SDG indicator metadata

(Harmonized metadata template - format version 1.0)

0. Indicator information

0.a. Goal

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

0.b. Target

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

0.c. Indicator

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

0.d. Series

Metadata applies to all series

0.e. Metadata update

July 2021

0.f. Related indicators

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

11.7.2: Proportion of persons victim of physical or sexual harassment, by sex, age, disability status and pace of occurrence, in the previous 12 months

16.1.3: Proportion of population subjected to physical, psychological or sexual violence in the previous 12 months

16.2.3: Proportion of young women and men aged 18-29 years who experienced sexual violence by age

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0.g. International organisations(s) responsible for global monitoring

United Nations Children's Fund (UNICEF)
United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
United Nations Office on Drugs and Crime (UNODC)
United Nations Population Fund (UNFPA)
United Nations Statistics Division (UNSD)
World Health Organization (WHO)

1. Data reporter

1.a. Organisation

United Nations Children's Fund (UNICEF)
United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
United Nations Office on Drugs and Crime (UNODC)
2. Definition, concepts, and classifications
2.a. Definition and concepts

Definition:
This indicator measures the percentage of ever-partnered women and girls aged 15 years and older who have experienced physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months. Definition of violence against women and girls and of the forms of violence specified under this indicator are presented in the next section (Concepts).

NOTE: We refer to “violence against women” throughout, and this also includes adolescent girls (15-19 years old).

Concepts:
According to the UN Declaration on the Elimination of Violence against Women (1993), violence against women is “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. Violence against women shall be understood to encompass, but not be limited to, the following: Physical, sexual and psychological violence occurring in the family […]”. See here for full definition: https://undocs.org/en/A/RES/48/104

Intimate partner violence against women includes any abuse perpetrated by a current or former partner within the context of marriage, cohabitation or any other formal or informal union.

The different forms of violence included in the indicator are defined as follows:

1. Physical violence consists of acts aimed at physically hurting the victim and include, but are not limited to, acts like pushing, grabbing, twisting the arm, pulling hair, slapping, kicking, biting or hitting with a fist or object, trying to strangle or suffocate, burning or scalding on purpose, or threatening or attacking with some sort of weapon, gun or knife.

2. Sexual violence is defined as any sort of harmful or unwanted sexual behavior that is imposed on someone, whether by use of physical force, intimidation or coercion. It includes acts of abusive sexual contact, forced sexual acts, attempted or completed sexual acts (intercourse) without consent (rape or attempted rape), non-contact acts such as being forced to watch or participate in pornography, etc. In intimate partner relationships, sexual violence is commonly operationally defined in surveys as: being physically forced to have sexual intercourse, having sexual intercourse out of fear for what the partner might do or through coercion, and/or being forced to do something sexual that the woman considers humiliating or degrading.

3. Psychological violence consists of any act that induces fear or emotional distress. It includes a range of behaviors that encompass acts of emotional abuse such as being frequently humiliated in public, intimidated or having things you care for destroyed, etc. These often coexist with acts of physical and sexual violence by intimate partners. In addition, surveys often measure controlling behaviours (e.g., being kept from seeing family or friends, or from seeking health care without permission). These are also considered acts of psychological abuse.

### 2.b. Unit of measure

Proportion

### 2.c. Classifications

The ‘gold standard’ being applied to the data and estimates generation reference the *Guidelines for Producing Statistics on Violence against Women: Statistical Surveys* (UN, 2014) and the *International Classification of Crime for Statistical Purposes* ICCS (UNODC, 2015), operational definitions in Violence against Women Prevalence Estimates, 2018. Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women (WHO, 2021). These international standards on measurement and reporting include: comprehensive and standardized definitions of physical, sexual and psychological intimate partner violence against women, measurement of these forms of violence using acts-based questions, sample size, disaggregation by age groups, application of the appropriate denominator/target population (ever-partnered women), classification and reporting by type of perpetrator, comprehensive interviewer training to administer violence against women questions, and following internationally agreed ethical and safety guidelines, including on privacy, confidentiality and support service information. Survey documentation, therefore, should allow for the assessment of overall data quality. However, individual studies and surveys use different measures and methodologies, which makes it challenging to compare the prevalence of intimate partner violence across studies and requires the use of adjusted estimates for international comparability (see section 4b).

### 3. Data source type and data collection method

#### 3.a. Data sources

The SDG 5.2.1 Indicator Database comprises data from population-based household surveys representative at the national and/or sub-national level and implementing a methodology that uses acts-based questions. All sources date from 2000 onwards.

A significant proportion of data, especially for low- and middle-income countries are obtained from the Domestic Violence Module Demographic and Health Surveys (DHS). Some data come from dedicated surveys on violence against women in countries that have implemented, for example, WHO’s violence against women survey methodology or other methodologies consistent with international guidelines and best practice. In the case of some higher-income countries, data were also obtained from Crime Victimisation Surveys (CVS).

#### 3.b. Data collection method
Data are collated by the WHO on behalf of the Inter-Agency Working Group on Violence against Women. Data from publicly available survey data or data provided by National Statistics Offices or other relevant national entities through the consultation process with countries. For efficiency, some data are collated using existing data-compiling online platforms (e.g., DHS StatCompiler and the EU Fundamental Rights Agency Data Explorer).

3.c. Data collection calendar

Countries are encouraged to conduct surveys in regular intervals. The recommended interval is 3 to 5 years which will allow countries to effectively measure progress. The prevalence database will be updated on an annual basis.

3.d. Data release calendar

Data on SDG indicator 5.2.1 were collected, compiled and sent back to countries alongside the country estimates for their review. It is expected that the modelled estimates will be updated every 2 years.

3.e. Data providers

Data are provided by nationally or sub-nationally representative surveys on violence against women conducted by National Statistical Offices (in most cases), line ministries/other national institutions or other entities.

3.f. Data compilers

Data are compiled and reviewed by the Interagency Working Group on Violence against Women Data (WHO, UN Women, UNICEF, UNSD, UNFPA, UNODC).

3.g. Institutional mandate

WHO is the directing and coordinating authority on international health within the United Nations System. It supports countries as they coordinate the efforts of multiple sectors of the government and partners to attain their health objectives and support their national health policies and strategies, including through developing norms and standards, and strengthening data collection, reporting and use. WHO produces estimates and statistics for a wide range of diseases and health conditions including in its annual world health statistics report. WHO has led work on the measurement of violence against women since 1998, developed and tested new instruments for measuring VAW cross-culturally, as well as ethical and safety standards for research on VAW. In 2016, WHO Member States endorsed the Global plan of action on strengthening the health system role in addressing violence, in particular against women and girls, and against children (WHA Resolution 69.5) Improving the collection and use of data was one of its four strategic directions and included: a) Developing and disseminating harmonized indicators and measurement tools to support Member States in collecting standardized information on VAWG; b) Supporting Member States to implement population-based surveys on VAW; c) Building capacity in collection, analysis and use of data; d) Regularly updating estimates of prevalence of VAW.

UNICEF is responsible for global monitoring and reporting on the wellbeing of children. It provides technical and financial assistance to Member States to support their efforts to collect quality data on violence against children, including through the UNICEF-supported MICS household survey programme.
UNICEF develops standards, tools and guidelines for data collection. Furthermore, it compiles statistics on violence with the goal of making internationally comparable datasets publicly available, and it analyses such data which are included in relevant publications, including in its flagship publication, *The State of the World’s Children*.

**UN Women** is committed through the conjunction of its triple mandate of normative support, UN coordination, and operational activities to work at the global, regional and country level to support Member States in filling critical gaps in generating and using data, statistics, evidence and analysis on gender equality in crucial areas. UN Women supports Member States in setting norms that include global standards. UN Women conducts research, and compiles and provides evidence, including good practices and lessons learned, to inform intergovernmental debates and decisions; that help design specific policies, and development plans at the regional, national and local levels as part of its operational activities. UN Women also assists in implementing norms and standards through its country programmes. In addition, UN Women leads and coordinates the UN system’s work in support of gender equality and the empowerment of women.

**The Statistics Division of the Department of Economic and Social Affairs (UNSD)** helps Member States to build sound national statistical systems, which includes solid institutional infrastructures, systematic data collection activities, the compilation of aggregate macroeconomic, social and environment statistics according to global standards and norms, and a multichannel data dissemination system. In the area of methodological work, the Division develops international statistical standards and methods essential for the compilation of reliable and comparable statistics and methodological guidelines for the collection, processing, analysis and dissemination of data. UNSD has unparalleled recognition in the area of gender statistics. Over the past 4 decades, UNSD has supported countries in their efforts to produce and use high quality and timely gender data for better evidence-based policy making; developed and promoted standards and methodological guidelines addressing emerging issues of gender concern; produced the World’s Women report every 5 years; and compiled gender statistics and facilitated access to data. ([https://unstats.un.org/unsd/demographic-social/gender/](https://unstats.un.org/unsd/demographic-social/gender/)).

**UNODC** – as custodian of the UN standards and norms in crime prevention and criminal justice, UNODC assists Member States in reforming their criminal justice systems in order to be effective, fair and humane for the entire population, including women and girls. UNODC develops technical tools to assist Member States in implementing the UN standards and norms and supports Member States through the provision of technical assistance in crime prevention and criminal justice reform. It does so through several Global programmes and through the UNODC field office network.

**UNFPA** - is the United Nations sexual and reproductive health agency. Our mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled. The UNFPA collects and facilitates the gathering of the most accurate population data available to empower countries to make informed decisions on crucial development issues and humanitarian response. UNFPA’s Population Data strategy addresses long standing shortfalls in population data and related human capacity. The strategy seeks to expand the scope and quality of modern census and registry data, increases the use of geo-referenced population data to accelerate progress towards the SDGs, and advances the objectives of UNFPA’s mandate. UNFPA provides census technical support to more than 125 countries, through strong partnerships with governments, UN country teams, the US Census Bureau, and the population and data sectors worldwide. Census data provide the denominators...
for computation of many SDGs and a basis for weights when calculating regional and global aggregates of various indicators, including SDGs.

4. Other methodological considerations

4.a. Rationale

Intimate partner violence is the most common form of violence that women face globally. Given prevailing social norms that sanction male dominance over women, male violence towards their female intimate partners is often perceived as an ordinary/normal element of relationships in the context of marriage or other unions. Violence against women is an extreme manifestation of gender inequality.

Prevalence data are required to measure the magnitude of the problem; understand the various forms of violence and their consequences; identify groups at high risk; and explore the barriers to seeking help in order to inform that the appropriate responses are being provided. These data are the starting point for informing laws, policies, and developing effective responses and programmes. They also allow countries to monitor change over time and optimally target resources to maximise the effectiveness of interventions (especially in resource-constrained setting).

4.b. Comment and limitations

Comparability:

The availability of comparable data remains a challenge in this area as many data collection efforts have relied on different survey methodologies, used different definitions of partner or spousal violence (e.g. definitions based on severity of acts or type of violence) and recall periods (i.e. lifetime versus past year/12 months – and different definitions of “lifetime”); lack of disaggregation by different forms of intimate partner violence (physical, sexual, psychological) and by different forms of violence and different survey question formulations, used diverse age groups, or used different denominators (e.g. all women [various age ranges], or only ever-married/partnered or currently married/partnered women). The quality of interviewer training also likely varies although this is difficult to quantify. Willingness to discuss experiences of violence and understanding of relevant concepts may also differ according to how the survey is implemented, and the cultural context and this can affect reported prevalence levels.

Given the wide variations in methodologies, measurement and quality across studies from different countries statistically adjusted estimates are currently needed to ensure comparability across countries and regions. However, generating estimates are an interim solution and it is important for individual countries to collect robust, internationally comparable, high-quality data that reflect the relevant socioeconomic, political and cultural risk and protective factors associated with the prevalence of violence against women in order to inform appropriate policy responses and programmatic decision-making. As more countries adopt international recommendations and guidelines, including the key elements described in this document, the need for adjustments for estimates for global monitoring will be greatly reduced.

Regularity of data production:

Since 2000, only about 78 countries have conducted more than one survey on violence against women. Obtaining data on violence against women is a costly and time-consuming exercise, whether they are
obtained through stand-alone dedicated surveys or through modules in other surveys. Demographic and Health Surveys (DHS), the main source of data for LMICs, are conducted every 5 years or so and dedicated surveys, if repeated, are conducted usually with less periodicity than this. Monitoring this indicator with certain periodicity may be a challenge if sustained capacities are not built and financial resources are not available for regular surveys. At the same time prevalence is unlikely to change from year to year so every 3-5 years is recommended.

Feasibility:
This indicator calls for global reporting on three types of intimate partner violence: physical, sexual, and psychological. While there is global consensus on how physical and sexual intimate partner violence are generally defined and measured, psychological partner violence—which may be conceptualised differently across cultures and in different contexts. This indicator therefore currently reports on physical and/or sexual intimate partner violence only. Efforts are underway by custodian agencies to develop a global standard for measuring and reporting on psychological intimate partner violence. This will enable reporting on the three stipulated types of partner violence in the future.

Similarly, this indicator calls for global reporting of violence experienced by ever-partnered women aged 15 years and above. A majority of data come from DHS, which typically sample only women aged 15-49, and there is a lack of consistency in the age range of sample populations across other country surveys. For those surveys that interview a sample of women from a different age group, the prevalence for the 15-49 age group is often published or can be calculated from available data. The global indicator therefore currently reports on both violence experienced by ever-partnered women 15-49 years of age and 15 years and older. Given the existing limited availability on violence against women aged 50 years and older, efforts are underway by the custodian agencies to improve the measurement and encourage increased availability of data on violence against women aged 50 years and older. This will enable a better estimating the extent of this problem and understanding the experiences of partner violence for this older age group.

4.c. Method of computation
This indicator calls for breakdown by form of violence and by age group. Countries are encouraged to compute prevalence data for each form of violence as detailed below to assist comparability at the regional and global levels:

1. Physical intimate partner violence:
Number of ever-partnered women (aged 15 years and above) who experience physical violence by a current or former intimate partner in the previous 12 months divided by the number of ever-partnered women and girls (aged 15 years and above) in the population multiplied by 100.

2. Sexual intimate partner violence:
Number of ever-partnered women (aged 15 years and above) who experience sexual violence by a current or former intimate partner in the previous 12 months divided by the number of ever-partnered women (aged 15 years and above) in the population multiplied by 100.

3. Psychological intimate partner violence:
Number of ever-partnered women (aged 15 years and above) who experience psychological violence by a current or former intimate partner in the previous 12 months divided by the number of ever-partnered women (aged 15 years and above) multiplied by 100.

4. Any form of physical and/or sexual intimate partner violence:
Number of ever-partnered women (aged 15 years and above) who experience physical and/or sexual violence by a current or former intimate partner in the previous 12 months divided by the number of ever-partnered women (aged 15 years and above) multiplied by 100.

5. Any form of physical, sexual and/or psychological intimate partner violence:
Number of ever-partnered women (aged 15 years and above) who experience physical, sexual and/or psychological violence by a current or former intimate partner in the previous 12 months divided by the number of ever-partnered women (aged 15 years and above) multiplied by 100.

NOTE: To assist comparability at the regional and global level, and due to more comparable data available, countries are encouraged to additionally compute the above figures for ever-partnered women aged 15 to 49. Regional and global reporting on this indicator currently only includes data computed by countries for #4 above (i.e., any form of physical and/or sexual partner violence), and for both the 15-49 and the 15 years and older age groups. For further details, see Feasibility section above.

4.d. Validation

A country consultation on the intimate partner violence estimates was conducted in early 2020. All countries received their country profile which included their data sources, and a technical note explaining the methodology (available in six official languages). The consultations ensured: i) countries had the opportunity to review their national modelled intimate partner violence estimate and the data sources (surveys/studies) used in the production of these estimates, ii) the identification of any additional surveys/studies that met the inclusion criteria (i.e. they were published between 2000-2018, used acts-based measures of intimate partner violence, nationally or subnationally representative) but which may not have been previously identified; and iii) familiarize countries with the statistical modelling approach used to derive the global, regional and national estimates.

4.e. Adjustments

There have been significant improvements in the measurement, availability and quality of population-based survey data on intimate partner violence globally, especially data on physical and sexual violence perpetrated by a husband or male intimate partner. However, there continues to remain substantial heterogeneity in how national surveys and studies measure these forms of violence against women. For international comparability, data are statistically adjusted to ensure harmonization in relation to definitions (e.g. severity); age groupings (5 year age groups and aggregate 15 to 49 or 15 years and above), type of intimate partner violence (physical intimate partner violence only or sexual intimate partner violence only), perpetrator of partner violence (spouse only or spouse/partner; current or most recent spouse/partner only or any current or previous spouse/partner), sample profile (ever-married/partnered women or currently-married/partnered women or all women) and geographical scope (national or sub-national, rural, urban).

4.f. Treatment of missing values (i) at country level and (ii) at regional level

- At country level
  When data for a country are entirely missing, no country-level estimate is published.
- At regional and global levels
Imputations are made in cases where country data are not available for the purposes of regional and global figures. The number of countries included in the average and with data available is clearly indicated by SDG region.

4.g. Regional aggregations

Global aggregates are weighted averages of all the countries that make up the world. Regional aggregates are weighted averages of all the countries within the region. Weights used are the population of women aged 15 to 49 from the most 2019 revision of the World Population Prospects. Where data are not available for all countries in any given region, regional aggregates may still be calculated. The number of countries included in the average is clearly indicated.

It should be noted that regional and global figures should be interpreted with caution, as they do not necessarily represent with accuracy the region or world as a whole, especially for regions where population coverage is below 50 per cent.

Custodian agencies, in consultation with Member States, have produced-to-date global, regional and country estimates, enhancing the quality and accuracy of 5.2.1 reporting and addressing the comparability challenges outlined above. These new regional and global estimates (2018) are included in this round and form a baseline for monitoring of progress.

4.h. Methods and guidance available to countries for the compilation of the data at the national level

Countries gather data on intimate partner violence through (1) specialized national prevalence surveys dedicated to measuring violence against women, (2) violence against women modules that are added to international/national household surveys, such as the DHS; and (3) crime victimization surveys.

Although administrative data from health, police, courts, justice and social services, among other services used by survivors of violence, can provide information on violence against women, these do not provide prevalence data, but rather incidence data or service use (i.e., number of cases received in/reported to these services). Many abused women do not report violence and those who do, tend to be the most serious cases. Therefore, administrative data are not recommended to be used as a data source for this indicator.

For more information on recommended practices in production of violence against women statistics see: UN Guidelines for Producing Statistics on Violence against Women- Statistical Surveys (UN, 2014). The WHO with other co-custodians are finalizing a ‘Quality checklist for surveys on intimate partner violence against women’ as a tool for strengthening country capacity in collecting and reporting high quality data on violence against women.

4.i. Quality management

The identification of surveys and entering of data in the database was independently checked by 2 or 3 people and consistency checks were carried out by 2 analysts. The estimates followed the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER) and were reviewed by WHO’s Data Department and reviewed by the other co-custodians.
4.j Quality assurance

The Interagency Working Group on Violence against Women Data, which comprises all custodian agencies for this SDG indicator, thoroughly reviews all country data, including its primary source when deemed necessary, to assess quality and comparability based on exclusion/inclusion criteria agreed upon a priori. These criteria refer to, inter-alia, survey population coverage, operational definitions, methodology, and time period. All data points have been discussed and a consensual decision made for every data point included/excluded from the current SDG Indicators Database.

In 2020, a country consultation and validation process of data compiled by custodian agencies for this indicator was undertaken, including with identified SDG indicators focal points and focal points in other relevant ministries.

4.k Quality assessment

5. Data availability and disaggregation

Data availability:
Since 2000, 161 countries have conducted violence against women national or subnational prevalence surveys or have included a module on violence against women in a DHS or other national household survey. However, not all these data are comparable and in many cases they are not collected on a regular basis.

Time series:
Time series are available for some countries. Global time series with comparable data not yet available.

Disaggregation:
In addition to form of violence and age, income/wealth, education, ethnicity (including indigenous status), disability status, marital/partnership status, relationship with the perpetrator (i.e. current/former partner), geographic location, migration status, and frequency of violence are suggested as desired variables for disaggregation for this indicator. Though disaggregated data by these variables is not yet feasible to report on at regional and global levels, countries are encouraged to report these levels of disaggregation in their national reports; and—whenever possible—include these data for the age group 15 to 49.

6. Comparability / deviation from international standards

Sources of discrepancies:
All available survey data sources that are representative at the national and subnational level, are used to generate the prevalence estimates. The data are from published survey reports and/or data and datasets provided by countries. In cases where only data disaggregated by violence type were presented in the report, microdata was used to calculate the aggregate measure of physical and/or sexual intimate partner violence. As there is variability in the measurement across surveys and countries, relevant covariate adjustments were made to enhance comparability. These include adjustments for case definitions (e.g. severity), type of violence (i.e. physical intimate partner violence only or sexual intimate
partner violence only), population surveyed (e.g. currently married women only or all women), reference partners (e.g. current/most recent partners), and geographical strata (rural or urban), aggregate measure of physical and/or sexual intimate partner violence where only one of the two forms were available.

7. References and Documentation

URL:

https://srhr.org/vaw-data
http://evaw-global-database.unwomen.org/en
data.unicef.org

References:


4. World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council, 2013. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.


7. UNSD Portal on the minimum set of gender indicators: https://genderstats.un.org/#/home

8. UNSD dedicated portal for data and metadata on violence against women: http://unstats.un.org/unsd/gender/vaw/