



ARMED VIOLENCE AFFECTS women, men, girls, and boys in different ways—as both perpetrators and targets of armed violence. Across cultures, most acts of violence are committed by men, and men and boys also account for the majority of firearm-related deaths and injuries. In Rio de Janeiro, for example, young men are 24 times more likely than women to be killed by armed violence, while men between the ages of 15 and 29 are twice as likely to die from armed violence as the rest of the male population (Dreyfus et al., 2003; CICS, 2005, p. 14).

The present report has focused on the main indicators used to capture and quantify the burden of armed violence and its impact on development, including homicide, direct conflict deaths, indirect conflict deaths, and economic costs. While these indicators provide valuable information on the burden of armed violence at the population level, they are limited when we turn our attention to women’s experience of armed violence.

Women and girls are affected by armed violence in different ways, including by direct and indirect conflict violence, and by lethal and non-lethal non-conflict violence. They are also more likely than men and boys to die through intimate partner violence (IPV). The World Health Organization (WHO) suggests that 40–70 per cent of all female homicides are committed by an intimate partner (Krug et al., 2002, p. 93).

A number of forms of gender-based violence specifically target women and girls because of their

sex; this chapter refers to them as ‘violence against women’. Such violence, including rape, domestic violence, murder, and sexual abuse, is a significant cause of female mortality and a leading cause of injury for women aged 15 to 44 years (UNIFEM, 2007). The severe impact of violence against women has prompted the United Nations Development Fund for Women (UNIFEM) to describe it as ‘a universal problem of epidemic proportions’ (UNIFEM, n.d.). And violence against women, in its many forms, is responsible for ‘more than 100 million missing women’ due to ill-treatment, lack of access to food and health care, and gender-based violence such as female infanticide and sex-selective abortion (Sen, 1990).

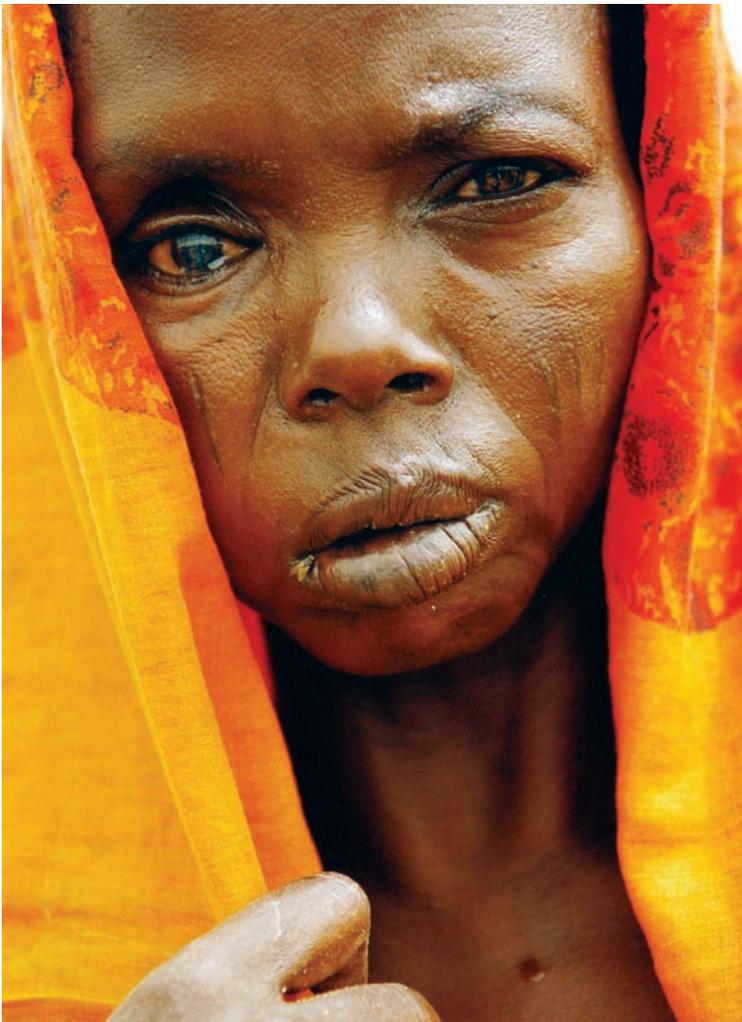
This chapter examines some of the specific gender dimensions of the global burden of armed violence and provides an overview of forms of violence specifically directed at women. It complements the examination of gender issues in previous chapters. Its main findings are:

- The majority of victims of IPV are women, and IPV is the most common form of violence against women.
- A number of forms of violence specifically target women and have significant physical, psychological, social, and economic costs.
- Data collected on violence against women is sparse and unsystematic; significant investments in improved data collection and analysis should be made.

- A gender approach broadens conventional understandings of ‘arms’ and ‘armed violence’ because conventional definitions provide only a partial picture of how women experience armed violence.

To assess the burden of armed violence on women, it is more useful to focus on the broader question of *violence against women* rather than *armed violence* in order to understand broader patterns of violence ranging from the abuse of women in intimate partner violence to the impact of armed conflict on women.

PHOTO ▼ This 35-year-old woman was shot in the face. The bullet entered her eye and exited behind her ear. Abunduruk, Sudan, near the Chadian border. © Lynsey Addario



The gender dimensions of armed violence

Different experiences of armed violence are determined by gender roles. Gender (as opposed to sex) refers to the construction of social roles that operate through various mechanisms, such as institutions or stereotypes. Gender constructions reflect deeply rooted relations of power and determine the roles, behaviour, values, and relationships associated with *masculinity* and *femininity*. These are the roles and behaviour that a man or a woman is expected to adopt in a given setting. These roles vary between and within different cultures and are learnt behaviour acquired through socialization (Connell, 1995, p. 44).

A gender approach is useful to account for the different ways in which armed violence affects women and men. Focusing on gender rather than women allows one to include gender-based violence against men and boys as well as gay, lesbian, transgender, and transsexual people. This is important because violence is not only used by men to claim and assert power over women, but it is also instrumental in enforcing the gender hierarchy of power among men. A gender-sensitive approach highlights the power relations inherent in much armed violence. Finally, such an approach does not limit women to the role of victims and men to the role of perpetrators, since it recognizes that women can also be the perpetrators of armed violence, while men are also among the victims.

Gendered power relations and forms of violent masculinities are key underlying factors shaping the dynamics of armed violence. In many societies, violence and weapons use by boys and men are socially expected or accepted (Widmer, Barker, and Buchanan, 2006). Boys are socialized into violent behaviour through weapon-related rites of passage from boyhood to manhood

(Myrttinen, 2003, p. 38). The media and popular culture often link violence, arms, and masculinity, reinforcing images of conventional gender roles. In some cases violence becomes an expression of masculinity.

There is, however, not just one form of masculinity and femininity in any given society: different types of masculinities exist and are interlinked by relationships of power, hierarchy, and exclusion. The hierarchy of different forms of masculinity is an important source of conflict and violence among men, as challenges to one's masculinity are common sources of disputes and injuries or even murder (Connell, 2003, pp. 1–2). Gang turf wars, for example, are often linked to honour-related issues and challenges to 'status', 'toughness', and 'manhood'.

Perceived threats to one's masculinity can also arise from economic dislocation, unemployment, or social transformations. In societies where the male gender role is intricately tied to being the main 'breadwinner', unemployment can leave men feeling 'emasculated' and powerless, and wanting to demonstrate that they are 'real men' (Widmer, Barker, and Buchanan, 2006, p. 3). The resort to armed violence is often linked to a crisis of masculinity and a 'fear of loss of power and privilege' (Messner, 1990) through social transformations. Weapons can also be used as status symbols, as tools to achieve economic and social gain, or to acquire power over unarmed persons in order to reassert one's masculinity (Myrttinen, 2003, p. 37).

Although men are the main perpetrators of acts of armed violence, women and children also use armed violence (Bennett, Bexley, and Warnock, 1995). During the armed conflict in El Salvador, for example, women held 40 per cent of leadership and 30 per cent of combatant roles (Schroeder,

2005, p. 1), and women and girls are involved in gangs in Haiti (OTHER FORMS OF ARMED VIOLENCE). In the armed conflict in Liberia, child soldiers as young as nine years old reportedly committed killings and atrocities often under the influence of drugs and alcohol used to induce aggression and suppress fear (HRW, 2004, pp. 2–3).

Gender roles influence not only who perpetrates armed violence but also who becomes the victim. This is especially so with gender-based violence, 'an umbrella term for any harm that is perpetrated against a person's will, and that results from power inequities that are based on gender roles' (RHRC, 2003, p. 9). Gender-based violence may be physical, sexual, psychological, economic, or socio-cultural, such as intimate partner violence, sexual assault, honour killings, dowry-related violence, or trafficking. Categories of perpetrators include intimate partners, family members, community members, and those acting on behalf of cultural, religious, or state actors.

The distinction between victim and perpetrator of gender-based violence does not necessarily follow gender fault lines: while men are the main perpetrators, women also commit acts of gender-based violence, and even though women are the main victims, men, boys, and transgender/transsexual people are also among the victims. Forms of gender-based violence specifically directed against men include sex-selective killings, forced conscription, and sexual violence (Carpenter, 2006). For example, in the armed conflicts of the Central African Republic and the Democratic Republic of the Congo (DRC), numerous cases of sexual violence against men and boys were reported (INDIRECT CONFLICT DEATHS). Among non-combatants in the former Yugoslavia, adult civilian men were the most likely to be massacred by enemy forces (Carpenter, 2003). Such sex-selective killings of



PHOTO ▲ This woman was only 13 years old when she was raped during the 1992–95 war in Bosnia. © Robin Hammond/Panos Pictures

men are rooted in the assumptions of male war-time roles, reproducing gendered hierarchies (Carpenter, 2006, pp. 88–89).

The experience of armed violence is influenced not only by gender but also by other factors, such as age, race, ethnicity, class, or religion. During the civil war in Guatemala, for example, women and children of ethnic Mayan origin were specifically targeted (Commission for Historical Clarification, 1999, §85–88, §91). In the Rwandan genocide, sex-selective killings targeted specifically Tutsi men, whereas Tutsi women frequently became the victims of sexual violence (Carpenter, 2006, p. 89; Ward, 2002; HRW, 1996).

Acts of gender-based violence do not necessarily involve the use of weapons. However, arms are often directly or indirectly linked to violence, either through their presence or as the indirect consequences of armed violence. Surveys have shown, for example, that the presence of a gun in the household generally increases threefold the risk of becoming a homicide victim (Kellermann et al., 1993).

‘He was very angry and he took his Kalashnikov . . . The neighbours said: “Leave her alone” . . . But then he didn’t stop, he shot my legs, I could not feel them, they were numb, the sun was setting, I was looking at the sky, I said to the men: “I don’t want to die.” They took me to the hospital.’

— Fatima, 19 years old, shot by her husband in Iraq in 2003 (AI, 2004)

Attitudes and roles shaped by armed violence, for example through army training or the experiences of war, also contribute to gender-based violence. A study on domestic violence in Bosnia and Herzegovina shows that men returning from war face a ‘masculinity crisis’, which increases the likelihood of male violence and the abuse of women (CARE and ICRW, 2007, p. 8).

Violence against women in conflict settings

Women also die on the battlefield as combatants or members of fighting forces. Women have actively participated in armed conflicts in at least 57 countries since 1990 (Williams, 2005), including in Chechnya, El Salvador, Eritrea, Ethiopia, Liberia, Mozambique, Nepal, Nicaragua, Sierra Leone, South Africa, Sri Lanka, and Uganda (Barth, 2002; Peimani, 2004; McKay and Mazurana, 2004, pp. 21–23). In most cases, little data is available on the proportion of female combatants in armed forces or armed groups.

The percentage of female soldiers in NATO countries’ armed forces varied between 0.5 and 20 per cent in 2005 and 2006 (Office on Women in the

NATO Forces and The Women's Research & Education Institute, n.d.). In non-state armed groups, however, the proportions can be much higher. More than 30 per cent of the fighters in the following non-state armed groups were observed to be women: the Liberation Tigers of Tamil Eelam (LTTE), the Communist Party of Nepal–Maoists, the Fuerzas Armadas Revolucionarias de Colombia (FARC), and the Sandinista National Liberation Front.¹

Fatality figures for armed groups with a high representation of women are not often available. However, during Eritrea's war of independence, historians estimated that one-third of the 65,000 combat fatalities were women (Clodfelter, 2002, p. 612). The Iraq Coalition Casualty Count reports, as of 2 August 2008, 108 female fatalities among the Coalition Forces (including US forces) in Iraq, representing 2.4 per cent of a total 4,452 casualties. With increased gender equality in many armed forces, more women will be deployed to war theatres and the share of female combatant battle deaths may be expected to increase.

While more men get killed on the battlefield, women and children are often disproportionately targets of other forms of potentially lethal violence during and after conflict. These include sexual violence, secondary violence against survivors of sexual violence (such as honour killings), and death from pregnancies or sexually transmitted infections resulting from rape. The scope and nature of the violence vary tremendously between conflicts (Wood, 2006).

Women and girls are also likely to disproportionately suffer from the indirect consequences of armed conflict, such as reduced access to food, clean water, and health care (Plümper and Neumayer, 2006; Ghoborah, Huth, and Russett, 2003, p. 189). This leads both to indirect conflict deaths of women

and girls, and to women and girls bearing the burden of others' deaths and injuries, destroyed infrastructure, and the breakdown of law and order.

This gendered burden is often neglected in assessments of the impact of armed conflict. It is not reflected either in conflict or battle death figures or in narrow calculations of costs of armed conflict to the economy. Little quantitative evidence is available. This section therefore looks at various health-related and socio-economic aspects of the gendered burden of armed conflict on women to highlight some areas relevant to the global burden of armed violence.

PHOTO ▼ FARC soldiers march in a military parade at the main square of San Vicente del Caguan, Colombia, 2001. © Ricardo Mazalan/AP Photo



The impact of armed conflict on women's health is difficult to ascertain as relevant and reliable data is sparse in developing countries and even less available during armed conflict. Mortality studies tend to focus on age groups rather than male and female mortality. For example, an analysis of 37 datasets on conflict-related mortality (Guha-Sapir and von Panhuis, 2004) compares the risk of dying for children younger than five years old and persons older than five years during armed conflict with the pre-conflict risk. Findings show very high vulnerability for children under five, and increased mortality due to diarrhoeal diseases, severe malnutrition, respiratory infections, and measles.

Maternal mortality, defined as the annual number of deaths from pregnancy-related causes per 100,000 live births, is a good indicator of women's health condition, and can be used to assess the indirect impact of armed conflict on women.² The findings in Table 6.1, from a study assessing the impact of armed conflict on maternal mortality and under-five mortality, showed increased maternal and under-five mortality rates in countries that had recently experienced armed conflict (O'Hare and Southall, 2007). The maternal and under-five mortality rates are both 44 per cent higher than the baseline rates.

TABLE 6.1 Comparison of maternal mortality and under-five mortality in 42 sub-Saharan countries

Mortality rates	Countries with recent armed conflict	Countries without recent armed conflict
Maternal mortality rate (median)	1,000/100,000 births	690/100,000 births
Under-five mortality rate (median)	197/1,000 live births	137/1,000 live births

SOURCE: O'Hare and Southall (2007). The study covered 42 sub-Saharan countries, of which 21 have experienced armed conflict since 1990.

Box 6.1 Armed conflict and HIV/AIDS

A common assumption is that armed conflict increases HIV infections, and that refugees and internally displaced people are particularly at risk and likely to experience a higher incidence of HIV infections. This assumption has been fuelled by increased reporting on widespread rape of women and girls during armed conflict and high levels of HIV/AIDS in some armed groups. However, the findings of a recent study by UNHCR and the University of Copenhagen on the incidence of HIV infections among conflict-affected and displaced people in seven sub-Saharan African countries³ could not confirm these assumptions at the population level due to insufficient data (Spiegel et al., 2007). Further research is thus needed.

News and NGO reports on the armed conflicts in Darfur or the DRC frequently refer to horrifying stories of sexual violence, especially rape, against women and girls. Data on the scope and magnitude of sexual violence is, however, scarce, making it impossible to estimate the overall extent of sexual violence in armed conflicts (INDIRECT CONFLICT DEATHS, Box 2.2). Evidence from a WHO survey on women's experience of violence during and after the conflict in Liberia found that 81.6 per cent of 1,216 randomly selected women and girls had been subjected to one or multiple violent acts during and after the conflict. The most commonly reported violent acts were detention against a woman's will, being threatened by a weapon, beating, kicking, and rape (of which more than 70 per cent were gang rapes) (Omanyondo, 2005).

Beyond battle, armed conflict has many disruptive consequences for women's lives. Women carry the burden of family displacement and of becoming the sole breadwinner when male relatives join fighting forces, are detained, are taken hostage,

go missing, or are killed. In such situations, women take on additional responsibilities of income generation and of caring for their children and wounded, disabled, sick, and elderly people. Women face these challenges in environments that are not only war-torn but contain social and legal obstacles that may seriously hamper women's livelihood and other opportunities.

Discrimination against women and gender inequality are the main reasons why 'indirect negative consequences on health and mortality are likely to affect men and women differently' (Plümper and Neumayer, 2006). In situations of scarce resources and deteriorated health services, the lower socio-economic status of women and girls exacerbates the negative consequences of armed conflict for women's health.

Non-conflict violence against women

The UN General Assembly's *Declaration on the Elimination of Violence against Women* (1993) defines violence against women as:

any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Article 2 of the Declaration makes clear that violence against women takes many forms:

- physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female



genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

- physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs. (UNGA, 1993)

PHOTO ▲ A Tamil woman stays at her war-torn house in Jaffna, Sri Lanka.
© Q. Sakamaki/Redux

While men are the main perpetrators of violence against women, women also commit such violence: female infanticide, for example, is often

Box 6.2 The costs of violence against women

Violence against women, like all forms of violence, creates a wide range of economic and development costs, some direct and some indirect. Yet the true cost of this violence remains unknown.

Most attention has been paid to the costs of intimate partner or domestic violence in developed countries, where attention to the issue of violence against women is greatest. Table 6.2 summarizes the findings of several different studies that used various definitions and methods. It cannot be used to make comparisons, but it does highlight the potential scope of the socio-economic costs that violence against women imposes on communities and societies.

TABLE 6.2 Selected studies on costs of intimate partner violence and/or domestic violence

Country	Year	Area of study	Categories analysed	Costs (USD)
Australia	2002–03	National	Health, production, consumption, administration, second-generation costs	6.1 billion (excluding pain and suffering)
Canada	2002	National	Direct medical	1.1 billion
Chile	1999	310 women in Santiago	Lost productivity	1.7 billion
Colombia	2003	National	Prevent, detect, and offer services to survivors of family violence	73.7 million
Netherlands	1997	National	Direct medical, costs of legal services, costs of incarceration, other monetary costs, costs of policing	142.2 million
USA	2002	National	Legal and medical services, judicial system costs and lost productivity	12.6 billion

SOURCES: Australia: Access Economics (2004); Colombia: Sánchez et al. (2004); all others: Waters et al. (2004)

practised by women. Despite its variety, violence against women is a manifestation of unequal power relations between men and women—an asymmetric relationship that is also reflected in the lower social and economic status of women in many cultures and societies across all regions.

Gender-based violence does not necessarily involve physical strength or armed violence but can nevertheless be lethal. It does not always involve ‘arms’ as conventionally defined, but can involve tools that are turned into arms for the purpose of violence against women. This includes such things as the use of acid in attacks, the practice of sex-selective abortion, or female infanticide. Examining these different forms of violence against women forces us to broaden our understanding of ‘arms’ and ‘armed violence’, since conventional definitions often only partially account for women’s experience of violence.

Even when it is not lethal, violence against women—especially such forms as sexual violence in conflict (INDIRECT CONFLICT DEATHS)—can have severe and long-lasting health (physical and psychological) and socio-economic consequences for the victims. Beyond the impacts on the individual survivor, violence against women also has serious consequences for the family and the community of the victim, and for society as a whole. Victims are often unable to care for their families, which has serious implications in societies with weak social and support services. In addition, violence against women affects the productivity of women and represents a considerable burden on the health system. There are as yet, however, no good cross-national studies that demonstrate systematically the scope and scale of these consequences.

Despite its grave consequences, violence against women often goes unreported and remains hidden from view. Comprehensive and comparative sex-

disaggregated data is still not available for most forms of violence against women. For example, studies of violent and coerced sex by intimate or non-intimate partners are rare. Intimidation and the taboo and stigma attached to violence against women prevent victims from reporting such crimes, which leads to a high rate of under-reporting, including in official crime statistics. In many countries incidents remain unreported because victims fear the consequences of the perceived ‘soiling’ of the family honour (UNIFEM, 2007).

Often tolerated as part of cultural or historical tradition, sexual violence tends to be improperly reflected in victimization surveys and datasets, and such datasets often do not contain sex-disaggregated data. For instance, reliable data on homicide of women is still rare. While accurate data is available for certain subregions, for many regions—especially Africa—data is either non-existent or incomplete. International efforts to improve our understanding of violence against women are, however, under way (Johnson, Ollus, and Nevala, 2008).

Intimate partner violence

Intimate partner violence is the most common form of violence against women, and the majority of its victims are women (Krug et al., 2002, p. 89). IPV, also known as ‘domestic violence’, is perpetrated by a current or former intimate partner or spouse. It can take many forms, both lethal and non-lethal, including acts of physical aggression—such as slapping, battering, hitting, kicking, and beating—or psychological abuse—such as intimidation and humiliation. Intimidation can be such that the victim does not search for help or report domestic violence, but rather endures an ongoing abusive relationship. It has been estimated that



it takes as many as 35–37 repeated incidents over an average period of seven years before women report IPV to an agency (Hall and Wright, 2003).

While gender-based violence committed by strangers is considered a crime in many countries, intimate partner violence is often regarded as a ‘private matter’ and therefore not adequately reported and penalized. Crimes of IPV against men are even less reported, as the stigma for men is even higher than for women. Studies on the relationship between small arms availability and intimate partner violence show that, even without the direct use of armed violence, intimate partner violence can be linked to the presence of arms).³

Studies on IPV have been conducted in 71 countries, according to the UN General Assembly’s study on all forms of violence against women. For each year, between 13 and 61 per cent of the women interviewed reported being physically assaulted by an intimate male partner at some

PHOTO ▲ Three years after her divorce, this victim of domestic violence still shares an apartment with her ex-husband. Yekaterinburg, Russia. © Olivia Arthur/Magnum Photos

point in their lives (UNGA, 2006, §114). Often, IPV is not an isolated event, but includes multiple acts of aggression over a long period of time. There appears to be no difference in the prevalence of IPV between high, middle, and low-income countries: women in developed countries are as much exposed to IPV as are women in less developed countries (García-Moreno et al., 2005, pp. 27–41, 83–84).

IPV often involves sexual violence (Krug et al., 2002, p. 151). Figure 6.1 shows the percentage of

women experiencing any form of sexual violence by a current or former spouse or partner in selected countries. Although reporting rates vary widely, the incidence of any form of sexual violence ranges from less than 5 per cent to more than 50 per cent.⁵

The International Violence against Women Survey conducted in a number of countries found varied experience of intimate partners using a gun or a knife among the women interviewed. In Hong Kong, the Philippines, and Switzerland one per cent of the women interviewed reported such an experience, two per cent in Denmark and Mozambique, three per cent in the Czech Republic and Poland, five per cent in Australia, and up to eight per cent in Costa Rica (Johnson, Ollus, and Nevala, 2008, pp. 44–45).

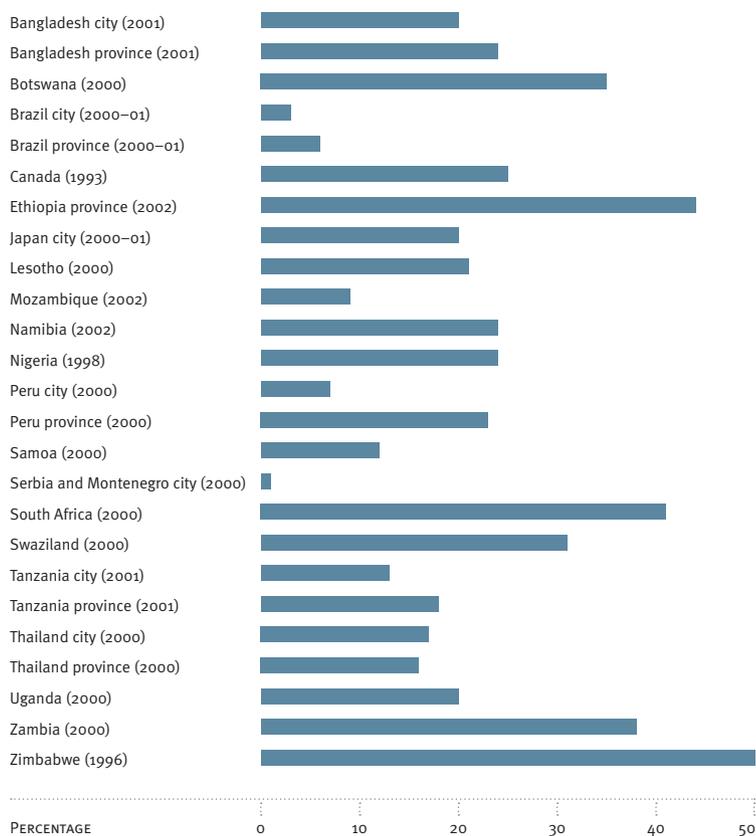
Sexual violence

Sexual violence is a form of gender-based violence that occurs in many different settings, with a variety of motives, perpetrators, and victims. Sexual violence is commonly defined as:

any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work. (IASC, 2005, p. 8)

Sexual violence takes many forms, including sexual harassment, sexual abuse and exploitation, rape, gang-rape or attempted rape, sexual slavery, forced pregnancy, abortion, sterilization or contraception, and trafficking for the purpose of sexual exploitation (IASC, 2005, p. 8; RHRC, 2003, pp. 8–11).

FIGURE 6.1 Percentage of surveyed women reporting on IPV, selected cases



SOURCES: García-Moreno et al. (2005, p. 28); Naudé, Prinsloo, and Ladikos (2006, p. 107); Federal-Provincial-Territorial Ministers Responsible for the Status of Women (2002)

Acts of sexual violence occur in many different contexts, including at home or in the workplace, during armed conflict, or in refugee or post-conflict settings. Sexual violence is not limited to women and girls; men, boys, and transsexual/transgender people may also be victims of sexual violence, as has been reported in the armed conflicts in the Central African Republic, the DRC, and in Liberia (Bastick, Grimm, and Kunz, 2007, pp. 35, 42, 49). While women and girls are the majority of victims of acts of sexual violence, the main perpetrators are men and boys. However, women and girls have also been reported to incite and commit sexual violence, for example in the Rwandan genocide (Bastick, Grimm, and Kunz, 2007, p. 55).

Sexual violence is not about sex but about power relations: ‘rape is not an aggressive expression of sexuality, but a sexual expression of aggression . . . a manifestation of anger, violence and domination . . .’ (Seifert, 1992). The specific motives for such acts vary according to the context. In intimate partner violence, acts of sexual violence are common as a form of domination. During armed conflict, sexual violence may be used as an explicit strategy to achieve military objectives, to punish and humiliate an enemy group, or even to destroy a particular social or ethnic group, such as in the Rwandan conflict. Within armed forces and groups, sexual violence may serve to affirm aggression and brutality, and it may be used as a ‘morale booster’ or a ‘reward.’

Sexual violence often has grave health implications, both physical (such as direct injuries, infections or infertility, and sexually transmitted diseases including HIV/AIDS) and psychological (such as severe trauma and depression, sometimes leading to suicide). In some cases, victims may be re-victimized, or even murdered through honour killings. Sexual violence can also have severe

socio-economic implications, whereby survivors are rejected by their partners, stigmatized and sometimes excluded from the family or the community, and unable to find work or to care for their families (Bastick, Grimm, and Kunz, 2007, p. 15). However, acts of sexual violence often remain unreported and hidden due to the victims’ shame and the stigma attached to such forms of violence.

The *WHO Multi-country Study on Women’s Health and Domestic Violence against Women* reports the prevalence of women having experienced attempted or completed forced sex by an intimate partner in their lifetime as ranging from 6.3 per cent in Serbia and Montenegro up to 49.7 per cent of women in Bangladesh (García-Moreno et al., 2005, p. 167). A UN Interregional Crime and Justice Research Institute study comparing ‘sexual incidents’ (rape, attempted rape, indecent assault, or offensive behaviour) across regions finds that 10 per cent of women in Asia, 15 per cent of women in Latin America, and 33 per cent of women in Africa are victimized in this manner (Zvekic and Alvazzi del Frate, 1994). For any such analysis, however, one must acknowledge that in many societies sexual violence perpetrated by known or unknown individuals remains unreported.

Box 6.3 Gang rapes

Gang rapes of women—an extreme form of sexual violence—are commonly reported in countries including South Africa, Papua New Guinea, and the United States (Watts and Zimmerman, 2002). A rape is classified as ‘gang rape’ when it involves at least two perpetrators (Krug et al., 2002, p. 153). A South African surveillance study for the inner-city of Johannesburg found that one third of all rapes are gang rapes (Vetten and Haffejee, 2005, p. 33). In the United States about one out of ten acts of sexual assault is committed by multiple perpetrators (Greenfeld, 1997, p. 4). Gang rapes are mostly committed by people unknown to the victim (Krug et al., 2002, p. 153).

Honour killings

A so-called ‘honour killing’ is a murder committed by (male) relatives in reaction to a perceived violation of the community, family, or individual honour (Vlachová and Biason, 2005, p. 27; UNIFEM, 2007). Most honour killings are perpetrated against women and girls, based on cultural perceptions of women as bearers of the family honour. In some cultures, women are subjected to strict social norms of behaviour; perceived ‘immoral’ behaviour in breach of such norms is blamed on women and can lead to honour killings. The most common reasons for honour killings are perceived ‘provocative’ behaviour, the refusal of an arranged marriage, extra-marital affairs, demanding a divorce, or being a victim of sexual violence.

PHOTO ▼ A Turkish woman at the grave of a woman who was stoned to death in 2003 in an honour-related crime.
© Lynsey Addario/Corbis



Honour killings are a global phenomenon but have mainly been reported in Egypt, Iran, Jordan, Lebanon, Morocco, Pakistan, Syria, Turkey, Yemen, and other Mediterranean and Gulf states (UNIFEM, 2007). Through migration, incidents of honour killings have been exported to western European countries and North America. The United Nations Population Fund estimates that worldwide 5,000 women fall victim to honour killings every year (UNFPA, 2000).

In Pakistan, 4,000 women and men were reportedly killed between 1998 and 2003 ‘in the name of honour’, with women representing more than half of the victims. After the fall of Saddam Hussein’s government in Iraq, 400 women and girls were reportedly raped between April and October 2004, of which more than half were later killed for ‘honour-related’ reasons (MADRE, 2007, p. 16). The perpetrators of honour killings are often male family members. In Jordan and Lebanon, 70–75 per cent of all perpetrators of honour killings are the girls’ or women’s brothers (UNIFEM, 2007).

In addition to gendered notions of honour, discriminatory laws contribute to the persistence of such crimes by granting impunity to perpetrators, thus allowing honour killings to go unpunished. In Haiti, for example, the penal code states that the murder by a husband of his wife and/or her partner immediately upon discovering them *in flagrante delicto* in the conjugal residence is pardonable. A wife who kills her husband upon discovering him in the act of adultery is not excused. The Syrian penal code grants immunity or a significantly reduced sentence to a man who murders a female relative. Human Rights Watch reports that in Guatemala and elsewhere in Latin America police rarely investigate hundreds of murders of women each year because they are assumed to be ‘crimes of passion’ (GCSKSW, n.d.).

Dowry-related violence

A dowry is the money, goods, or estates that are given by the bride's family to her husband at marriage. The practice of dowry payment is particularly common in some South Asian countries but also occurs in other countries. Dowry disputes, which may arise due to an unsatisfactory dowry or the husband's wish to pursue another marriage in order to receive an additional dowry, can lead to gender-based violence including the killing of the woman. Some women also commit suicide after continuous harassment by their husbands or in-laws.

In certain societies, the future husband instead pays a 'bride wealth' to the bride's family, often leading to the belief that the spouse becomes his 'property'. Families sometimes refuse to 'take back' their daughter even in cases where she is being maltreated, out of inability, or fear of being obliged, to pay back the bride wealth.

According to UNIFEM, 6,822 women were victims of dowry-related killings in 2006 (UNIFEM, 2007). The same year 2,276 Indian women were reported to have committed suicide as a result of dowry

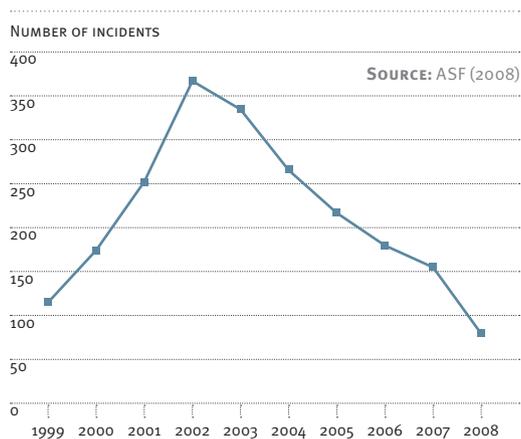
disputes with their husbands. The figures were even higher in 2005 and 2004: 2,305 and 2,585 suicides, respectively (Niazi, 2008). It cannot be ruled out that a certain percentage of these suicides may actually have been homicides committed by the husband or in-laws.

Acid attacks

Acid attacks are a form of gender violence occurring mainly in Bangladesh, Pakistan, India, and other Asian countries. While men and boys may be victims of acid attacks, girls and women represent the majority of victims. The Acid Survivors Foundation estimates that about 68 per cent of acid attacks in Bangladesh are directed against girls and women (ASF, 2006, p. 7).

In this form of gender violence, acid is thrown at the victim's body, especially at the face and genitalia of women. Acid attacks are usually motivated by conflicts over land, property and money, by refusal of love, marriage, or sexual services, or by family or dowry-related disputes (ASF, 2006, p. 8).

FIGURE 6.2 Reported incidents of acid attacks in Bangladesh, May 1999–July 2008



Box 6.4 Acid attacks in Bangladesh

Bangladesh reports a relatively high level of acid attacks—up to one incident every two days (ASF, 2006, p. 3). Such attacks have grown in prominence since the early 1990s, coinciding with a trend of women's growing financial power and increased social standing, notably through micro-credit development strategies (Woolf, n.d.). Acid attacks peaked in 2002, when 490 people were injured, and have since declined (ASF, 2008).

The Acid Survivors Foundation has launched public awareness-raising campaigns to encourage victims to report incidents. It also provides guaranteed legal assistance, promulgates the existence of laws against acid crimes, offers free medical care—such as burn treatment, nursing, plastic surgery, physical therapy, and psychotherapy—and ensures access to counselling and rehabilitation for victims. These efforts also help to reintegrate victims into their families and communities, avoiding their isolation (Scholte, 2006).

Consequences include permanent marks on the body, disfigurement, potential blindness, loss of hearing, and sometimes death. Social isolation is a further indirect effect. Victims of acid attacks rarely marry, thus remaining a burden to their families.

Female infanticide and sex-selective abortion

Female infanticide has likely accounted for millions of sex-selective deaths throughout history. The UN Children's Fund defines female infanticide as the killing of a girl child within the first few weeks of her birth. Infanticide is practised as a method of family planning in societies where boys are

PHOTO ▼ This 45-year-old woman was left blind after an acid attack in 1998. Dhaka, Bangladesh, 2006. © Olivier Hanigan/WPN



valued, economically and socially, above girls. Methods of ending a baby girl's life can be cruel, including poisoning, smothering, or feeding her unhulled rice to puncture the infant's windpipes. While infanticide of newborn girls still takes place, ultrasound technology has given female infanticide a modern face in the form of sex-selective abortion.

Substantial disparities between the numbers of girls and boys born suggest the extent of sex-selective abortion. The ratio of girls to boys born in Europe and North America is approximately 95:100, but in countries such as China, Taiwan, South Korea, India, and Pakistan, as well as some sub-Saharan African countries, the ratio is lower. China and India show the most extreme disparities (Watts and Zimmerman, 2002).⁶

In China, approximately 84 girls are born for every 100 boys (UNFPA, 2007, p. 5), and in some regions female birth is even lower. The practice of killing or abandoning female infants markedly increased in China during the 1980s and is generally attributed to China's strict 'one couple, one child' policy. It is estimated that by 2020 China could be 'missing' around 30 million women. China's State Population and Family Planning Commission recently predicted that within 15 years one in every ten men aged between 20 and 45 will be unable to find a wife (Macartney, 2007; UNFPA, 2007, pp. 5–7). Already, a shortage of brides is seen as the cause of increased kidnapping and slave trade of women, wife selling, and prostitution (Manthorpe, 1999).

In 1996 India's census showed there to be only 929 females to every 1,000 males. In India's 1901 census figures, there were 972 females to every 1,000 males. The selective killing of female foetuses is suggested by research that shows that fewer females are born as second or third children to families that have yet to have a boy. The 'most plausible explanation for the low female-to-male

sex ratios reported at birth is prenatal sex determination followed by selective abortion' (Jha and Oster, 2006).

Female infanticide and sex-selective abortion are driven by both economic and cultural forces. In a traditional South Asian family, a son is expected to earn an income, inherit property, and care for his parents, while a daughter requires a dowry to be paid, often incurring substantial debt. However, the practice cannot be explained by income level alone. Cultural factors also seem to play an important role. In India, for example, it has been observed that abortion of female foetuses is most prevalent in some of the poorest *and* in some of the richest states (Sen, 2003).

Conclusion

Using a gender approach reveals the full extent of the direct and indirect impact of the global burden of armed violence. This is crucial to understanding the gender-specific impacts of armed violence, and the forms of violence specifically targeted against women. Such an analysis is also important in terms of policy-making and programme development, allowing for the development of policies that take into account the specific needs of different groups.

Analysing the gender dimensions of the global burden of armed violence demonstrates the great variety of forms of violence and their multiple physical, psychological, social, and economic impacts. It becomes clear that the picture is highly complex, defying simplistic notions of women as victims and men as perpetrators. Finally, a gender approach broadens understandings of 'arms' and 'armed violence' since conventional definitions often only partially account for women's experience of violence.

In times of conflict and social upheaval, women suffer from lethal, non-lethal, direct, or indirect armed violence. However, paradoxically, such situations have sometimes offered a space for women's emancipation, be it through women's participation in armed groups, or through women taking on new responsibilities and asserting their rights. This contradictory relationship is worthy of further research.

Violence against women is one of the most common but least punished categories of crime in societies around the world. Inadequate data, discriminatory laws or ineffective implementation, widespread immunity for perpetrators, and a lack of political will to condemn such crimes all contribute to this situation. There is a need to review existing data collection methods and indicators in order to present a more balanced picture of the gendered experiences of violence, which make up an important part of the global burden of armed violence. 📌

Abbreviations

DRC	Democratic Republic of the Congo
IPV	Intimate partner violence
UNIFEM	United Nations Development Fund for Women

Endnotes

- 1 Bouta, Frerks, and Bannon (2005, p. 11); Gyawali and Shrestha (2006, p. 147); Marón (2003); and Karame (1999).
- 2 The definition of maternal death (by WHO): 'The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.'
- 3 These countries include the DRC, (southern) Sudan, Rwanda, Uganda, Sierra Leone, Somalia, and Burundi.

- 4 See AI, IANSA, and Oxfam (2005); Jackson et al. (2005); Greenfeld (1997); Kellermann et al. (1993); WomenWarPeace.org (n.d.).
- 5 The definition of sexual violence by an intimate partner includes the following elements: the woman was physically forced to have sexual intercourse when she did not want to; she had sexual intercourse when she did not want to because she was afraid of what the partner might do; she was forced to do something sexual that she found degrading or humiliating (WHO, 2005, pp. 13–16).
- 6 It should be noted, however, that different studies produce different data.