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MEN TOO
ARE VICTIMS OF INTIMATE PARTNER VIOLENCE

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ABSTRACT

The present review involved 153 studies about victimisation and 151 about perpetration considering both women and men from five regions (Africa, Asia/Pacific, Europe/Caucasus, Latin America/Caribbean, Middle East and industrialized English-speaking countries). The victimisation studies were from 54 countries and the perpetration ones from 44. The participants ranged from students (e.g. university), adolescents, clinical cases, general population and community samples. The age ranged from 11 to 70+ years. The total amount of participants regarding rates of victimisation was 466,488 people (out of those 208,273 were women, 5 studies lacking data on gender) and 289,190 people for perpetration (125,700 women, with 14 studies lacking data on gender). Overall, there were no major differences between women and men concerning the pooled victimisation and perpetration rates (considering the studies, assessment periods, countries and regions), indicating symmetry in physical IPV (Intimate Partner Violence) which corresponds to findings from previous studies. In view of the data, there is an urgent need, among other things, to modify prevention and treatment approaches to include victimized men.

BACKGROUND

Intimate partner violence (IPV) is one of the most challenging problems of our time, leaving its mark on a great deal of society. The abused persons that must cope with suffering caused by IPV; policy makers, politicians and advocacy groups work to create the conditions to decrease IPV and its burdens; IPV researchers, social as well as health care planers and

providers struggle to help the abused persons; are all examples of the costs incurred by IPV at the individual and societal levels.

As of now, the focus has been mainly on women's experiences of IPV (e.g. Douglas et al., 2012; Hines & Douglas, 2009; McNeely et al., 2001; Nicholls & Dutton, 2001; Tsui, 2014), while men's experiences have not been a source of much attention (e.g. McNeely et al., 2001; Straus & Gelles, 1986; Tsui, 2014). Yet, hundreds of empirical studies have shown that women assault their spouses or male partners (e.g. Fiebert, 2014). Furthermore, women may be more prone to physically aggress men than the opposite - at least in developed countries (e.g. Archer, 2000) - and the rates of severe IPV and chronicity between the sexes tend to be equivalent (e.g. Costa et al., 2015; Riggs et al. 2000). Women and men initiate IPV at about the same rate or women do more often (e.g. Capaldi et al., 2007; DeMaris et al., 1992; Fiebert & Gonzalez, 1997; Gray &, Foshee, 1997; Straus, 2004). In cases of unidirectional assaults, women are more likely to be the offenders (e.g. Anderson, 2002; Gray & Foshee, 1997; Morse, 1995; Riggs, 1993), this holds up in data from arrest protocols (Simmons et al., 2005). Most IPV seems to be bidirectional, except for criminal justice or legal studies based on police reports of IPV perpetration and/or in samples from the U.S. military (e.g. Langhinrichsen-Rohling et al., 2012a;[1] Dutton & Nicholls, 2005; Straus, 2008[2]). Moreover, it has been revealed that women's use of IPV increases the frequency and severity of men's use (e.g. Graham-Kevan & Archer, 2005), and reciprocal aggression increases the likelihood of injury for both men and women (e.g. Capaldi et al., 2007; Fergusson et al., 2005; O'Leary & Slep, 2006). Although women suffer more injuries than men do, men are not immune to injury, including severe injury (e.g. Archer, 2000; Laroche, 2005; Straus, 2005; Whitaker et al., 2007).

[1] Data mainly from samples within the United States, Canada, Australia, and European countries was allowable.
[2] Data from 34 countries.

Ending IPV against women and men is crucial for both of their well-beings. Indeed, both women and men would benefit from a more inclusive approach to family violence, not the least as it has been shown that women's use of IPV increase the frequency and severity of men's use (e.g. Graham-Kevan & Archer, 2005), and reciprocal aggression increases the likelihood of injury for both men and women (e.g. Capaldi et al., 2007; Fergusson et al., 2005; O'Leary & Slep, 2006).

Notwithstanding, data on men's exposure to IPV tends to be dismissed, ignored or distorted (e.g. Straus, 2010), and on top, - abused men encounter barriers to be believed or helped by law enforcement (including the judicial system), societal views or service agencies (e.g. Barkhuizen, 2015; Douglas et al., 2012; Hines & Douglas, 2009; Muller et al., 2009; Roark, 2016; Shuler, 2010; Tsui, 2014; Tsui, Chung & Leung, 2010).

PURPOSE AND METHOLOGY

One of the aims of this review was to address the denial of the evidence concerning gender symmetry in physical IPV. Thereafter, some definitions are presented followed by data on the occurrence of physical IPV, and we bring it to an end with conclusions and final words. The data on the occurrence of IPV was obtained from quantitative peer-reviewed studies in English published primarily from 1990[3], which included both women and men (victimisation and perpetration). The data was found in different databases (e.g. Medline) and journals (e.g. PLOS ONE), and concerns students (e.g. university), adolescents, along with clinical, population and community samples. [4] The search terms were: *domestic violence*, *intimate partner violence, spouse abuse, abuse, aggression, prevalence, physical*

[3] For the industrialized English-Speaking countries, we considered only articles from 2000 due to the large number of articles found.
[4]Studies with only military, religious affiliations, immigrants/migrants, ethnic groups, marginalized groups, homeless, refugees, incarcerated, older persons, attitudes to intimate violence, witnessing violence, combined victimization/perpetration, any kind of violence, police and hospital data, crime surveys, court cases, only women or men and LGBT are excluded. The data may not be exhaustive.

violence, physical assault, victimisation, *perpetration*, *dating*, *dating partner, courtship behaviour* and *relationship violence.*

DENYING THAT MEN ARE VICTIMIZED

The data on women's use of violence in intimate relations has been addressed with scepticism and criticism, particularly by the activist-research community (e.g. feminist researchers) (e.g. Dasguta, 1999; Dobash et al., 1992; Dobash & Dobash, 1984; 2004; Henning & Feder, 2004), but also among different "actors". Not much attention has been paid to IPV against men at the national or international levels by policy makers, social and health care planers and providers, official as well as non-official organizations working with violence, funding providers, the media or the public in general (e.g. Straus, 2010).

REASONS OF THE DENIAL

First

There is still an underlying notion (e.g. feminist researchers) that IPV is mainly and mostly directed from men towards women, and that women's violence is defensive and reactive. Essentially, IPV is a male activity and is used to enforce dominance over women, *the patriarchy assumption* (e.g. Bograd, 1988; Dasgupta, 1999; Dobash & Dobash,1984; 2004; Dobash et al., 1992; Henning & Feder, 2004; Jaffe et al., 2003; Yllö, 2005). In general, these assertions tend to be based for instance on data from selected samples (e.g. women-victims in shelters) (see for example Dutton, 2006).

Second

Equal perpetration rates may not show symmetry in IPV because the causes, context and meaning of IPV by women could be different than those from men. However, when these issues were addressed looking at both genders, no major differences were found between women and men. For instance, women and men tend to use violence in self-defence at equally low rates (e.g. Carrado et al., 1996; Cascardi & Vivian, 1995; Graham-Kevan & Archer, 2005; Harned, 2001; Pearson, 1997; Sommer, 1996; see also Langhinrichsen-Rohling et al., 2012b). Interestingly, in a study with high rates of self-defence, the percentage of self-defence was somewhat higher for men (56%) than for women (42%) (Harned, 2001). Similar findings have been shown concerning domination (e.g. Ehrensaft & Vivian, 1999; Felson & Outlaw, 2007; Laroche, 2005; Oswald & Russell, 2006; Stets & Hammons, 2002), although in a study by Straus (2008) encompassing 32 nations, the scores for dominance were higher for women than for men in 24 of the 32 countries. This not in line with evidence showing greater power for males in most societies (e.g. García-Moreno et al., 2005); although it has been suggested that "patriarchal" societies are not beneficial for most men (Kruger et al., 2014). Other underlying motivations (e.g. mental disease) seem also to be similar (e.g. Moffitt et al., 2001; Tremblay et al., 2004). In actuality, the most common causes of violence by women and men seem to be coercion, anger, jealousy, and punishing misbehaviour by their partner (e.g. Carrado et al., 1996; Cascardi & Vivian, 1995; Graham-Kevan & Archer, 2005; Fiebert & Gonzalez, 1997; Harned, 2001; Pearson, 1997; see also Langhinrichsen-Rohling et al., 2012b).

In summary, most IPV is bidirectional, perpetrated by both parties (e.g. Langhinrichsen-Rohling et al., 2012a), largely driven by similar motives (e.g. Langhinrichsen-Rohling et al., 2012b), and associated with the same risk factors (e.g. Capaldi et al., 2012). Despite large amounts of data showing rather equivalent rates of aggression from women-to-men and from men-to-women (e.g. Archer, 2000; Dutton & Nicholls, 2005; Fiebert, 2014), the view of women as the mainly victims of IPV prevails (e.g. Hamby, 2014).

Third

Other reasons as described by Straus (2010) are the following: 1. Concealing evidence (data from women's IPV is absent from studies, even if collected). 2. Avoiding obtaining evidence on women's perpetration (not collecting data on women's perpetration of IPV, although it could have been done). 3. Selective choice of research (individual researchers, governments and different agencies deny the evidence by citing the handful of studies revealing men's predominance in IPV while not mentioning the large amounts of data on symmetry). 4. Stating conclusions contradicting the data (wrong conclusions about the findings). 5. Blocking the publication of articles demonstrating the gender symmetry in IPV (authors practice self-censorship because they fear not to be published or having their reputation undermined). 6. Preventing funding to address female IPV (research about men as victims is often not eligible for funding). 7. Harassing, threatening and penalizing researchers who publish evidence on gender symmetry in IPV (e.g. authors have been seriously threatened when presenting their findings on men's exposure to IPV).

Fourth

Straus (2010) also points out that there is a bias in the media towards victimized women. The media are significantly more likely to present cases of female victimisation than those of male victims, particularly extreme cases of female victimisation. As declared by Angelucci (2009) "female abusers and male victims are not only politically incorrect, they also don't sell well".

Moreover, because men tend to predominate in most crime forms (e.g. Dawson et al., 2007; Ellis & Walsh, 2000; Hamby, 2014), it is inferred that the same concern IPV (Hamby, 2014: see for example Winstok, 2017 for a discussion on the issue).

Men as perpetrators of IPV predominate in police and hospital records. Data reveals that in 80-99% of cases of IPV reported to police, men are the abusers. However, this is due to the higher probability of injury by men abusers, which results in police intervention (Straus, 1999). There are fewer police interventions for assaults by women as men are less prone than women are to involve the police when attacked by a partner (Tjaden & Thoennes, 2000). In reality, police are involved in at most 5% of IPV cases (e.g. Kaufman Kantor & Straus, 1990). Although police statistics are unrepresentative, they are usually taken as representative of all IPV cases, and thereby giving the impression that IPV is almost exclusively perpetrated by men. Likewise, hospital data reveals an excess of female victims, and as with police data, it reflects a higher likelihood of injury from an assault by a man. However, this issue is normally examined only for women patients, and to the extent that men are asked about the cause of their injury, they are less prone than women are to say it was an assault by a partner (e.g. Straus, 2010; Winstok, 2012).

Fifth

Straus (2010) suggests further that part of the denial concerning the symmetry of IPV is to defend feminism. According to feminism, we live in a patriarchal system and IPV is one of the methods used to dominate and control women (e.g. Abrar, Lovenduski & Margetts, 2000; Bell & Naugle, 2008; Dobash & Dobash, 1979; Yllö, 2005). By removing patriarchy as the cause of IPV, the negative consequences of the patriarchy would weaken, and thereby the motivation of working to achieve greater gender equality would be harmed. Interestingly, a meta-analysis of the research literature by Sugarman and Frankel (1996) found that the association between patriarchal beliefs and violence are minimal if non-existent or for patriarchy being the most important risk factor for IPV perpetration (see also Stith et al., 2004; O'Leary et al., 2007).

Sixth

In addition, Straus (2010) states that there is a fear among, for example, activists that if the public and others (e.g. legislators) became aware of and believed the gender symmetry in IPV, it would decrease funding for services to women victims, and weaken the efforts to arrest and prosecute violent men.

Finally, as indicated earlier, the public has paid little attention to women's abuse of men and the extent of it. This is due, in part, to the fact that information about female IPV has not been made available sufficiently or has been distorted (Straus, 2010). Additionally, it is very difficult to correct false information. The repeated denial of symmetry in IPV is a serious obstacle in changing beliefs and opinions about female IPV perpetration (Straus, 2010).

DEFINITIONS

Intimate partner

"An intimate partner is a person with whom one has a close personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact, sexual behaviour, identity as a couple, familiarity and knowledge about each other's lives. The relationship need not involve all these dimensions. An intimate partner can be a former or current spouse, a boyfriend or girlfriend, a dating partner, or a sexual partner (Breiding et al., 2015)".

Physical IPV

"Intentional use of physical force with the potential for causing death, disability, injury, or harm. Includes such acts as pushing, grabbing, choking, punching, burning and use of a weapon (Breiding et al., 2015)".

Controlling behaviours

"Includes acts such as isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment or education (Breiding et al., 2015)".

Bidirectional and unidirectional IPV

Bidirectional IPV involves violence as both a victim and a perpetrator, whereas unidirectional IPV pertains to being only a victim or only a perpetrator.

Dominance

As identified by Hamby (1996), there are three types of dominance, representing a departure from an egalitarian relationship: "Authority: One partner holds most of decision-making power and is "in charge"; Restrictiveness: One partner feels the right to intrude upon the other's behaviour, even when that behaviour does not directly involve the restrictive partner, as when restrictive partners prohibit their partners from spending time with certain individuals or going certain places; Disparagement: One partner fails to equally value the other partner and has an overall negative appraisal of his or her partner's worth".

THE DATA

The data on the occurrence of physical IPV was based on studies with both male and female participants (victimisation/perpetration) from Africa, Asia/the Pacific, Europe/the Caucasus, Latin America/the Caribbean, the Middle East and industrialized English-speaking nations (Australia, Canada, New Zealand, UK and United States). The types of

participants consisted of students (e.g. university), adolescents, along with clinical, general population and community samples.[5]

PHYSICAL IPV IN AFRICA

Victimisation

The data was obtained from 28 studies in 18 African countries.

Table 1. Rates of physical victimisation by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
Cameroon	48.5	43.2
Ivory Coast	12.7	3.8
Madagascar	6.3	11.5
Mauritius	4	6.7
Malawi	6	1.9
Namibia	7.4	6.2
Nigeria	15.1	11.8
Nigeria	6.6	11.9
South Africa	14.3	11.1
South Africa	29.3	20.9
South Africa (severe)	14	3.5
Uganda	48	20
12 months		
Botswana	19	21
Congo	40	27.2
Lesotho	16	12
Malawi	11	6
Namibia	17	15
Mozambique	11	8
Rwanda	18.8	4.3
South Africa	24.1	33.3
South-Africa	41.7	37.8
South Africa	5.1	3.5

[5]Studies with only military, religious affiliations, immigrants/migrants, ethnic groups, marginalized groups, homeless, refugees, incarcerated, older persons, attitudes to intimate violence, witness violence, combined victimization/perpetration, any kind of violence, police and hospital data, crime surveys, court cases, only women or men (except impact and consequences) and LGBT are excluded. The data may not be exhaustive.

Swaziland	21	21
Tanzania	35.8	34.8
Uganda	7.4	10.7
Zambia	36	27
Zimbabwe	17	17
6 months		
South Africa	12.4	21.1

There were 7 studies from South Africa, 2 studies each from Malawi, Nigeria, Namibia and Uganda, and one study each from the other countries. In 7 studies, men had higher rates of victimisation than women did and in 19 studies it was the other way around. In two studies, the rates were the same. The frequencies of victimisation varied with the highest ones being among both men and women in Cameroon, Congo and South Africa.

The number of respondents was 71,812. (34,087 women, 47.5%) and the age ranged from 12 to 70+ years. The subjects were general population, community and clinical samples, students (e.g. university) and adolescents.

The rates of ever having suffered victimisation across 12 studies among women ranged from 6 to 48%, and 1.9 to 43.2% among men. In *past 12-months* victimisation, the rates across 15 studies among women ranged from 5.1 to 41.7%, and 3.5 to 37.8% among men. In *past 6-months* victimisation, the rates among women were 12.4% and 21.1% among men.

Table 2. Rates of physical victimisation by sex (considering assessment periods, studies and countries). [a]

	Female %	Male %
Ever		
Overall [b, c]	15.2	10.9
Minor		
Severe	14	3.5
12 months		
Overall [d]	21.4	18.6
Minor		
Severe		
6 months		
Overall [e]	12.4	21.1
Minor		

Severe

[a]=concern 18 countries (Botswana, Cameroon, Congo, Ivory Coast, Lesotho, Madagascar, Malawi, Mauritius, Namibia, Nigeria, Mozambique, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe); [b]=includes one case of severe violence (South Africa); [c]=across 12 studies (3 from South Africa, two from Namibia and Nigeria, and one each from Cameron, Ivory-Coast, Madagascar, Mauritius, Malawi and Uganda); [d]=across 15 studies (3 from South Africa and one each from Botswana, Congo, Lesotho, Malawi, Namibia, Mozambique, Rwanda, Swaziland, Tanzania, Uganda Zambia and Zimbabwe); [e]=concerns one study (South Africa).

As shown in Table 2, the mean rate of *ever* victimisation across 12 studies among women was 15.2%, and 10.9% among men. The mean of *12-months* victimisation across 15 studies among women was 21.4%, and 18.6% among men. One study addressed *past 6-months* victimisation, with men reporting more victimisation than women did (21.1% vs. 12.4%). The mean victimisation rate by *sex,* (considering *assessment periods, studies and countries*) was higher among women than among men (15.8% vs. 13.5%).

In the abovementioned countries, the standard of living is low and women in general have lower social, economic and political power than men do (The Gender Inequality Index, United Nations Development Programme, 2018). In view of the association between, for instance, low income and IPV (e.g. Capaldi et al., 2012; Vyas & Watts, 2009), one would expect women to have higher rates of IPV than men, but also higher rates than women in developed countries (e.g. USA). However, looking at the data by *sex,* (considering *assessment periods, studies and countries*) the difference between women and men is relatively small (15.8% vs. 13.5%). In any case, the present findings seem not differ substantially from data from other countries, particularly developed countries (e.g. USA) (e.g. Fiebert, 2014; Straus, 2010; 2011).

Perpetration

The data was obtained from 8 studies in 3 African countries.

Table 1. Rates of physical perpetration by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
South-Africa	25.2	26.5
12 months		
Nigeria	23.3	83.4

South Africa	43.5	35.3
South Africa	3	3.9
South Africa	39.3	42.9
Tanzania	43.8	31.7
Tanzania	4.9	13.2
6 months		
South Africa	7.6	13.8

As shown in Table 1, 5 of the studies were from South Africa, two from Tanzania and one from Nigeria. In two studies women had higher rates of perpetration than men and men had higher ones than women in 6. The rates varied, with the highest among women in South Africa and Tanzania, and among men in Nigeria and South Africa. The number of respondents were 23,298[6] (12,301 women, 53.1%[7]), within an age range of 14 to 65+ years. The subjects were community, general population and clinical samples, students (e.g. university) and adolescents.

In *ever* perpetration, the rates among men were 26.5%, and 25.2% among women. In *past 12-months* perpetration, the rates across 6 studies among women ranged from 3 to 43.8 from 3.9 to 83.4% among men. In *past 6-months* perpetration, the rates among women were 7.6%, and 13.8% among men.

Table 2. Rates of physical perpetration by sex (considering assessment periods, studies and countries). [a]

	Female %	Male %
Ever		
Overall [b]	25.2	26.5
Minor		
Severe		
12 months		
Overall [c]	26.3	35.1
Minor		
Severe [d]	14/26	43/15
6 months		
Overall [e]	7.6	13.8
Minor		
Severe		

[6]Total number of respondents.
[7]Based on seven studies

[a]=concern 3 countries (Nigeria, South Africa and Tanzania); [b]= concerns one study (South Africa); [c]=across 6 studies (3 from South Africa and Tanzania and one from Nigeria); [d]=across two studies (South Africa and Tanzania); [e]=concerns one study (South Africa).

As shown in Table 2*, ever* perpetration among women was 25.2%, and among men 26.5%. Among women, the mean of *12-months* perpetration across 6 studies was 26.3%, and it was 31.3% among men. One study addressed perpetration during *the past 6-months,* with lower rates among women (7.6%) than among men (13.8%). The mean perpetration rate by sex, (considering *assessment periods, studies and countries*) was higher among men than among women (25.1% vs. 19.7%).

There were not many studies with both sexes concerning the perpetration of physical IPV in Africa, suggesting that the issue does not attract much attention. The reasons responsible might be cultural or ideological views (e.g. disbelief in female perpetration of IPV). This is despite the present data showing that women can indeed be perpetrators and that the difference in rates between women and men IPV perpetration are not that high. Rates which seem not differ substantially from data in other countries (e.g. USA) (e.g. Archer, 2000; Fiebert, 2014; Straus, 2010; 2011).

PHYSICAL IPV IN ASIA AND THE PACIFIC

Victimisation

The data was obtained from 15 studies in 9 Asian and the Pacific countries.

Table 1. Rates of physical victimisation by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
China	2.1	4.3
China	16.7	39.4
India	2.9	13.6
Indonesia	1.6	0.8
Kyrgyzstan	54.7	37.9
Laos	0.7	0
Philippines	5.1	3.6
Singapore	3.8	5.5
Thailand	3.3	7.4
Thailand	41.2	41.9
12 months		

China	12	5
China	51.8	48.2
Philippines	27.7	30.5
South Korea	6.9	3.4
4 months		
China	22	25.8

As shown in Table 1, 5 of the studies were from China, 2 each from the Philippines and Thailand, and one study each from the rest of the countries. In 8 studies, men had higher victimisation rates than women, and in 7 studies women did. The rates varied, with the highest among women in Kyrgyzstan, Philippines and Thailand as well as among men in China, Philippines and Thailand. The number of respondents was 23,235 (11,851 women, 51%) and the age ranged from 13 to 70+ years. The subjects were general population and community samples, students (e.g. university) and adolescents.

In *ever* victimisation, the rates across 10 studies among women ranged from 1.6 to 54.7%, and from 0 to 41.9% among men. In *past 12-months* victimisation, the rates across 4 studies among women ranged from 6.9 to 51.8% and from 3.4 to 48.2% among men. In *past 4-months* victimisation, the rates among women were 22% and among men 25.8%.

Table 2. Rates of physical victimisation by sex (considering assessment periods, studies and countries). [a]

	Female %	Male %
Ever		
Overall [b,]	13.2	15.4
Minor		
Severe		
12 months		
Overall [c]	24.6	21.8
Minor		
Severe		
4 months		
Overall [d]	22	25.8
Minor		
Severe		

[a]=concern 9 countries (China, India, Indonesia, Kyrgyzstan, Laos, Philippines, Singapore, Thailand and South Korea); [b]=across 10 studies (two each from China and Thailand and one each from India, Indonesia, Kyrgyzstan, Laos, Philippines and Singapore); [c]=across 4 studies (two from China and one each from Philippines and South Korea); [d]=concerns one study (China).

As shown in Table 2, the mean of *ever* victimisation among women across 10 studies was 13.2%, and among men 15.4%. The mean of *12-months* victimisation across 4 studies among women was 24.6% and 21.8% among men. One study which addressed victimisation during the *past 4-months,* had men reporting more victimisation than women did (25.8% vs. 22%). The mean victimisation rate by *sex* (considering *assessment periods, studies and countries*) was higher among men than among women (21% vs. 19.9%).

Most of the countries, except for Japan, Singapore and South Korea, have high gender inequality, implying that women tend to have lower social, economic and political power than men do (The Gender Inequality Index, United Nations Development Programme, 2018). In view of the association between low income and IPV (e.g. Capaldi et al., 2012; Vyas & Watts, 2009), one would expect women to not only have higher rates of IPV than men, but also higher rates than women in developed countries (e.g. USA). However, looking at the data by *gender* (considering *assessment periods, studies and countries*) men were more victimized than women. In any case, the present data seem not differ significantly from findings in developed countries (e.g. USA) (e.g. Fiebert, 2014; Straus, 2010; 2011).

Perpetration

The data was obtained from 18 studies in 12 Asian and the Pacific countries.

Table 1. Rates of physical perpetration by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
China	20.7	17.6
Hong Kong	10.5	9.4
Japan	0.7	1.6
12 months		
Cambodia	2.6	4.4
China	3	19
China	12.6	4.9
China	42	22
Hong Kong	43	23
India	31	35
Japan	18	25
Papua New Guinea	12.2	9
Philippines	55.8	25.1

Singapore	28	10
South Korea	37	24
South Korea	3.4	5.1
Sri Lanka	4.3	2.2
Taiwan	42	18
4 months		
China	29.4	24.6

As shown in Table 1, 5 of the studies were from China, 3 from South Korea and one each from the rest of the countries. In 12 studies women reported higher rates in perpetration than men and in 5 studies men did. The rates varied, with the highest among women in China, Hong Kong and Philippines, and among men in China, India and Japan. The number of respondents were 26,578 (13,045 women, 49.1%) and the age ranged from 13 to 70 years. The subjects were community and general population samples, students (e.g. university) and adolescents.

In *ever* perpetration, the rates across 3 studies among women ranged from 0.7 to 20.7% and1.6 to 17.6% among men. In *past 12-months* perpetration, the rates across 14 studies among women ranged from 2.6 to 55.8% and 2.2 to 35% among men. In *past 4-months* perpetration, the rates among women were 29.4%, and among men 24.6%.

Table 2. Rates of physical perpetration by sex (considering assessment periods, studies and countries). [a]

	Female %	Male %
Ever		
Overall [b]	10.6	9.6
Minor		
Severe [c]	3.5	3.4
12 months		
Overall [d]	23.9	16.2
Minor		
Severe [e]	16.4	7.7
4 months		
Overall [f]	29.4	24.6
Minor		
Severe		

[a]=concern 12 countries (Cambodia, China, India, Hong Kong, Japan, Papua New Guinea, Philippines, Singapore, South Korea, Sri Lanka and Taiwan); [b]=across 3 studies (China, Japan and Hong Kong); [c]=concerns one study (Hong Kong); [d]=across 14 studies (3 from China, two from South Korea and one each from Cambodia, Hong Kong, India, Japan, Papua New Guinea, Philippines, Singapore, Sri Lanka and Taiwan); [e]= across 7 studies (China, Hong Kong, India, Japan, Singapore, South Korea and Taiwan); [f] =concerns one study (China).

As shown in Table 2, the mean of *ever* perpetration across 3 studies was 10.6% among women, and 9.6% among men. The mean among women of *past 12-months* perpetration across 14 studies was 23.9%, and among men 16.2%. One study addressed perpetration during the *past 4-months,* with higher rates among women 29.4% than among men 24.6%. Women had higher rates in severe perpetration than men in one *ever* study (3.5% vs. 3.4%), and across 7 studies in *past 12-months* (16.4% vs. 7.7%). The mean perpetration rate by *sex* (considering *assessment periods, studies and countries*) was higher among women than among men (21.3% vs. 16.8%).

In contrast to Africa, there were more studies with both genders regarding perpetration of physical IPV in Asia and the Pacific, suggesting that it is more culturally conceivable to see women as perpetrators of IPV. The data shows that women are more aggressive towards men, this is including severe perpetrations, and the numbers do not differ greatly from figures from other countries (e.g. USA) (Archer, 2000; Fiebert, 2014; Straus, 2010; 2011)

PHYSICAL IPV IN EUROPE AND THE CAUCASUS

Victimisation

The data was obtained from 15 studies in 9 European and the Caucasus countries.

Table 1. Rates of physical victimisation by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
Germany [1]	18.6	22.2
Greece [1]	35.7	39.7
Hungary [1]	20.2	18.9
Portugal [1]	16.9	14.5
Sweden [1]	14.3	6.8
Sweden [1]	15.9	11
Sweden [1]	15.2	19.9
UK [1]	27.3	28
Ukraine [1]	20.1	8.6
12 months		
Germany [1]	13.5	12.3
Greece [1]	23.1	31.2
Hungary [1]	12.4	13.8
Portugal [1]	8.5	9.7

Portugal	13.5	11.9
Russia	24.8	25.6
Spain	37.4	31.3
Spain	17.5	26.3
Spain[8]	7.4/21.4	5.5/17.6
Spain	29.5	32.3
Sweden [1]	9.9	14.3
Sweden [1]	8.1	7.6
Sweden [1]	8	11
UK[1]	17	15.9
Ukraine [1]	12.7	5.8

[1]=in 9 studies there was data on both *ever* and *12-months* victimisation.

As shown in Table 1, 4 studies were from Spain, 3 from Sweden, two from Portugal and one each from the rest of the countries. In 11 studies, men had higher victimisation rates than women, and women did in 13 studies. The rates varied, with the highest among women in UK, Spain and Greece, and among men in Greece, UK and Spain. The number of respondents were 18,859 (10,572 women, 56.1%) and the age ranged from 15 to 75 years. The participants were general population as well as community samples, university students and adolescents.

In *ever* victimisation, the rates across 9 studies among women ranged from 14.3 to 35.7% and 6.8 to 39.7% among men. In *past 12-months* the rates across 15 studies among women ranged from 8 to 37.4% and 5.8 to 32.3% among men.

Table 2. Rates of physical victimisation by sex (considering assessment periods, studies and countries). [a]

	Female %	Male %
Ever		
Overall [b,]	20.5	18.5
Minor		
Severe		
12 months		
Overall [c]	16.2	16.9
Minor [d]	7.4	8.3
Severe [e]	7	6.9

[a]=concern 9 countries (Germany, Greece, Hungary, Portugal, Russia, Spain, Sweden, UK and Ukraine); [b]=across 9 studies (3 from Sweden and one each from Germany, Greece, Hungary, Portugal, UK and Ukraine); [c]=across 15 studies (4 from Spain, 3 from Sweden, two from Portugal and one each from Germany, Greece, Hungary, Russia, UK and Ukraine); [d]= across 6 studies (Germany, Greece, Hungary, Portugal, Sweden and UK); [e]=across 9 studies (Portugal two studies and one each from Germany, Greece, Hungary, Russia, Spain, Sweden and UK).

[8]The higher rates concern respondents with psychological problems.

As shown in Table 2*,* the mean of *ever* victimisation among women across 9 studies was 20.5%, and 18.5% among men. The mean of *12-months* across 15 studies among women was 16.2%, and 16.9% among men. In *the 12-months* victimisation across 6 studies, men reported more minor acts than women did (8.3% vs. 7.4%). As to severe acts, across 9 studies, women reported them more than men did (7% vs. 6.9%). The mean victimisation rate by *sex* (considering *assessment periods, studies and countries*) was higher among women than among men (18.4% vs. 17.7%).

Gender equality has improved in all abovementioned countries but remains relatively low in Russia and Ukraine. The improvement of women's situations is particularly evident in Germany and Sweden. Thus, women's power (e.g. social) has risen (The Gender Inequality Index, United Nations Development Programme, 2018). Data indicates that women's empowerment in, for instance, poverty reduction or reductions of inequality in education may protect against high IPV levels (e.g. Capaldi et al., 2012; Vyas & Watts, 2009). However, except for 4 outlying studies (3 from Sweden and one from Portugal), the victimisation rates were rather high among both women, and among men. Considering the present rates, empowerment may have not protected against IPV. IPV is a multifaceted phenomenon involving many factors (e.g. individual). The importance of economy and education in IPV may have been less salient that other contextual factors (e.g. alcohol use). Men were more often victims of severe acts than women. Overall, the difference between women and men was less than 1% and the present data seems not to differ significantly from findings in other countries (e.g. USA) (e.g. Fiebert, 2014; Straus, 2010; 2011).

Perpetration

The data was obtained from 26 studies in 15 European and the Caucasus countries.

Table 1. Rates of physical perpetration by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
Germany [1]	17.9	17.6
Greece [1]	33.8	45.1
Hungary [1]	21.5	19.4
Portugal [1]	16.6	15.8
Sweden [1]	18.6	14.8
Sweden [1]	11.6	8.1
UK [1]	26.4	28.2
Ukraine [1]	18.5	18.7
12 months		
Belgium	35	29
Germany	28	24
Germany [1]	12.8	10.1
Greece [1]	21.6	33
Greece	26	39
Hungary [1]	13.7	15.4
Hungary	21	27
Lithuania	39	22
Malta	16	30
Netherlands	32	31
Portugal	10.3	14.3
Portugal	14.4	14
Portugal [1]	10	9.6
Portugal	18	14
Romania	32	29
Russia	37.9	20.5
Russia	38	24
Spain	41.9	31.7
Spain	30.2	16.1
Spain	30.4	32.2
Sweden [1]	5.2	8.1
Sweden [1]	13.7	10.8
Sweden	18	19
Switzerland	24	27
UK [1]	17.3	16
Ukraine [1]	11.3	11.4

[1]=in 8 studies there was data on both *ever* and *12-months* perpetration.

As shown in Table 1, 4 of the studies were from Portugal, 3 each from Spain and Sweden, two each from Germany, Greece, Hungary and Russia, and one each from the rest of the countries. In 20 studies women reported higher rates in perpetration than men, and in 14 studies men did. The rates varied, with the highest among women in Russia, Spain as well as Belgium, and among men in Greece, Spain and Malta. The number of respondents was 21,656 (12,740 women, 58.8%) and the age ranged from 15 to 67 years. The subjects

were community as well as general population samples, university students and adolescents.

In *ever* perpetration, the rates across 8 studies among women ranged from 11.6 to 33.8% and 8.1 to 45.1% among men. In *past 12-months* perpetration, the rates across 26 studies among women ranged from 5.2 to 41.9% and 8.1 to 39% among men.

Table 2. Rates of physical perpetration by sex (considering assessment periods, studies and countries). [a]

	Female %	Male %
Ever		
Overall [b]	20.6	20.9
Minor		
Severe		
12 months		
Overall [c]	25.4	21.5
Minor [d]	7.9	8.7
Severe [e]	7.9	7.2

[a]=concern 15 countries (Belgium, Germany, Greece, Hungary, Lithuania, Malta, Netherlands, Portugal, Romania, Russia, Spain, Sweden, Switzerland, UK and Ukraine); [b]=across 8 studies (two from Sweden and one each from Germany, Greece, Hungary, Portugal, UK and Ukraine) [c]=across 26 studies (Portugal 4, Spain and Sweden 3 each, Germany, Greece, Hungary and Russia two each, and one each from Belgium, Lithuania, Malta, Netherlands, Romania, Switzerland, UK and Ukraine); [d]=across 6 studies (one each from Germany, Greece, Hungary, Portugal, Sweden and UK); [e]= across 19 studies (Germany, Greece, Hungary, Portugal, Russia and Sweden two each, and one each from Belgium, Lithuania, Malta, Netherlands, Rumania, Switzerland and UK).

As shown in Table 2, the mean of *ever* perpetration across 8 studies was 20.6% among women, and 20.9% among men. The mean of *past 12-months* perpetration across 26 studies among women was 25.4%, and 21.5% among men. In *past 12-months* perpetration across 6 studies, the mean of minor acts among women was 7.9%, and among men 8.7%. The mean of severe acts across 19 studies was 7.9% among women, and 7.2% among men. The mean perpetration rate by *sex* (considering *assessment periods, studies and countries*) was higher among women than among men (23% vs. 21.2%).

In contrast to Africa or the Asia and Pacific areas, there were more studies of perpetration, and women had higher rates of perpetration than men did. A possible explanation could be that the empowerment of women, although positive in many ways, also could have led to a higher willingness to use violence on their part. Our data shows that women were somewhat more often perpetrators than men, including severe perpetration. The present

findings seem not differ greatly from data from other countries (e.g. USA) (e.g. Archer, 2000; Fiebert, 2014; Straus, 2010; 2011).

LATIN AMERICA AND THE CARIBBEAN

The data was obtained from 13 studies in 9 Latin American and Caribbean countries.

Table 1. Rates of physical victimisation by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
Barbados	12.4	7.2
Barbados	50	44.7
Brazil	24.1	27.8
Colombia	7.5	3.4
Grenada	15.5	16.8
Jamaica	8.6	8.4
Jamaica	45.3	40.4
Mexico	22.7	9.9
Trinidad/Tobago	45.2	47.7
Venezuela	4.1	3
12 months		
Mexico	25	32.8
Chile	15.1	26.6
6 months		
Brazil	21.7	no data on men

As shown in Table 1, there were two studies each from Barbados, Brazil and Mexico, as well as one each from the rest of the countries. Men had higher rates of victimisation than women in 5 studies, and women did in 7. The rates varied, with the highest among both women and men in Barbados, Jamaica and Trinidad/Tobago. The number of respondents was 15,922 (8,778 women, 55.1%), with an age ranging from 11 to 39 years. The subjects consisted of a community sample, students (e.g. university) and adolescents.

In *ever* victimisation, the rates across 10 studies among women ranged from 4.1 to 50% and 3 to 47.7% among men. In *past 12-months* victimisation, the rates in 2 studies among women were 15.1% and 25%, and among men they were 26.6% and 32.8%. In *past 6 months*, a study showed a rate of 21.7% among women.

Table 2. Rates of physical victimisation by sex (considering assessment, studies and countries). [a]

	Female %	Male %
Ever		
Overall [b,]	23.5	23.3
Minor		
Severe		
12 months [c]		
Overall	20.1	29.7
Minor		
Severe		
6 months [d]		
Overall	21.7	no data on men
Minor		
Severe		

a=concern 9 countries (Barbados, Brazil, Chile, Colombia, Grenada, Jamaica, Mexico, Trinidad/Tobago and Venezuela); [b]=across 10 studies (2 each from Barbados and Jamaica and 1 each from Brazil, Colombia, Grenada, Mexico, Trinidad/Tobago and Venezuela); [c]= across two studies (Mexico and Chile); [d]=concerns one study (Brazil).

As shown in Table 2, the mean of *ever* victimisation among women across 10 studies was 23.5%, and 23.3% among men. The mean of *12-months* victimisation across two studies among women was 20.1% and 29.7% among men. The rate of *6 months* victimisation was 21.7% among women (no data on men). The mean victimisation rate by *sex* (considering *assessment periods, studies and countries*) was higher among men than among women (26.5% vs. 21.8%).[9]

In the abovementioned countries there exists high gender inequality, implying that women have lower social, economic and political power than men do (The Gender Inequality Index, United Nations Development Programme, 2018). Considering the association between for instance low income and IPV (e.g. Capaldi et al., 2012; Vyas & Watts, 2009), one could expect women to have higher rates of IPV than men and higher rates than women in developed countries (e.g. USA). In some of the countries, the rates of violence against women were indeed high, but also were men's. Moreover, by *sex* (considering *assessment periods, studies and countries*) men were more victimized than women. Thus, other contextual factors more important that, for instance, income, may have been present. In

[9] Lack data on men in one study.

any case, the current data seems not differ significantly from findings in developed countries (e.g. USA) (e.g. Archer, 2000; Fiebert, 2014; Straus, 2010; 2011).

Perpetration

The data was obtained from 11 studies in 7 Latin American and Caribbean countries.

Table 1. Rates of physical perpetration by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
Barbados	53.9	48.8
Brazil	24.6	24.1
Jamaica	52.4	39.9
Mexico	21	19.5
Trinidad/Tobago	48.2	45
12 months		
Brazil	23.3	21.8
Guatemala	32.1	17
Mexico	24.8	19.4
Mexico	47.3	26.7
Venezuela	23.7	25.3
6 months		
Brazil	31.3	15

As shown in Table 1, Brazil and Mexico had 3 studies each, and the rest of the countries had one each. Of the 11 studies, women had higher rates of perpetration than men in 10, and men did in one. The rates varied, with the highest among both women and men in Barbados, Jamaica and Trinidad/Tobago. The number of respondents was 13,401 (7,659 women, 57%) and the age ranged from 11 to 40 years. The subjects consisted of a community sample and students (e.g. university).

In *ever* perpetration, the rates across 5 studies among women ranged from 21 to 53.9%, and 19.5 to 48.8% among men. In *past 12-months* perpetration, the rates across 5 studies among women ranged from 23.3 to 47.3%, and 17 to 26.7% among men. In *past 6 months* perpetration, women had higher rates than men did (31.3% vs. 15%).

Table 2. Rates of physical perpetration by sex (considering assessment periods, studies and countries). [a]

	Female %	Male %
Ever		
Overall [b]	40	35.5
Minor		
Severe		
12 months		
Overall [c]	30.2	22.1
Minor		
Severe [d]	10.3	10
6 months		
Brazil	31.3	15

[a]=concern 7 countries (Barbados, Brazil, Guatemala, Jamaica, Mexico, Trinidad/Tobago and Venezuela); [b]=across 5 studies (1 each from Barbados, Brazil, Jamaica, Mexico and Trinidad/Tobago) [c]=across 5 studies (2 from Mexico and 1 each from Brazil, Guatemala and Venezuela); [d]=across 4 studies (1 each from Brazil, Guatemala, Mexico and Venezuela).

As shown in Table 2, the mean of *the ever* perpetration across 5 studies was 40% among women, and 35.5% among men. The mean of *past 12-months* perpetration across 5 studies among women was 30.2%, and 22.1% among men. One study in the *past 6 months* perpetration showed greater rates among women than among men (31.3% vs. 15%). In *past 12-months* perpetration across 4 studies, the mean of severe acts was 10.3% among women, and 10% among men. The mean perpetration rate by *gender* (considering *assessment periods, studies and countries*) was higher among women than among men (33.8% vs. 24.2%).

Most of the studies concerning perpetration with both sexes in Latin American and the Caribbean countries involved university students. It is possible that students, in particular female students, were more empowered than women in general. One of the effects could be an increased willingness in getting involved in violence. Nevertheless, the present findings showed that women had higher rates of overall and severe perpetration than men did, and the data seems not to differ significantly other countries (e.g. USA) (e.g. USA) (Archer, 2000; Fiebert, 2014; Straus, 2010; 2011).

PHYSICAL IPV IN THE MIDDLE EAST

Victimisation

The data was obtained from 4 studies in 4 Middle East countries.

Table 1. Rates of physical victimisation by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
Israel	32.8	41.4
Pakistan	43	27
Tunisia	1.3	2.9
Turkey	7.7	3.1

As shown in Table 1, Israel, Pakistan, Tunisia and Turkey had one study done in each of the countries. Men had higher victimisation rates than women in two studies, and women did in the other two. The rates varied, with the highest being in Israel and Pakistan among both men and women. The number of respondents was 1,873 (1,026 women, 54.8%) and the age ranged from 12 to 50 years. The subjects consisted of a clinical sample and of students (e.g. university). In *ever* victimisation, the rates across 4 studies among women ranged from 1.3 to 43% and among men from 2.9 to 41.4%.

Table 2. Rates of physical victimisation by sex (considering assessment, studies and countries). [a]

	Female %	Male %
Ever		
Overall [b,]	21.2	18.6
Minor		
Severe		

[a]=concern 4 countries (Israel, Pakistan, Tunisia and Turkey); [b]=across 4 studies (1 each from Israel, Pakistan, Tunisia and Turkey).

As shown in Table 2*,* the mean of *ever* victimisation across 4 studies was 21.2% among women, and 18.6% among men.

Three of the 4 studies concerning victimisation with both sexes in the Middle East pertained to students. It is likely that female students, are more empowered than women are in general. One of the effects could be an increased willingness in getting involved in violence. Nevertheless, the present findings showed that women had somewhat higher rates of

victimisation than men did, which seem not differ significantly from data in other countries (e.g. USA) (e.g. Archer, 2000; Fiebert, 2014; Straus, 2010; 2011).

Perpetration

The data was taken from 2 studies in 2 Middle East.

Table 1. Rates of physical perpetration by sex (considering assessment, studies and countries).

	Female %	Male %
12 months		
Iran	71	95.5
Israel	18	21.4

As shown in Table 1, there was one study from each Iran and Israel. In both studies, men had higher rates of perpetration than women did, in particular the one from Iran. The highest rates for both women and men were from Iran. The number of respondents were 378 (268 women, 71%) and the age ranged from 18 to 40 years. The subjects were university students. In *past 12-months perpetration*, the rates across 2 studies among women were 18% and 71%, as well as 21.4% and 95.5% among men.

Table 2. Rates of physical perpetration by sex (considering assessment periods, studies and countries). [a]

	Female %	Male %
12 months		
Overall [b]	44.5	58.4
Minor		
Severe [c]	8.9	8.3

[a]=concern 2 countries (Iran and Israel); [b]=across two studies (1 each from Iran and Israel); [c]=across two studies (1 each from Iran and Israel).

As shown in Table 2, the mean of *past 12-months* perpetration across two studies among women was 44.5% and 58.4% among men. The mean of severe acts was 8.9% among women and 8.3% among men.

The studies concerning perpetration in Middle Eastern countries involved only university students. It is likely that students, in particular female, are more empowered than women are in general. One of the effects could be an increased willingness in getting involved in

violence. However, the present findings showed that women had lower rates of overall perpetration than men did, but slightly higher severe perpetration rates. In any case, the present findings seem to differ from data in other countries (e.g. USA) (e.g. USA) (e.g. Archer, 2000; Fiebert, 2014; Straus, 2010; 2011).

PHYSICAL IPV IN INDUSTRIALIZED ENGLISH-SPEAKING NATIONS

Victimisation

The data was obtained from 78 studies in Australia, Canada, New Zealand, UK and the USA.

Table 1. Rates of physical victimisation by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
Australia [a]	14.2	7.1
Canada [b]	2.1	7
New Zealand		
UK [c]	22.1	22.4
USA [d]	15.5	11.1
5 years		
Australia		
Canada [e]	7.6	6.4
New Zealand		
UK		
USA		
2 years		
Australia		
Canada [f]	3.4	5.5
New Zealand [g]	3.2	7
UK [h]	9	12.7
USA		
12 months		
Australia [i]	16.4	19.9
Canada [j]	22.5	32.4
New Zeeland [k]	45.2	51.1
UK [l]	14	15
USA [m]	25.5	20.8
6 months		
Australia		
Canada		
New Zealand		
UK		
USA [n]	9.4	9.5

3 months		
Australia		
Canada		
New Zealand		
UK		
USA [o]	16	27.5

[a]=one study; [b]=one study; [c]= one study; [d]=across 13 studies; [e]= across two studies; [f]= one study; [g]=one study; [h]= across two studies; [i]=across 5 studies; [j]=across 3 studies; [k]=across two studies; [l]=one study; [m]=across 41 studies; [n]=across two studies; [o]=across two studies.

There were 16 studies in *ever* victimisation, two in *5 year* victimisation, 4 in *2 year* victimisation, 52 in *12 months* victimisation, two each regarding *6 months* and *3 months* victimisation. Overall, there were 58 studies from the USA, 7 from Canada, 3 from New Zealand, 6 from Australia and 4 from the UK. Men had higher rates of victimisation than women in 11 cases (across studies or individual studies), and women did in 4 (across studies or individual studies). Women in New Zealand and the USA had the highest victimisation rates and men did in Canada and New Zealand.

The rates of *ever* victimisation studies from the USA (13) ranged from 5 to 41.7% among women as well as from 3 to 21% among men. The rates in *5 years* victimisation studies from Canada (2) were 6.5% and 8.6% among women as well as 5.8% and 7% among men. The rates of *2 years* victimisation studies from UK (2) were 4.5% and 13.4% among women as well as 7.7% and 17.7% among men. The rates of *12 months* victimisation studies from Australia (5) ranged from 9.7 to 25.4% among women as well as 11.3 to 31.7% among men. For Canada (3) they ranged from 19 to 29% among women as well as 28 to 41% among men. For the USA (41) they ranged from 2.9 to 63% among women as well as 2 to 49% among men. For New Zealand (2) the rates ranged from 24.2% to 66.2% among women as well as ranging from 35.5% to 66.6% among men. The rates of *6 months* victimisation studies from the USA (2) were 2.7% and 16% among women as well as 2% and 17% among men. Finally, the rates of *3 months* victimisation from the USA (2) were 5% and 27% among women as well as 8% and 57% among men.

The number of respondents was 334,787 (141,995 women, 56.9%),[10] with an age range of 11 to 65+ years. The subjects were general population, community and clinical samples, students (e.g. university) and adolescents.

Table 2. Rates of physical victimisation by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
Overall [a,]	13.5	11.9
Minor		
Severe [b]	6.5	5.5
5 years		
Overall [c]	7.6	6.4
Minor		
Severe		
2 years		
Overall [d]	5.2	5.1
Minor		
Severe		
12 Months		
Overall [e]	24.7	27.8
Minor	[f]28.2/4.5[g]	[f]27.2/3[g]
Severe [h]	19.7	18.1
6 months		
Overall [i]	9.4	9.5
Minor		
Severe		
3 months		
Overall [j]	16	27.5
Minor		
Severe		

[a]=across 4 countries (16 studies, one each from Australia, Canada and UK, and 13 from USA); [b]=one country (Australia); [c]=one country (two studies from Canada); [d]=across 3 countries (one study each from Canada and New Zealand, and two from the UK); [e]=across 5 countries (5 studies from Australia, 3 studies from Canada, two studies from New Zealand, one study from UK and 41 studies from USA); f=one country (4 studies from USA); g=one country (one study from Australia); [h]=one country (5 studies from the USA); [i]=one country (two studies from the USA); [j]=one country (two studies from USA).

As shown in Table 2, the mean of *ever* victimisation across 4 countries was 13.5% among women, and 11.9% among men. In *past 5 year* victimisation, the mean from one country was 7.6% among women, and 6.4% among men. In *past 2 year* victimisation, the mean across 3 countries was 5.2% among women, and 5.1% among men. In *12 months*

[10] The total number of respondents is correct, but there are a lack of data on women's N in 5 studies amounting to 85.379 persons.

victimisation, the mean across 5 countries was 24.7% among women, and 27.8% among men. The means of *6 months and 3 months* victimisation from one country were 9.4% and 16% among women as well as 9.5% and 27.5% among men, respectively.

In *ever* victimisation, the percentage of severe acts in one study among women was 6.5%, and 5.5% among men. In *12 months* victimisation, the mean of minor acts in 4 studies among women was 28.2%, and 27.2% among men. The values of severe acts in 5 studies among women were 19.7% and 18.1% among men. Additionally, in one study, the percentage of minor acts among women was 4.5%, and 3% among men. The mean victimisation rate by *gender*, *time frames, studies and countries* among women was 12.7%, and 14.7% among men.

The rates of victimisation varied by gender, assessment period, methodology (e.g. type of sample) and country. However, victimisation was higher among women than men in older assessment periods (lifetime and 5/2 years), whereas men reported more violence than women did in recent time periods (12 months and 6/3 months).

Gender equality between women and men is rather high in all abovementioned countries. In other words, women's social, economic and political power has increased (The Gender Inequality Index, United Nations Development Programme, 2018). Data indicates that women's empowerment in terms of, for instance, poverty reduction, access to and reductions in inequality of education seem to protect against high levels of IPV (e.g. Capaldi et al., 2012; Vyas & Watts, 2009). In view of the present victimisation rates, it seems that the empowerment of women was protective against IPV. Overall, the present data seems to support the evidence documenting symmetry in the rates of IPV among women and men (e.g. Archer, 2000; Fiebert, 2014; Straus, 2010; 2011).

Perpetration

The data was obtained from 86 studies in Australia, Canada, New Zealand, UK and the USA.

Table 1. Rates of physical perpetration by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
Australia		
Canada		
New Zealand		
UK		
USA a	25.7	18.4
5 years		
Australia		
Canada		
New Zealand		
UK b	2.1	1.1
USA		
2 years		
Australia		
Canada c	3.6	1.1
New Zealand d	8.5	3.2
UK e	12.2	7.7
USA f	35.6	26.5
12 months		
Australia g	23.2	18.5
Canada h	32	24.6
New Zeeland i	40.3	29.6
UK j	55	32
USA k	28.8	20.6
6 months		
Australia		
Canada l	26.2	10.8
New Zealand		
UK		
USA		
3 months		
Australia		
Canada		
New Zealand		
UK		
USA m	31	26
2 months		
Australia		
Canada		
New Zealand		
UK		
USA n	17	16

a=across 5 studies; b=one study; c= one study; d=one study; e= across two studies; f=across two studies; g=across 5 studies; h= across 6 studies; i=across 5 studies; j=one study; k=across 54 studies; l=one study; m=one study; n=one study.

As shown in Table 1, there were 5 studies in *ever perpetration*, one study in *5 year*, 6 studies in *2 year*, 71 studies in *12 months*, and one study each in *6 months*, *3 months and 2 months* perpetration. Overall, there were 5 studies from Australia, 8 from Canada, 6 from New Zealand, 4 from the UK and 63 from the USA.

Women had higher perpetration rates than men in all assessment periods (across studies or individual studies). The rates of *ever* perpetration from the USA (5 studies) ranged from 17.6 to 37% among women as well as 13.4 to 27% among men. The rate of *5 year* perpetration from UK (one study) was 2.1% among women, and 1.1% among men. The rate of *2 year* perpetration from Canada (one study) was 3.6% among women, and 1.1% among men. For New Zealand (one study) it was 3.6% among women, and 3.2% among men. The rates from the USA (2) were 30.2% and 41% among women as well as 15.9% and 37% among men. In the UK (2) they were 7.9% and 16.4% among women as well as 2.5% and 12.9% among men. The rates of *12 months* perpetration in Australia (5 studies) ranged from 20 to 29% among women, and 9 to 26% among men. In Canada (6 studies) they ranged from 23.6 to 41% among women, and 11 to 36.1% among men. In New Zealand (5 studies) they ranged from 28.4 to 68.9% among women, and 16.1 to 57% among men. In the USA (54 studies) they ranged from 6 to 67% among women, and 2 to 61% among men. The rate found in 1 study in the UK was 55% among women, and 32% among men. The rate of 6 *months* perpetration in Canada (one study) was 26.2% among women, and 10.8% among men. The rate of *3 months* perpetration in the USA (one study) was 31% among women, and 26% among men. The rate of *2 months* perpetration in the USA (one study) was 17% among women, and 16% among men.

The number of respondents was 201,358 (78,568 women, 76.4%),[11] with an age range from 11 to 75 years. Many of the studies concerned university students and other students

[11] The total number of respondents is correct, but there are a lack of data on women's N in 13 studies amounting to 56,540 persons.

(e.g. middle school), but there were also studies regarding general population, community and clinical samples as well as adolescents.

Table 2. Rates of physical perpetration by sex (considering assessment periods, studies and countries).

	Female %	Male %
Ever		
Overall [a,]	25.7	18.4
Minor		
Severe		
5 years		
Overall [b]	2.1	1.1
Minor		
Severe		
2 years		
Overall [c]	15	9.6
Minor		
Severe		
12 Months		
Overall [d]	36	25.1
Minor [e]	31.3	25
Severe [f]	13	7.4
6 months		
Overall [g]	26.2	10.8
Minor		
Severe		
3 months		
Overall [h]	31	26
Minor		
Severe		
2 months		
Overall [i]	17	16
Minor		
Severe		

[a]=one country (USA, across 5 studies); [b]=one country (Australia); [c]=across 4 countries (one study each from Canada and New Zealand and two studies each from USA and UK); [d]=across 5 countries (one study from UK, 5 studies each from Australia and New Zealand, 6 studies from Canada and 54 studies from USA); [e]=one country (USA, across 3 studies); f=one country (USA, across 8 studies); g=one country (one study from Canada); [h]=one country (one study from USA); [i]=one country (one study from USA).

As shown in Table 2*,* the mean of *ever* perpetration in one country across 5 studies was 25.7% among women, and 18.4% among men. In *past 5 year* perpetration, the mean from one country was 2.1% among women and 1.1% among men. In *past 2 year* perpetration, the mean across 4 countries was 15% among women, and 9.6% among men. In *12 months* perpetration, the mean across 5 countries was 36% among women, and 25.1% among

men. The mean for *6 months* perpetration from one country was 26.2% among women, and 10.8% among men. The means from one country concerning *3 months* and *2 months* perpetration among women were 31% and 17% as well as 26% and 16% among men, respectively. In *12 months* perpetration, the mean of minor acts among women was 31.3%, and 25% among men. The mean of severe acts among women was 13%, and 7.4% among men. The mean perpetration rate by *gender* (considering *assessment periods, studies and countries*) was 21.9% among women, and 15.3% among men.

The rates of physical perpetration varied by gender, assessment period, methodology (e.g. type of sample) and country, but at any period of time and overall, women were more aggressive towards men than the opposite.

An explanation for the present findings, at least partly, is that most of the studies were from the USA and a substantial proportion concerned students and adolescents, and it is well documented that perpetration is particularly high in young samples (e.g. Archer, 2000; Rennison, 2001). On the other hand, gender equality between women and men is rather high in all abovementioned countries. In other words, women's social, economic and political power has increased (The Gender Inequality Index, United Nations Development Programme, 2018). It is possible that women's empowerment in terms of, for instance, poverty reduction and reductions in inequality in education led to increased involvement in violence as perpetrators (e.g. Capaldi et al., 2012). Overall, the present data seems to add to the growing body of evidence documenting mutuality in the rates of IPV among women and men (e.g. Archer, 2000; Fiebert, 2014; Straus, 2010; 2011).

CONCLUSIONS

Victimisation

This review of physical victimisation among women and men concerned 153 studies with varied participants (students, adolescents, clinical cases, as well as general and

community populations). A large number of these studies pertained to university students, other types of students (e.g. middle school) as well as adolescents. The assessment periods were of lifetime, past 5 and 2 years, as well as past 12, 6, 4, 3 and 2 months rates varying from study to study. The methodology (e.g. instrumentation) varied, but many of the studies used CTS2 or variations of it.

Geographically, the studies were conducted in Africa (28 studies from 18 countries with a sample of 71, 812 people, 34,087 women), in Asia/Pacific (15 studies from 9 countries with a sample of 23,235 people, 11,815 women), in Europe/Caucasus (15 studies from 9 countries with a sample of 18,859 people, 10,572 women), in Latin America/Caribbean (13 studies from 9 countries with a sample of 15,922 people, 8,778 women), in Middle East (4 studies from 4 countries with a sample of 1,873 people, 1,026 women) and in English speaking countries (78 studies from 5 countries with a sample of 334,787 people, 141,995 women 5 studies lacked data on gender). The total amount of participants was 466,488 people (208,273 women, 5 studies lacked data on gender) and 36% of the studies were from the USA.

The rates of physical victimisation varied widely as a function of gender, assessment period, methodology (e.g. type of sample) and study location. In Africa, Asia/Pacific, Latin America/Caribbean and English-speaking countries[12], the rates were higher in more recent assessment time periods (e.g. past 12 months) than in older (e.g. ever), while in Europe/Caucasus and Middle East the tendency was to the contrary. The pooled frequencies did vary across gender, assessment period, studies and locations; but they varied less than what one would expect due to differences in equality between genders. The pooled frequency for women and men were was 15.8%/13.5% for Africa, 19.9%/21% in Asia/Pacific, 18.4%/17.7% in Europe/Caucasus, 21.8%/26.5% in Latin

[12] Australia, Canada, New Zealand, UK and USA.

America/Caribbean, 21.2%/18.6% in Middle East and 12.7%/14.7% in English speaking countries. Overall, there were relatively small differences in victimisation rates between women and men. The present results seem to support previous data on the symmetry of IPV (e.g. Archer, 2000; Dutton, 2007; Fiebert, 2014; Straus, 2010; 2011).

Table 1. Rates of physical victimisation by sex (considering assessment, studies, countries and regions).

	Women (%)	Men (%)
Africa	15.8	13.5
Asia/Pacific	19.9	21
Europe/Caucasus	18.4	17.7
Latin America/Caribbean	21.8	26.5
Middle East	21.2	18.6
English-speaking countries [a]	12.7	14.7
Total	18.3	18.7

[a]=Australia, Canada, New Zealand, UK and USA.

Perpetration

This review of physical perpetration among women and men concerned 151 studies with varied participants (e.g. students, adolescents, clinical cases, as well as general and community populations). Many these studies pertained to university students, other types of students (e.g. middle school) and adolescents, and the time periods assessed were of lifetime, past 5 and 2 years, as well as past 12, 6, 4, 3 and 2 months rates varying from study to study. The methodology (e.g. instrumentation) varied, but many of the studies used CTS2 or variations of it.

Geographically, the studies were conducted in Africa (8 studies from 3 countries with a sample of 23,298 people, 12,301 women, 1 study lacked data on gender), in Asia/Pacific (26 studies from 15 countries with a sample of of 26,578 people, 13,045 women), in Europe/Caucasus (26 studies from 15 countries with a sample of 21,656 people, 12,740 women), in Latin America/Caribbean (11 studies from 7 countries with a sample of 15,922 people, 8,778 women), in Middle East (2 studies from 2 countries with a sample of 378, 268 women) and in English speaking countries (86 studies from 5 countries with a sample

of 201,358 people, 78,568 women, 13 studies lacked data on gender). The total amount of participants was 289,190 people (125,700 women, 14 studies lacked data on gender) and 41.7% of the studies were from the USA.

The rates of physical perpetration varied widely as a function of sex, assessment period, methodology (e.g. type of sample) and study location. In all regions, the rates of perpetration were higher in more recent assessment periods (e.g. past 12 months) than in older (e.g. ever). The pooled frequencies did vary across gender, assessment period, studies and locations; but they varied less than what one would expect due to differences in equality between genders. The pooled frequency for Africa was 19.7%/25.1% among women and men respectively, in Asia/Pacific 21.3%/16.8%, in Europe/Caucasus 23%/21.2%, in Latin America/Caribbean 33.8%/24.2%, in Middle East 44.5%/58.4% and in English-speaking countries 21.9%/15.3%. Overall, there were relatively small differences in perpetration between women and men, except in Africa, Latin America/Caribbean and the Middle East. In any case, the present results seem to support previous data on the symmetry of IPV (e.g. Archer, 2000; Dutton, 2007; Fiebert, 2014; Straus, 2010; 2011).

Table 2. Rates of physical perpetration by sex (considering assessment periods, studies, countries and regions).

	Women (%)	Men (%)
Africa	19.7	25.1
Asia/Pacific	21.3	16.8
Europe/Caucasus	23	21.2
Latin America/Caribbean	33.8	24.2
Middle East	44.5	58.4
English-speaking countries [a]	21.9	15.3
Total	27.4	26.8

[a]=Australia, Canada, New Zealand, UK and USA.

FINAL WORDS

Victimisation/perpetration

- The present review although probably not exhaustive adds to previous evidence on the symmetry of IPV concerning physical violence.

- Improvements have occurred, but IPV against men still is **NOT** given the importance that it deserves. Indeed, enough attention has **NOT** been paid to men's victimisation at the national and international levels by either policy makers, social and health care planers and providers, official as well as non-official organizations working with violence, funding providers, the media or the public in general.

- **MOST IMPORTANTLY**, there is an urgent need to modify prevention and treatment approaches to include victimized men and accept the symmetry of physical IPV.

- **ALSO IMPORTANT** is the modification of policies, regulations and laws concerning IPV by including men as victims and accept the symmetry of physical IPV. Organizations such as UN and EU ought to change their approaches to IPV as well funding.

- **THE IMPORTANCE** of the media in spreading the facts about IPV is crucial.

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