2006). Jewkes and Morrell argue that it is the dominant construction of masculinity, reinforced through a complex web of legal, material, and cultural processes, that unites these disparate behaviours (Jewkes and Morrell, 2012).

Other qualitative studies have highlighted how economic and social dislocation can destabilize the existing gender order and lead to an increase in physical and sexual partner violence, although perhaps only temporarily. For example, multiple studies have documented how men, who feel that they cannot fulfil expected male roles and responsibilities as the head of the household and the breadwinner, feel disempowered and humiliated, leading them to 'seek comfort in other women' and to reassert power and dominance in the one realm they still control - the family. Women's protests about men's extramarital affairs and their failure to provide often results in compensatory violence as men seek to re-establish their equilibrium and assert authority. The situation can worsen when women seek employment to help the family survive. As the woman becomes increasingly independent financially, the man's honour, reputation and masculine ego may be affected, because, in the eyes of others, he is perceived as someone who 'cannot provide for his family nor control

²Raewyn Connell (1987) initially conceptualized hegemonic masculinity as the form of masculinity in a given historical and society-wide setting that structures and legitimates hierarchical gender relations between men and women, between masculinity and femininity, and among men.

his wife' (Silberschmidt and Rasch, 2001; True, 2012). This does not suggest that economic and social change are inherently negative; and shifts towards more equitable gender norms and women's economic empowerment are certainly positive. However, policymakers need to recognise the possibility for increased VAW and put measures in place to mitigate this risk.

Education and women's empowerment

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

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

The relationship between various economic variables and women's risk of violence is similarly complex. There are few prospective studies available in either high-income or low-income countries to help clarify how changing economic circumstances affect the risk of partner violence. The only prospective study

available from the developing world on the impact of female and male employment status on partner violence is from a slum community in Bangalore. This study found that women who were unemployed at the outset and became employed during the study period faced 80 percent higher odds of violence than women whose employment status remained unchanged (Krishnan et al., 2010).

Likewise, a study that randomly distributed available employment slots in a flower firm to similarly qualified Ethiopian women, found that domestic violence was 13 percentage points higher among those who entered employment than among those who did not. This finding is reinforced by a recent multi-level analysis of DHS data from 15 African countries, which found that, across the board, women's employment was associated with higher risks of current partner violence, regardless of whether their partner was working or not. However, the effect of, or relationship between, employment and violence may depend on the type of employment and whether or not the woman brings in income (and how much). Being employed leads to an even higher risk of violence - by 5.8 percentage points - in areas where the acceptance of wife-beating was high (Cools and Kotsadam, 2014). This finding has led the authors to propose a new 'contextual gendered resource theory', which hypothesizes that an increase in female resource levels leads to high risk of domestic violence in settings where prevailing norms and values are such that wife-beating is accepted.

In keeping with this theory, research from high-income countries suggests that women's employment has little influence on the individual risk of violence, except in relationships where the man is unemployed or holds highly-traditional gender expectations (Atkinson et al., 2005; Macmillan and Gartner, 1999). Despite increasing violence in the short-term, both theory and research suggest

that expanding women's access to waged employment is an important long-term strategy for empowering women and reducing violence (Heise, 2012). For example, using complex econometric techniques, Aizer demonstrates that an improvement in local labour market conditions for women in California over the period 1990-2003 explains 10 percent of the decline in partner violence witnessed over this same period (Aizer, 2010).

Community and society factors

The current evidence base is highly skewed towards factors operating at the individual level. Less is known about the relationship, community, macro-social and global processes that predispose individuals and populations to higher levels of partner violence. To date, the field of partner violence has tended to emphasise the individual-level factors that predispose individuals to partner violence, rather than the relationship, community and macro-social processes that contribute to abuse.

Community and institutional risk factors

There is limited evidence on the community-level and society-level association between institutional and systemic risk factors and women's and girl's exposure to IPV. Only 17 articles met the inclusion criteria of a recent systematic review of community level predictors of partner violence. This review found that, in US urban centres, concentrated disadvantage - characterized by residential instability, poverty, female-headed households and so on - was positively associated with physical IPV in five of seven analyses (Vanderende et al., 2012). Elsewhere, there is conflicting evidence of a relationship between community economic status, male unemployment and IPV (Gage and Hutchinson, 2006; Cunradi et al., 2000; Ackerson and Subramanian, 2008; Boyle et al., 2009; Gage 2005).

Studies have also found the relationship between poverty and IPV in the developing world to be complex (Solotaroff and Pande, 2014). Poverty may increase the risk of violence where households are placed under significant stress, as men and women struggle to provide for their families (Bates, Schuler, Islam and Islam, 2004; Koenig et al., 2003; Panda and Agarwal, 2005). Mixed findings also indicate that poverty may be associated with attitudes supportive of wife beating (Yount, Halim et al., 2013).

Community characteristics such as community-level education of men and women, gender norms, conflict and crime rates, and socio-economic development status have been found to have a mixed impact on the prevalence of male perpetration of IPV (Ackerson, Kawachi, Barbeau and Subramanian, 2008; Jewkes, 2002; Koenig et al., 2006; Schuler et al., 1996; Solotaroff and Pande, 2014). Kabeer cautions that women may be exposed to a higher risk of violence where transformation in gender relations has been more successful in mediating inequalities, and therefore challenging patriarchal social structures the most (Kabeer, 1998).

Social norms as macro-level risk or protective factors

In a wide range of studies, social norms condoning wife-beating and male control of female behaviour emerge as community-level drivers of risk. Solotaroff and Pande emphasise the association between collective notions of masculinity and femininity, and notions of honour as a primary factor in the determination of gender relations, and in the prevalence of violence within those relations (Solotaroff and Pande, 2014). These social norms are further related to systems and structures of culture, religion, class and caste (Bates et al., 2004; Koenig et al., 2003; Schuler et al., 1996; Solotaroff and Pande, 2014; Welchman

and Hossain, 2005). Studies from India have linked community-level acceptance of wife-beating with women's individual risk of being beaten (Boyle et al., 2009). Likewise, a range of macro-social processes that have been linked empirically to levels of partner violence across a wide range of countries, including women's access to formal wage employment, family law and inheritance regimes that discriminate against women, lack of economic rights and entitlement for women, and overall national level of socio-economic development (Heise and Kotsdam, 2015).

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

The factors that determine the prevalence of partner violence at a population level may be different to those that drive risk at an individual-level. A core insight from epidemiology (the study of population-level health) is that the factors that increase an individual's risk of developing a disease or condition may be different to those that determine the overall level of that condition in a particular setting. This observation applies equally to IPV: the factors that increase an individual's risk of perpetration or victimisation may be different to those that drive overall levels of violence at a population level. For example, binge drinking by a male partner has been linked to the frequency and severity of violence experienced by women, even in settings like the Middle East, where drinking is uncommon. On the other hand,

the relative importance of alcohol as a driver of partner violence varies by setting, depending on the prevalence of harmful drinking in the population. In short, harmful alcohol use is just as powerful a risk factor for partner violence among Egyptian women, as it is elsewhere in the world, but it may play little, if any, role in establishing the overall level of partner violence in Egypt and other Arab states.

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

3. Non-partner sexual violence

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

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

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

The global estimate for the proportion of women and girls who have experienced non-partner sexual violence since the age of 15 is 7.2 percent, with the prevalence ranging from 5 percent in South East Asia to 12 percent in Africa (Devries et al. 2013). However, rates of sexual

violence vary significantly across countries. The WHO IPV study on women's health and domestic violence found that reported levels of sexual violence by non-partners from the age of 15 years varied from under 1 percent in Ethiopia and Bangladesh (where the majority of women are married by the age of 15) to 10-12 percent in Peru, Samoa and urban Tanzania (Garcia-Moreno et al., 2005). In terms of men's perpetration of violence: the UN MCS found prevalence ranging from 4 percent (Bangladesh) to 41 percent (Bougainville, PNG); but in most sites it was between 6 percent and 8 percent (Fulu et al. 2013). A large community-based study in South Africa found 21 percent of adult men had forced a woman who was not an intimate partner to have sex against her will (Jewkes et al., 2011). The IMAGES study found that 24 percent of all men (and 36 percent of married men) in India and 9 percent in Chile and Rwanda disclosed having ever been sexually violent (Barker and Contreras Urbina, 2011).

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

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

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

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

gangs and fights with weapons (Knight and Sims-Knight, 2003; Silverman et al., 2004; Decker et al., 2009; Shannon et al., 2012).

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

The UN MCS found that, in most sites, the prevalence of gang rape ranged from 1-2 percent; however in Cambodia it was 5 percent, in Papua, Indonesia it was 7 percent and Bougainville, PNG was highest of all was at 14 percent. Only in Cambodia was multiple perpetrator rape more common than single perpetrator rape (Fulu et al., 2013). Where rates of gang rape are high, it appears to be a cultural/sub-cultural practice or to have a level of cultural legitimacy, often with its own local term. For example, in PNG it is known as *lainup* (Team and Jenkins, n.d.), in Cambodia it is referred to as *bauk* (Wilkinson et al., 2005), and in South Africa it is termed *streamlining* (Wood, 2005). It seems likely that a high rape prevalence rate has its roots in aspects of culture related to sexual entitlement and gender relations (Wilkinson et al., 2005; Wood, 2005). Recent research from both Cambodia and PNG link the issue of gang rape with male delinquency and young men's attempts to define their masculine identity (Bearup, 2003; Dinnen and Thompson, 2004; Wilkinson, Bearup et al., 2005).

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

Both men and women perpetrate sexual violence (Sikweyiya and Jewkes, 2009), however the majority of sexual offences are committed by men (Steffensmeier et al., 2006). Most sexual violence is perpetrated by a single perpetrator who is known to the victim. For example, in South Africa, a survey of over 1,300 women in three provinces found that women's first episode of rape was perpetrated

in 43 percent of cases by a stranger, 21 percent by an acquaintance, 9 percent by someone from school, 9 percent by a relative, 8 percent by a partner and 11% by others (Mathews et al., 2009; Jewkes et al., 1999). Elsewhere in the world (with the exception of some South Pacific islands), an even greater ratio of forced sex is perpetrated by individuals known to the victim.

Research suggests that approximately half of all sexual offenders are repeat offenders. Although this may include date rape offenders, the rate of repeat offence found in college and community samples in the US and South Africa is close to 50 percent (White and Smith, 2004; Jewkes et al., 2011). The UN MCS data set also shows that approximately half of all men who have ever raped a non-partner had raped more than one woman, and 16% had forced four or more women to have sex (ranging from 7 percent in Bangladesh to 19 percent in PNG) (Jewkes et al., 2013).

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

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

Existing research on VAWG also fails to adequately distinguish between the distinct experiences of violence for girls and women at different stages in life. As discussed, girls and women are exposed to numerous risk factors for each form of violence, however these vary according to age, and according to partner or non-partner status (Ellsberg and Heise, 2005; Solotaroff and Pande, 2014). Examining the forms of violence experienced throughout women's lifecycle - infancy, girlhood, adolescence, adulthood and old age - reveals the particular characteristics of these distinct forms. For example, in their review of VAWG studies across life stages, Solotaroff and Pande suggest that adolescent girls are exposed to a greater risk of both partner and non-partner sexual violence compared to older women, suggesting that this may be associated with the specific individual, relationship, community and societal risk factors to which adolescent girls are exposed (Solotaroff and Pande, 2014). Strengthening these distinctions in further research into VAWG is crucial for the design of appropriate and informed preventative interventions and policies that target violence throughout all life stages.

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

In South Africa, only 3.2 percent of adult rape cases and 4 percent of child rape cases that are reported to the police result in conviction and imprisonment (Jewkes et al., 2009). In a South African population-based study, only 13 percent of those disclosing rape reported having ever been imprisoned for their crime (Jewkes et al., 2011). However, data from Asia-Pacific found surprisingly high conviction rates of men who had raped, compared with those in other countries (Kelly et al., 2005; Jewkes et al., 2009) - probably because reports of conviction included responses by community justice and village authorities. Nevertheless, this did not suggest that the threat of prison or detention

is a strong deterrent against rape perpetration as countries with the highest conviction rates also had the highest rates of perpetration. In view of the high prevalence of rape, prevention strategies need to focus on structural and social risk factors, and on preventing rape from ever occurring - rather than relying on prevention through legal response after the fact (Jewkes et al., 2013).

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

According to the UN MCS and comparable data from South Africa, the most commonly reported motivation for rape perpetration, as reported by men themselves, was related to feeling entitled to have sex, regardless of consent (sexual entitlement). In most countries, this was reported by 70–80 percent of men who had ever forced a woman or girl to have sex (Fulu, Warner et al., 2013; Jewkes et al., 2011). The second most frequently reported motivation in most countries was related to entertainment seeking. While alcohol is often assumed to be a common trigger for violence perpetration, it was the least common response given by men when asked for the possible reasons for raping across all sites. Further research is needed in this area, particularly qualitative research to understand these and other possible motivations more clearly.³

Men who rape men have also often raped women.

Research done in South Africa that asked about perpetration against both sexes found that one in ten men who have raped women or girls had also raped a man or boy (Jewkes et al., 2011). Men who rape both men and women were considered particularly aggressive. The UN MCS also examined male rape of other men. Rape perpetration of a man was found to be less prevalent than rape perpetration of a female non-partner and, in most sites, it was disclosed by less than 3 percent of men. In Cambodia

(national) and Bangladesh (rural), however, the perpetration of rape against a man was disclosed by 3-4 percent of male respondents and in Bougainville, PNG by 8 percent of men. The association between a man raping a man and raping any woman (partner or non-partner) is pronounced: most men who had raped another man (or men) had also raped a woman. The association was between male rape and gang rape, suggesting a common social context for these two acts - possibly the shared anti-social peer group context.

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

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

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

Some factors appear consistently influential in increasing the risk of non-partner sexual violence in low-income and middle-income settings.

A review published by the WHO on factors associated with being a female victim of non-partner sexual violence identified the factors as follows: being young, poverty, physical disability, mental vulnerability, substance abuse, prior

victimisation and coming from a dysfunctional home (World Health Organization and London School of Hygiene and Tropical Medicine, 2010). Research from North America, South Africa and Asia-Pacific suggests that key risk factors for men's rape perpetration include (Abbey et al., 2006; Jewkes et al., 2006; Jewkes et al., 2011; Jewkes et al., 2013; Knight and Sims-Knight, 2003; Malamuth et al., 1991):

- Adverse childhood experiences (abuse);
- Prevalent gender inequitable ideals of masculinity that emphasise the importance of heterosexual performance (e.g. many sexual partners, including transactional sex, and to prove male sexual prowess), and control of women (including with physical violence);
- Social learning and delinquency (including gang membership);
- Personality disorders;
- Substance misuse; and
- Poverty and social disadvantage.

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

Adverse childhood experiences

Traumatic events in childhood are the most commonly reported and best documented risk factors for sex offending (Amaro et al., 2001; Maniglio, 2010; Seto, Lalumière and Maniglio, 2010). The strongest evidence is childhood sexual abuse - in a meta-analysis, a history of child sexual abuse (CSA) was five times more common among adolescent sexual offenders than among adolescent non-sexual offenders (Seto et al., 2010). Several large national studies

³ In the UN MCS on Men and Violence, men who had raped were presented with a series of statements and asked if they strongly agreed, agreed, disagreed, or strongly disagreed with the statements about why they did what they did. The statements were grouped into the following categories: expressing sexual entitlement ('I wanted her', 'I wanted to have sex' or 'I wanted to show I could do it'); seeking entertainment ('I wanted to have fun', 'I was bored'); arising from anger or punishment ('I wanted to punish her', 'I was angry with her'); and drinking ('I had been drinking'). They could indicate more than one motivation for perpetrating rape.

of US adolescents and men in college have found that those who had sexually assaulted a partner were significantly more likely to have experienced sexual abuse themselves (Borowsky, Hogan and Ireland, 1997; Casey et al., 2009; Malamuth, 2003; Malamuth et al., 1991; Malamuth et al., 1995). A recent study done with more than 10,000 men across nine sites in the Asia-Pacific region found that men with a history of victimisation, especially CSA and having been raped or otherwise sexually coerced themselves, were more likely (than those without such a past) to have perpetrated rape against a non-partner (Jewkes et al., 2013).

Importantly, this data from the UN MCS also shows that experiencing physical and emotional abuse are important risk factors, independent of sexual abuse, for men's perpetration of sexual violence (Fulu et al., forthcoming). This suggests that negative family environments, including emotional abuse and neglect (for example, parents being too drunk or drugged to take care of children, children being moved between different households often, parents not knowing where the child is, and so on), may be important in their own right, independent of physical and sexual abuse. There is also evidence that childhood exposure to domestic violence, removal from the family, family disruption and parental loss due to death or divorce may be risk factors for perpetration (Maniglio, 2010).

In terms of pathways to violence, the use of physical punishment may be one aspect of poor parenting that results in insecure or disordered attachment to caregivers and this has been shown to be a risk factor. Adversity in childhood may directly impact on the developing brain, impacting on its anatomy and neurophysiology (functioning). Some of the research done on the MAOA gene suggests that part of this process is genetically mediated, although the evidence is not yet conclusive. The impact of this is seen in personality, which may then predispose the

individual to both general anti-social behaviour and a propensity to become sexually violent. One pathway through which sexual abuse exposure is believed to impact on perpetration is through social learning and re-enactment, and impacting on ideas of acceptability of and familiarity with sexual coercion.

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

Gender inequality and dominant masculinities that emphasise heterosexual performance

There is strong evidence that the gender climate within a society impacts on the likelihood of non-partner sexual violence perpetration and that a very large part of the problem of rape needs to be fundamentally understood as the 'performance' of men's sexual entitlement over women. As discussed above, research has found that men's self-reported motivations for raping relate most often to notions of sexual entitlement. Further, the UN MCS found that gendered practices associated with sexual dominance are especially important in understanding rape perpetration. Rape of women was strongly associated with partner numbers, transactional sex, and use of physical violence against a female partner (Jewkes et al., 2013). Men with these factors had higher rates of rape in a South African longitudinal research study (Jewkes et al., 2012), where these behaviours were interpreted as not merely expressing sex seeking, but rather as concepts of masculinity that emphasise proven heterosexual performance and dominance over women (Knight and Sims-Knight, 2003; Malamuth, 2003; Jewkes et al., 2011).

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

Social learning and delinquency

There is strong evidence that boys and young men who are delinquent and join gangs are more likely to be sexually violent. The UN MCS found that involvement in fights with weapons, gang membership and drug use within the past year was associated with non-partner rape (Jewkes et al., 2013). These factors reflect influential narratives of masculinity that justify and celebrate domination, aggression, strength, and men's control over women. Multiple factors are brought to bear on this practice. There are genetic influences on anti-social behaviour and personality factors that influence delinquent peer association, which, in turn, may be influenced by childhood adversity exposure. Social influences are important and men who are more susceptible to peer pressure (because of personality) may be more likely to join gangs and to perpetrate rape. Delinquent peer associations are also contexts in which young men may use drugs and alcohol, and have weapons - all of which may situationally or causally impact on sexual violence perpetration. Furthermore, delinquent

peer groups are generally contexts in which there is an exaggerated performance of heterosexuality, with competition between men and boys to demonstrate manhood. This may often take the form of demonstrations of male power over women and the use of violence (Fulu et al., 2013).

Personality disorders

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

Empathy may act as an inhibiting factor that operates to prevent sexual violence perpetration by men, but the research is inconclusive. Abbey, in research done with a community-based sample of adult men in the US, found higher levels of empathy to be an important deterrent of rape perpetration (Abbey et al., 2006). However, a large South African study found that: men who have raped have lower levels of empathy than those who have not raped; but that empathy per se was not important after adjustment for psychopathy dimensions (Jewkes et al., 2011). In the UN MCS, empathy was found to be protective against rape perpetration, but only in Bangladesh and Bougainville (PNG) (Fulu, Warner et al., 2013).

Alcohol and drug misuse

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

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

It is most likely that the association between drug use and rape is not causal, but explained by a third factor that encompasses the propensity for both practices. A longitudinal study of men in college in the US has shown that drug use immediately prior to a sexual encounter was associated with greater sexual aggression, after adjusting for alcohol use (Swartout and White, 2010). A prospective study from South Africa has shown that the incidence of rape perpetration is elevated among men who have ever used drugs - indeed 24 percent of all rapes

would have been prevented if drug use had not occurred (Jewkes et al., 2012). And the UN MCS also found current drug use to be associated with non-partner rape perpetration, but only in Cambodia. However, a number of other studies show no association between drug use and non-partner rape perpetration (Jewkes et al., 2011; Kalichman et al., 2009). It is argued that rather than the influence of drug use on rape perpetration being pharmacological, it was an indicator for engagement in a sub-cultural peer context of drug use wherein rape was seen as 'normal' (Jewkes et al., 2012; Kilpatrick et al., 1997; Swartout and White, 2010).

Poverty and social disadvantage

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

The UN MCS found that men who were poor (indicated by present food insecurity) were more likely to have raped, but this was not consistent across settings: it was significant only in the least developed country settings. Two studies done in South Africa have shown that, among the poor, it is the slightly less poor who are more likely to rape (Jewkes et al., 2006). This finding was supported by a large sample of adult men from the South African general population, whose risk of rape perpetration was highest among those in the low-income bracket, as opposed to those not earning at all, or those in higher income brackets (Jewkes et al., 2011). However, the prospective study of rape perpetration in South Africa did not show socio-economic status to be associated with an elevated incidence of rape perpetration (Jewkes et al., 2012).

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

The risk factors for forcing sex within an ongoing relationship appear to be somewhat different to those that drive rape outside of relationships.

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

Risk factors for rape of a man are similar to those of the rape of a non-partner woman.

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

4. Child abuse

4.1 What do we know about child abuse?

In addition to being a significant global problem in its own right, violence against children is an important risk factor for a host of other problems in adulthood, including IPV and rape. Thus, any serious effort to prevent abuse of women must take on the challenge of preventing violence early in life. The evidence presented in this section is generally not gender-disaggregated by the studies analysed, which presents a challenge for establishing a strong basis for comparative analysis. The following discussion thus refers to child abuse of both female and male children, and highlights a need for more directed research into the particular type of violence experienced by girls and boys globally.

Violence against children is a worldwide problem, although the current evidence base on prevalence is highly skewed toward sexual abuse and Western high-income countries.

Researchers frequently divide children's exposure to violence into three broad

categories: harsh parental punishment; children witnessing violence between partners; and maltreatment and neglect. This latter category is further divided into: physical and sexual abuse; emotional abuse; and physical and emotional neglect.

Global prevalence estimates on violence against children are dominated by sexual abuse, followed by physical abuse, with the number of worldwide studies on sexual abuse outnumbering research on all other types of child maltreatment together. This research focus could be due to the substantial moral sentiment attached to cases of CSA, rating it as a research priority over physical and emotional abuse (Gilbert, Widom, Browne, Fergusson, Webb and Janson, 2009).

Current research is also strongly concentrated in Western, high-income countries, although recently initiated efforts in developing countries should begin to correct this bias (Gilbert et al., 2009). For example, the UN Children's Fund (UNICEF), the US Centre for Disease Control and Prevention (CDC), and Together for Girls have launched a series of national-level surveys on violence against children, with more than a dozen national surveys completed or planned in Africa and Asia. Likewise, UNICEF has added a specialized module on child discipline to its Multiple Indicator Cluster Surveys, and a handful of governments have implemented the module within the DHS survey. Below, we summarize available global estimates of children's exposure to violence in childhood.

Harsh physical punishment

Data from 35 countries implementing the UNICEF middle-income countries' module in 2005-06, show that 76 percent of children aged 2 to 14 experienced physical punishment and/or psychological aggression by a parent or

caretaker within the previous month. Two out of three children were physically punished, and some of this physical punishment was severe (UNICEF Innocenti Research Centre, 2010). According to mothers' reports, in the past month: 16 percent of children aged 2 to 14 were hit or slapped on the face head or ears; 20 percent were hit or slapped on the hands, arms or legs; and 4 percent were beaten (hit repeatedly as hard as possible) in the past month.⁴

Children witnessing their parent's violence

Given the global ubiquity of partner violence, it is not surprising that the most common form of childhood exposure to violence is children witnessing marital violence in their homes. Extrapolating from prevalence figures of partner violence in the DHS and other population-based surveys, the UN Secretary General's Study on Violence against Children estimates that 133 to 275 million children witness partner violence annually and on a frequent basis: usually violent fights between parents or between their mother and her partner.⁵

Studies from both the industrial and developing world demonstrate that children who witness partner violence experience many of the same psychological and social consequences as children who are physically or sexually abused (Kitzmann et al., 2003; Herrenkohl et al., 2008). Consequences include both the immediate impact on a child's behaviour and personality, as well as damage that carries forward into later childhood, adolescence and adult life. Studies likewise suggest that children who witness IPV or parental substance abuse in the home, or whose parents have suffered spousal abuse, are more likely to be subjected to child abuse (Catani, Jaon, Schauer, Kohila and Neuner, 2008; Hunter, et al., 2000; Silverman, Decker,

⁴ Percentages are based on 33 countries. Egypt and Mongolia were omitted because they used slightly different wording in the questions.

⁵ UN Secretary General, Study on Violence against Children. Estimates are based on: UN Population Division Data for Global Population under 18 Years, 2000; various domestic violence studies, 1987–2005; analysis by the Secretariat of the UN Secretary General's Study on Violence against Children.

Cheng, Wirth, Saggurti, Mccauley, Falb, Donta and Raj, 2011). However, these findings are not disaggregated by sex (Solotaroff and Pande, 2014).

Child sexual abuse

Stoltenborgh and colleagues conducted a meta-analysis of publications on CSA between 1982 and 2008, in order to outline existing knowledge and as an attempt to establish patterns of geographical and sampling characteristics, as well as prevalence rates, beliefs and practices (Stoltenborgh, Van Ijzendoorn, Euser and Bakermans-Kranenburg, 2011). They found that global prevalence estimates vary from 0.1 percent (Mackenzie, Blaney, Chivers and Vincent, 1993) to 71.0 percent (Everill and Waller, 1995), and suggest the significant variation is the result of inconsistent methods and approaches, inconsistent definitions of CSA, and the specific priorities of the studies. By combining prevalence rates from 217 publications on CSA, or 331 samples with nearly ten million participants, they estimate the global prevalence at 11.8 percent, or 118 per 1000 children (Stoltenborgh et al., 2011). This meta-analysis also found that women reported CSA more often than men, resulting in a gendered prevalence rate of 18.0 percent for girls and 7.6 percent for boys - though this may reflect women's motivations and their willingness to report abuse, rather than a higher occurrence of abuse.

The lowest rates for both girls (11.3 percent) and boys (4.1 percent) are found in Asia; the highest rates for girls are found in Australia (21.5 percent) and for boys in Africa (19.3 percent). Girls typically report rates two to three times higher than boys in high-income settings (Gilbert et al., 2009), although rates of abuse reported by boys are similar to those rates reported by girls in other settings. Further, research done in China (Cheng-Fang and Mei-Sang, 2008), Poland (Mossige et al., 2007),

and Lebanon (Kessler et al., 2010) has found higher reports of sexual abuse/child sexual victimization among boys compared to girls. Stigma, however, may operate to prevent children from revealing and/or reporting abuse, such as where a high value is placed on preserving girls' virginity to preserve family and community 'honour' (Welchman and Hossain, 2005). Similarly, negative beliefs regarding homosexuality may discourage young boys from revealing their experiences of CSA. As CSA is often perpetrated by individuals in positions of authority, children are particularly vulnerable to abusive relationships and may feel uncomfortable or unable to speak out against abuse.

Other forms of maltreatment

In high-income countries, the annual prevalence of physical abuse ranges from 4 percent to 16 percent, and approximately 10 percent of children are neglected or emotionally abused (Gilbert et al., 2009); 80 percent of this maltreatment is perpetrated by parents or caregivers (Gilbert et al., 2009).

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

When applying the first definition, the results showed that 16.5 percent of children in the median community had experienced physical abuse during the past year. The rate climbed to 39 percent when hitting children with objects was included in the definition. Rates varied widely among communities. Only 0.1

percent of mothers in a non-slum community in New Delhi reported that their children are beaten, compared (Moffitt and Caspi, 2003) to 24 percent in El-Sheik-Zayad (Egypt) and 29 percent in an urban slum in Bhopal (India). In India, the rate varied more than ten-fold among the 14 communities that were sampled (Runyan et al., 2010). However, it is difficult to determine from findings whether these large variations reflect reporting differentials based on inconsistent methods, or actual differentials. Existing evidence suggests that such differences could be related to the acceptability or justifications for using physical violence as discipline against children; however, more targeted research is needed that engages with clear conceptualisations of child abuse, and examines the attitudes, beliefs and practices of both parents and children. The line between 'punishment' and child abuse has long been contested among individuals and across cultural settings.

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

As the number of risk factors increase, the likelihood of child abuse and neglect increases dramatically. In one prospective study of child development, the prevalence of child abuse or neglect increased from 3 percent when no risk factors were present to 24 percent when four or more risk factors were present (Brown, 2009). This overlap makes it difficult to: sort out the unique contribution of one type of violence from another (e.g. being beaten as a child versus witnessing your mother being beaten); or determine whether it is the violence per se that leads to negative consequences or 'merely' growing up in a generally dysfunctional home with many social and economic stressors that leads to negative consequences.

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

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

4.2 What risk factors influence child abuse?

Relatively little is known about factors that heighten or moderate risk of child abuse or neglect in low-income and middle-income countries. While much existing research comes from high-income settings, especially the US, the review of evidence from South Asia by Solotaroff and Pande (2014) offers a cursory analysis of the limited existing data on individual, household and relationship, institutional and social risk factors for child abuse. It is important to distinguish these factors from those examined for forms of

violence that occur at later life stages, as they represent specific constellations of events, beliefs and practices that must be noted for the design of informed interventions.

Individual factors

Longitudinal studies have shown: that parents with inconsistent and harsh parenting styles are at heightened risk of abusing their children; and that their children are at heightened risk of becoming violent themselves in later life (Capaldi et al., 1997; Swinford and DeMaris, 2000). Solotaroff and Pande suggest that self-efficacy and self-confidence, negotiation skills, and the overall relationship between children and parents are protective factors associated with child abuse, adolescent sexual harassment, and child marriage (Solotaroff and Pande, 2014). As explored below, this initial evidence presented for individual factors suggest that child abuse is associated with a complex web of broader types of violence and household insecurity, as well as the multiple and interrelated risk factors identified for these forms of VAWG.

Household and relationship factors

Children who grow up in violent homes are at substantially greater risk of being physically and sexually abused themselves (Dong et al., 2004; Hamby et al., 2010; Holt, Buckley and Whelan, 2008; Renner and Slack, 2006). For example, in their study of a birth cohort from Dunedin (New Zealand), Moffitt and Caspi found that the risk of abuse among children in homes where parents fought physically was three to nine times higher than for other children (Moffitt and Caspi 2003). Studies in India have also found that the occurrence of violence in the home is a risk factor for the increased likelihood of child abuse (Ackerson and Subramanian, 2009; Hunter et al., 2000; Nanda et al., 2013; Silverman et al., 2011). In a study of the social ecology of child discipline practices

in rural India, Hunter et al (2000) found that spousal abuse of mothers doubled the risk of severe physical punishment of children by their mothers. The authors suggest that this association between multiple forms of violence in the home, linked also with drunkenness of a husband and maternal depression, may reflect behavioural patterns of managing family conflict (Hunter et al., 2000). In another study, done by Silverman and colleagues (2011) using data from the Indian National Family Health Survey, it was found that infant and child mortality were significantly higher among births to mothers who had experienced spousal violence compared with women who had not experienced spousal violence. Likewise, Ackerson and Subramanian (2009) found that IPV, sexual violence, psychological abuse, and physical abuse of mothers were all factors for increased risk of infant and child death. In each of these studies, the multiple forms of violence reported occurred within complex relationships between other socioeconomic and demographic characteristics of individuals and households.

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

Other research suggests that mental health problems, low educational achievement, alcohol and drug misuse, having been maltreated oneself as a child, and family breakdown, or violence between other family

members, are additional factors for parents abusing their children (Butchart and Harvey, 2006).

Systems and institutional risk factors

The weak legal frameworks and lack of enforcement in addressing child abuse and child mortality, including birth registration systems, reflect institutional risk factors for the continued perpetration of violence against children in some settings (Solotaroff and Pande, 2014). For example, police officers in India are either not trained, or do not adequately address reports of sexual assault of girls, and may even refuse to register cases of abuse (Singh and Kapur, 2001). This has further consequences, for victims who are unable to bring a case before a court, given the lack of a police report and police cooperation - and, often, the support of their families (Singh and Kapur, 2001). As discussed above, attitudes and practices institutionalized within legal frameworks and systems are interconnected with broader social norms, such that these institutional risk factors may be seen to reflect a complex relationship with normative sociocultural beliefs on gender relations.

Social norms as risk or protective factors

There is a lack of quantitative data on the association between social norms as risk or protective factors for violence against both girl and boy children (Solotaroff and Pande, 2014). Ethnographic literature on violence and sociocultural gender inequalities in South Asia does, however, provide an indication of the role of social norms in perpetuating violence against girls (Baxi, Rai and Ali, 2006; Singh and Kapur, 2001; Welchman and Hossain, 2005). As discussed above, beliefs and practices surrounding dowry violence and honour crimes operate with sociocultural notions of femininity and masculinity, religion, caste, and class that

promote the virginity of girls as the 'honour' of the family and community (Solotaroff and Pande, 2014). The association between such social norms and the prevalence of child abuse, including the complex relationship between norms, institutions, and individual attitudes, requires further investigation to support stronger analytical claims.

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

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

5. What are the key gaps in our knowledge base?

The field of VAWG has advanced considerably over the past two decades. We have much more information on the prevalence of violence in low-income and middle-income countries as well as an expanding body of knowledge on risk and protective factors. There are also a host of lessons from prior or current interventions for how to improve, strengthen or increase the sophistication of primary prevention programmes; these are discussed in Paper 2 of the What Works series.

The evidence outlined above positions us well to develop and implement strong primary prevention interventions with a rigorous theory of change. However, there are still key gaps that need to be addressed in order to move towards more sophisticated models of intervention. This section highlights the critical areas where more evidence is needed.

Prevalence and types of violence

1. Our information base on CSA is woefully inadequate. Especially lacking is: research on sexual abuse in low-income and middle-income countries; research on the sexual abuse of boys; and sexual abuse perpetrated by women.
2. Methods to reliably measure sexual and emotional violence across cultures are less well developed than those available to measure physical violence. Generally, we know less about the prevalence and aetiology of sexual violence than we do about physical violence - hence we are less prepared to prevent it.
3. Overall, we know less about men's perpetration of violence compared to women's victimization, but this is changing

after some large multi-country studies were done recently with men.

4. Research in low-income and middle-income countries has expanded dramatically over the past two decades; however, there are still large geographical gaps, particularly in the Middle East and Central Asia.
5. We require more studies that look specifically at violence in fragile states.

Risk factors and causes of violence

1. There is now a substantial database on factors associated with different types of violence against women and children, but it is still unclear which factors are merely 'markers' for other variables of importance and which may be causally related to violence. There is a great need for more longitudinal studies that can help establish the sequencing of variables and help tease out cause from effect.
2. The current evidence base is highly skewed toward individual level predictors of abuse. The next generation of studies should focus on establishing factors at the level of the relationship and the community that either heighten or reduce risk of victimization and perpetration.
3. Especially missing are studies that help to establish what macro-level factors influence the geographic distribution of different types of violence and how global, economic and political processes feed into and affect the dynamic of VAWG. Long-term qualitative and ethnographic studies would be useful in this regard.
4. The field would benefit from a greater understanding of how risk factors vary by age group. For example, are men and boys

who begin perpetrating violence against women and girls early in life different from those who start later? Do we need to target specific drivers of violence among youth who are particularly at-risk of perpetrating violence?

5. We need more work to be done to understand how factors at different levels of the social ecology interact to potentiate risk and/or protection. It is important to realise that the particular constellation of factors that combine to lead a particular man or woman to be violent may differ for different individuals. This is true for all forms of VAWG.
6. We must explore the extent of overlap between pathways to perpetration of different types of violence. For example, to what extent is the pathway to perpetration of forced sex in marriage the same or different to that which leads men to rape non-partners? Does the prevention of intimate partner rape versus non-partner rape require different interventions?
7. We need more information on what helps buffer and protect individuals from risk. For example, what promotes resilience among children who have experienced abuse? Why do some children go on to victimise others, whereas others form healthy relationships.
8. Given the overlap between different types of violence, researchers and practitioners must resist working in siloes and seek to cross-fertilize insight across different settings and types of abuse. To expand our understanding of the issue, we should be drawing upon multiple disciplines.
9. It is well established that adverse childhood experiences increase the risk of both women's experiences and the perpetration

of VAWG. However, we need to better understand how the experience of child abuse relates to other adverse childhood environments. Is witnessing partner violence (for example) a risk factor for later abuse, independent of other childhood adversities? Or is it a marker for overall family dysfunction?

10. More evidence is needed on the impact of mental health, PTSD, and antisocial behaviour on the perpetration of and experiences of violence.
11. The role of genetics in aggression is clearly an important area for further work. There has been limited research into the role that environment X gene interaction (epigenetics) plays in the aetiology of different types of abuse. There is emerging evidence of the role that genetics may play in rape perpetration; and there is widespread recognition of the heritable nature of anti-social behaviour, including delinquency and psychopathy. Given that these are risk factors for violence perpetration, it can be concluded that part of the causal pathway in perpetration for some men is genetic in origin.

Conclusions and recommendations

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

Implications for programme and policy design and evaluation

Based on the findings of this review, it is proposed that the following areas are prioritized:

- **Broaden the base of knowledge:** There is a need for research on VAWG, particularly sexual violence and men's perpetration of violence, from a much wider range of countries, particularly low- and middle-income countries, the Middle East and Central Asia.
- **Deepen our understanding of causality, pathways and interplay between risk factors:** There is a need for longitudinal research to understand the timing of all risk factors and the determination of cause and effect. Structural equation modelling of existing data could be used to better understand the pathways between various risk factors and violence outcomes. In particular, more research is needed on the interaction of different risk factors operating across and within levels of the socio-ecology.
- **Research men's perpetration of VAWG:** We need to better understand if there are differences between men who perpetrate different types of violence. We need to look at different pathways to perpetration and also explore whether there are different pathways or sets of risk factors for different age groups.
- **Deepen our understanding of patterns of susceptibility:** Research is needed to understand why some men and/or women who have particular risk factors become perpetrators or victims while others do not.
- **Investigate macro-level factors that drive abuse and how global, economic and political processes affect the dynamics of VAWG:** We need to know more about what is driving VAW at a population level and how that interacts with individual level risk. This could include ecological and multi-level studies, as well as long-term qualitative and ethnographic research.
- **Further explore the role of epigenetics:** We need to know more about the biological drivers of different types of VAWG and their interaction with the environment/epigenetics.
- **Pursue multi-disciplinary research:** New generations of research are needed, which combine perspectives from multiple disciplines, including: developmental psychology, gender studies, epidemiology, economics, psychopathology, genetics and neuro-imaging.

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