research

Partner Abuse Worldwide

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Research on partner abuse has lagged in much of the world where attention has been on other problems (such as famine and war) and other crimes against women (e.g., honor killings, genital mutilation). We conducted a sweeping review of scholarly articles published in peer-reviewed journals and by government agencies outside of the United States and English-speaking developed nations that provided quantitative data on physical, psychological, and sexual abuse of intimate partners as well as consequences, risk factors, and attitudes. One hundred sixty-two articles reporting on more than 200 studies in Asia, the Middle East, Africa, Latin America, and Europe met the inclusion criteria from various types of samples. Most of the studies reported on female victimization only, but 73 reported on both male and female victimization.

We also conducted an analysis of data from our literature review, including 1 major cross-national study, to determine the relationship among prevalence of abuse, social factors, and women's empowerment. Results indicate that partner abuse is a widespread problem around the world, with multiple causes. Overall prevalence of abuse is higher in Third World

ONLINE TABLES: Detailed summaries of the 162 articles and 200+ studies reviewed in this article can be found in six tables available online at http://www.springerpub.com/pa. Click on the link to "The Partner Abuse State of Knowledge Project" and go to Topic 14 in the online document.

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countries compared to the United States, and rates for physical and psychological abuse are comparable across gender in most countries when all types of samples are considered. No significant association was found between rates of partner violence (PV) and a nation's level of human development. However, a significant relationship was found between a nation's level of gender empowerment and rates of PV by both males and females but only for university dating samples from the International Dating Violence Study (IDVS). In addition, an analysis of the IDVS indicates that efforts by 1 partner to dominate the other are positively correlated with physical abuse perpetration for women, but not for men. Among the limitations of this review was the relatively few numbers of large population studies that ask about both male and female perpetration and victimization and the consequences and context of PV. Implications of the findings include the need for a broader conceptualization of PV as not merely a gender problem but also (and perhaps primarily) a human problem.

KEYWORDS: intimate partner abuse; domestic violence; worldwide IPV; underdeveloped nations; third world

Partner abuse, more commonly known as *domestic* violence, consists of physical, psychological, and sexual forms of abuse as well as controlling behaviors (including stalking) against an intimate partner. More recently, the terms *intimate partner violence* (IPV) and *partner violence* (PV) have also been used.

Results from the Partner Abuse State of Knowledge Project (PASK)—the most recent, comprehensive reviews of the empirical literature on partner abuse—indicate that in the United States and other English-speaking western industrialized countries, across all types of samples (large population, community, dating students, clinical, legal), 35.8% of women and 21.7% of men report to having been physically assaulted by an intimate partner at some point in their lifetime and 18.8% of women and 19.8% of men report assaults in the past year (Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012a). Lifetime rates for physical assault perpetration are 31.5% for women and 18.4% for men and past year rates are 28.6% and 22.3%, respectively (Desmarais et al., 2012b). Thus, women report higher perpetration rates compared to men regardless of the time, whereas higher female victimization is found among lifetime rates, but not among past year reports.

Among dating university students and young adults, lifetime victimization rates are 36.4% for women and 26.7% for men and 27.8% for women and 33.2% for men in the past year (Desmarais et al., 2012a). Lifetime rates of perpetration are 30.0% for women and 18.0% for men and 27.5% and 20.9% for the previous year (Desmarais et al., 2012b). Compared to overall rates across samples, physical assault rates among dating university students and young adults are clearly higher for past year victimization and to approximately the same degree for men and women. However, rates for lifetime victimization and all perpetration

are comparable between university dating students and young adults and overall rates reported across all samples.[1]

Most intimate partner abuse is bidirectional, perpetrated by both parties (Langhinrichsen-Rohling, Misra, Selwyn, & Rohling, 2012), driven by similar motives (Langhinrichsen-Rohling, McCullars, & Misra, 2012), and related to essentially the same risk factors (Capaldi, Knoble, Shortt, & Kim, 2012). Compared to Whites, rates of physical abuse in ethnic minority populations are both higher (e.g., African Americans) and lower (e.g., Asians), and rates are comparable across gender. Among lesbian, gay, bisexual, and transgender (LGBT) populations, rates of physical abuse are somewhat higher than those for heterosexuals (West, 2012).

Lifetime rates of psychological abuse (e.g., making derogatory comments, shaming, ridiculing) and controlling behavior perpetration (e.g., monitoring, isolating, threatening, taking over finances) are 80%. Across studies, 40% of women and 32% of men report psychological abuse, whereas 41% of women and 43% of men report controlling behaviors (Carney & Barner, 2012). Between 4.1% of women and 0.5%–2% of men report at least one incident of stalking during their lifetime; and according to large population samples, 4.5% of women and 0.2% of men have been physically forced to engage in sexual intercourse (raped) by an intimate partner (Carney & Barner, 2012).

THE IMPACT OF ABUSE

Partner abuse in its various forms takes an enormous toll on individuals, families, and societies. In the United States and other industrialized English-speaking countries, victims experience significantly more physical injuries, diminished physical functioning and health outcomes, and higher rates of mental health symptoms compared to nonvictims. Emerging research suggests that the effects of psychological abuse may be similar across gender; however, there is no question that female victims are significantly more impacted by physical abuse than are males, especially in terms of physical injuries requiring medical attention and rates of reported posttraumatic stress disorder (PTSD) and depression (Lawrence, Orengo, Langer, & Brock, 2012). Partner abuse has also been correlated with both internalizing and externalizing symptoms among child witnesses (MacDonnel, 2012; Sturge-Apple, Skibo, & Davies, 2012). According to the Centers for Disease Control and Prevention (CDC) and other studies reported by the organization, Advocates for Human Rights (2011), the overall costs of PV in the United States range from $5.8 billion to $12.6 billion annually, $8.1 billion in Australia, and $4.2 billion in Canada. In the United States, just the cost alone of treating victims in health care settings is more than $4 billion based on the 1995 figures.

THEORIES ON PARTNER ABUSE

Although a serious social and public health problem, partner abuse has only been recognized as such since the late 1970s and early 1980s—beginning in the United States and the United Kingdom. It was initially framed among policymakers, victim

advocates, and, to a lesser extent, among treatment providers and even scholars as a problem of men abusing women to maintain the privileges that go with being the dominant sex in a patriarchal society (Kimmel, 2002; Pagelow, 1984; Walker, 1983; Yllo, 1993), and the movement to protect women from violence in the home was subsumed within the broader feminist cause of advancing the social, political, and economic standing of women as a whole. Feminist-based research (e.g., Dobash & Dobash, 1979; Dobash, Dobash, Wilson, & Daly, 1992) delineated associations between societal factors and the victimization of wives by their husbands, and some compelling data from the National Family Violence Surveys, using socioeconomic measures, found that states in the United States with the most patriarchal structures, in which men as a whole had the greatest amount of power, also reported the highest rates of PV against women (Yllo & Straus, 1990).

However, there have been limitations to feminist theory. Coleman and Straus (1990), for example, found that although marriages characterized by a dominant husband predicted higher rates of violence against wives, it was also the case that dominance by wives was correlated with a higher incidence of husband abuse. In national surveys, most respondents did not endorse the slapping of wives by husbands, and to the extent that slapping was approved at all, it was for wives hitting husbands (Straus, Kaufman-Kantor, & Moore, 1997). A meta-analysis of the research literature by Sugarman and Frankel (1996) determined that although proviolent attitudes by men are significantly correlated with the physical abuse of women, the correlation between patriarchal beliefs and violence are minimal, if nonexistent.

Following these studies and pioneering research by Straus and his colleagues on family violence and conflict at the Family Research Laboratory (Straus, 1993, 1999; Straus & Gelles, 1990), research on personality factors (e.g., Dutton, 1994), and key national studies and meta-analytical reviews of the literature (Archer, 2000; Tjaden & Thoennes, 1998)—recently substantiated by the PASK body of research evidence—it has become increasingly obvious to scholars that partner abuse in the United States and industrialized English-speaking nations is primarily a human problem (Dutton & Nicholls, 2005), best explained from a mental health and development perspective rather than an exclusively feminist analysis. Notwithstanding lingering dissent by some feminist scholars (e.g, Dekeseredy, 2011; Johnson, 2006) regarding partner abuse in the United States and developed English-speaking countries, results from PASK would suggest that although partner abuse is, in some respects, asymmetrical across gender (for rates of sexual coercion and physical stalking and the impact of physical abuse on victims), it is, in many other respects, quite symmetrical (prevalence rates of physical and psychological abuse, motives and risk factors, and the impact on child witnesses).

GENDER INEQUALITY AROUND THE WORLD

The empirical evidence presented so far has been limited to the United States, Canada, the United Kingdom, Australia, and New Zealand, where the standard of

living is relatively high and women have considerably greater social, economic, and political power than most other parts of the world. These five countries rank 37, 16, 32, 2, and 25, respectively, in their degree of development among 169 countries; and they rank in the top 22% in the overall status of women, as measured by the Gender Inequality Index (United Nations Development Programme, 2010). Given the significant correlations found in the United States between PV and low income, it would seem likely that PV would be higher in less developed countries. In addition, if an association, however tenuous, has been found between patriarchal structures and rates of IPV among married couples in the United States, would it not be reasonable to expect even stronger associations between IPV and patriarchal structures in countries with less gender equality?

Partner abuse was finally recognized as a significant social problem in the United States only within the past three decades despite the country's enormous wealth and academic resources. Therefore, it should not be surprising that underdeveloped countries are just now exhibiting a concern for PV and the need for research on this subject. In these areas of the world, there is a lack of scholars willing and devoted to conducting research partly because of the sensitive task of infiltrating the tight societal walls protecting culture and religious practice and belief (Lee, 1993) as well as an even more glaring lack of research funding. It is also the case that in some research where the lingua franca is not English, national publishing is preferred because of local or regional research areas of interest; hence, researchers in non–English-speaking countries tend to focus on consulting and publishing their work in their regional languages in national forums or journals instead of accessing and publishing in more international English-published journals (Bordons & Gómez, 2004; Rodríguez-Gallardo, 2010).

Furthermore, the problem of partner abuse in many countries is only one of many crimes suffered by women, and a consensus has yet to be reached that women and children should be awarded an innate right as human beings to be free from abuse. In some countries, women are valued to a lesser extent than a man's livestock and are bought, sold, bartered for, and treated as slaves by their purchasers. Civil and religious wars, genocide, and poverty plague these countries; such civil unrest tends to overshadow an injustice that is still seen as either a "family matter" or simply not a salient issue at all. Throughout the world and every minute of every day, there are incidents of rape, sex trafficking, female genital mutilation (FGM), physical torture, chemical assault, dowry murders, and many other inhumane forms of violence perpetrated on women (Amnesty International, 2012; Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Rudd, 2001; World Health Organization [WHO], 2011).

In countries such as the Democratic Republic of Congo (DRC) and Sierra Leone in Africa, the violent rapes of women and young girls are committed as a tool of war to humiliate the families and tribes, bringing shame and despair on their communities (Nanivazo, 2012). Although these rapes may be committed by an enemy outside of the home, the impact is felt within the family because women are held responsible and beaten or divorced for the violation committed against them, and girls are murdered

by their own fathers for the shame their rape brought onto the family. In Egypt and other countries, there is an expectation that the woman being purchased by the groom is in a state of purity before marriage. This is often assured through FGM. Although this practice was officially banned by the Egyptian government in 1997, the WHO reports that 80% of young women are still being circumcised in this unhealthy and brutal manner (WHO, 2005).

Throughout much of the world, patriarchy remains the prevailing social structure of a country, extending to the home where husbands have the authority, elders enjoy higher status over younger family members, and women mostly fall at the lower level of the hierarchy. India is one such patriarchal country, also patrilineal and collectivistic. Dowry murders, defined as "the killing of a woman, ostensibly for not bringing sufficient dowry to the marriage" (Narayan, as cited in Rudd, 2001), have become associated with India. Although not exclusively an Indian practice, dowries are most specific to the Indian culture. Violence against women is so prevalent in India that films from that country often romanticize this type of violence to their primary audience, who are young men. These films routinely include scenes of physical violence, rape, and murder of women and portray these as acceptable behaviors as part of the courtship process (Malley-Morrison, 2004).

Turkey is another highly patriarchal society. In one study (Kocacil, Kutlar, & Erselcan, 2007), the reasons women gave about why they had been abused by their husbands included failure to fulfill domestic duties, failure to fulfill husband's sexual will, women wanting to work, engaging in behaviors contrary to traditional perceptions of honor, or for no reason at all. In fact, a woman may be viewed as "abusing" her husband if she fails to obey him, does not gain his permission before going somewhere, lies or does not provide him with emotional support, or requests to be treated as an equal (Malley-Morrison, 2004). Likewise, in some parts of Europe where patriarchal traditions are strong, "abuse" is not understood in the same way as it may be in the United States. In a study on general maltreatment in Portugal, 67% of all acts of maltreatment were committed against a spouse or significant other (Machado, Goncalves, Matos, & Dias, 2007). When asked to define what it means for a woman to be "abusive" toward a man, respondents were likely to mention infidelity, neglecting her chores, not being a good housekeeper, or not preparing a dessert for every meal. Infidelity is a one-way definition of abuse because it is not considered abusive in many countries for a man to be unfaithful (Malley-Morrison, 2004).

Finally, *machismo* is a commonly accepted attitude for men in Latino cultures. Although each culture seems to define the term differently, in some countries such as Nicaragua, machismo suggests antagonism toward women because men perceive themselves as being the opposite of their female counterparts in every way, and society regards "violent attitudes and behaviors in men as evidence of masculinity" (Malley-Morrison, 2004). Other research has also viewed machismo as a personality constellation based on callous sex attitudes, a view of violence as manly, and a conception of *danger* as something exciting to men in general that stem from the ideology of the warrior and the social organization after combat or war (Mosher & Tomkins, 1988).

PARTNER ABUSE, NORMATIVE BELIEFS ABOUT PARTNER VIOLENCE, AND SOCIETAL CHANGE

Research documenting partner abuse and associated normative beliefs has been mostly conducted in the United States (e.g., Simon et al., 2001; Sorenson & Taylor, 2005; Stewart-Williams, 2002). Beliefs about PV in the United States are more supportive of female partner abuse than male partner abuse (Straus et al., 1997), and it has been suggested that these findings may explain symmetry in rates of PV in the United States (Straus, 2009). However, such research is almost nonexistent in less developed countries with higher levels of gender inequality. One exception is a study conducted with university students in Mexico (Esquivel-Santoveña, Dixon, Gurrola, Balcázar, & Díaz, 2012), which found high female partner abuse perpetration and victimization as well as attitudes supportive of female-perpetrated IPV at higher rates than those supportive of male-perpetrated IPV. Such findings (also see Barajas & Ramírez, 2007) suggest a cultural shift in normative beliefs about sex roles among men and women among younger generations.

GENDER EMPOWERMENT MEASURE AND THE GENDER INEQUALITY INDEX

A previous analysis by Archer (2006) found that a nation's low score on the Gender Empowerment Measure (GEM) is predictive of higher rates of female PV victimization. Although more developed societies such as the United States and the United Kingdom typically register lower levels of structural gender inequality and more symmetry in rates of partner abuse, less industrialized nations show higher gender inequality levels and asymmetry in rates of PV.

The GEM is no longer in favor by the United Nations and is replaced by the newer Gender Inequality Index (GII; United Nations Development Programme, 2010), which reports on the degree of gender inequality in three dimensions by means of five indicators: women's reproductive health (maternal mortality and adolescent fertility), empowerment of women (women's parliamentary representation and educational attainment), and labor market (women's labor force participation). A higher position in the GII ranking of the United Nations Development Programme (2010) indicates a lower GII value, hence a lower level of gender inequality in a particular country. A lower position in the GII ranking indicates a higher GII value and, consequently, higher level of gender inequality.

HUMAN DEVELOPMENT INDEX

Lower income and socioeconomic status (SES) has been associated with partner abuse in more developed societies (Capaldi et al., 2012). The Human Development Index (HDI) has been deemed a strategic indicator of a society's advancement in three dimensions by means of four indicators: health (people's life expectancy at

birth), education (mean years of schooling and expected years of schooling), and living standards (gross national income per capita). A higher positioning in the HDI ranking indicates a higher HDI value and, consequently, higher development achieved in the areas assessed by the HDI. A lower position in the United Nations HDI ranking indicates more challenges in these areas assessed by the HDI in particular nation.

We thought it would be of theoretical interest to examine for any association between GII as well as a broader societal-level variable of human development and advancement (HDI) and partner abuse in less studied non–English-speaking countries and less developed societies.

METHOD

The purpose of this study is twofold. First, we sought to conduct an exhaustive literature review of studies concerned with partner abuse in countries outside of the United States and industrialized English-speaking countries, as committed within the confines of a current or previous marital or cohabitating relationship, dating violence among students or other identified dating groups, and sexual violence of any nature other than as defined as child abuse. We included only studies that reported on quantitative research, either peer-reviewed studies that has appeared in peer-reviewed scholarly journals or studies based on large population samples sponsored by official government agencies. Excluded studies were identified as being qualitative, exploratory or review articles, or articles focused primarily in countries not included within the parameters of this review. There were also hits to the searches that referenced violence but did not solely focus on PV or did not address prevalence or risk factors. Articles were limited to those published in English, although the study itself could be, and was expected to be conducted in any country specified within the parameters of the identified regions. The continents and countries included in the research included Asia, the Middle East, Africa, Latin America and the Caribbean, and Europe (excluding the United Kingdom). International studies that were all inclusive of the identified countries were categorized separately.

Second, we conducted statistical analyses on data from studies conducted with general population/large community and university student samples to determine the relationships between IPV rates of prevalence, social factors, and women's empowerment, as previously discussed.

The keywords used to search for the studies included domestic violence, domestic assault, partner violence, intimate partner violence, intimate partner abuse, dating violence, sexual assault, sexual abuse, sexual violence, interpersonal violence, violence against women, spousal abuse, battered women, abused women, family violence, prevalence, listing specific continents, and countries as the target population. The terms *domestic violence*, *spouse abuse*, and *intimate partner violence* yielded the largest results.

Searches were conducted from two locations: Georgia Southwestern State University in Americus, Georgia, United States, including a complimentary trial use of

EBSCO; and University of Birmingham, Edgbaston, Birmingham, United Kingdom. The databases used were SocINDEX, SciVerse ScienceDirect, MEDLINE, BioMed Central, Psychology & Behavioral Sciences Collection, Oxford Journals (Oxford University Press), Oxford Journals of Education, Directory of Open Access Journals (DOAJ), and PLOS ONE.[2]

Out of the more than 2,000 hits produced from the searches, we identified 162 articles that met our inclusion criteria and were subsequently summarized and included in the online tables. Including several articles that reported on multiple countries, we included data from more than 200 samples from 83 countries. This review was initiated in November 2010 and redirected in March 2012, with final completion in October 2012.

One challenge to finding adequate studies was locating those conducted in other countries but published in English. Others included the vast number of countries considered undeveloped or underdeveloped and how to go about comparing studies that incorporated multiple cultures within each identified continent. Within any given continent, there are many common languages spoken, diverse cultures, various religious practices, and multiple country dynamics, which inherently cultivates fear and apprehension from the sample population. Still, another challenge in comparing studies was the varied definitions of abuse when definitions were provided. Nonetheless, this review represents the most inclusive collection of English-published quantitative research accumulated on the topic of partner abuse worldwide.

We sought to answer a few basic questions, as suggested by the body of research evidence, as well as current theories presented in the previous section:

1. What are the rates of physical, psychological, and sexual abuse and controlling behaviors between intimate partners higher in countries outside of the United States and other English-speaking developed nations?
2. How do these rates compare across gender?
3. What is the impact of partner abuse on victims and families?
4. What are the risk factors for partner abuse?
5. On a societal level, what is the association between a country's rank order of its level of human development and rates of partner abuse?
6. What is the association between the status of women and their rates of partner abuse victimization?
7. On a relationship level, is dominance by one partner correlated with rates of PV against the other partner in the rest of the world as it is in the United States?

Statistical Analyses

To examine and answer research questions 5, 6, and 7, standard linear regressions were conducted using SPSS version 20. For research question 5, the positioning of countries in the ranking of the HDI (United Nations Development Programme, 2010) was treated as an independent variable and partner abuse perpetration rate as the

dependent variable. For research question 6, the positioning of countries in the ranking of the GII (United Nations Development Programme, 2010) was treated as the independent variable and female partner abuse victimization as the dependent variable. For the final research question, separate linear regression analyses were conducted for male and female dominance mean scores provided by Straus (2008) as the independent variable and rates of physical aggression as the dependent variable.[3]

RESULTS OF LITERATURE REVIEW

The research findings are organized first by the major world regions of Asia (including one country in Oceania), Africa, the Middle East, Latin America (including the Caribbean), and Europe, beginning with a brief overview of the major cultures and languages as well as information on the level of human development and the status of women. With the GEM no longer in favor by the United Nations, the newer GII (United Nations Development Programme, 2010) was used to report on the degree of gender inequality in three dimensions by means of five indicators: women's reproductive health (maternal mortality and adolescent fertility), empowerment of women (women's parliamentary representation and educational attainment), and labor market (women's labor force participation). The index runs from 0 to 1. The closer the index value is to 1, the higher the degree of gender inequality.

Given their greater usefulness (Esquivel-Santoveña & Dixon, 2012), the findings are first presented for partner abuse prevalence rates from gender-inclusive studies—that is, those that report on male victimization and/or female perpetration in addition to female victimization. These are presented by country and then in the order followed by other PASK manuscripts: large population, community, dating and university, clinical and legal samples, as well as large representative samples. For each section, a table is included for all studies using gender-inclusive samples, the countries where the research was conducted, and the rates for the different forms of abuse. Full summaries of all the studies included in this review can be found online (one table for each of the five major world regions and an additional table containing summaries of multicountry studies).

Following the gender-inclusive data, findings from research based on samples limited to female subjects are presented next, beginning with examples of the lowest and highest prevalence rates of physical, psychological, and sexual abuse for that region. Because data from virtually all gender-inclusive studies were limited to prevalence rates, information on the impact of IPV, risk factors, and attitudes about IPV are presented for female victimization only.

Asia

According to the United Nations (United Nations Statistics Division, 2011), there are 30 countries in Asia, not including western Asia, more commonly known as the Middle East, including Iran and Pakistan. The systematic search identified

45 studies from 16 of the 30 Asian countries in three major regions: East Asia (China and Hong Kong, Japan, South Korea, and Taiwan), Southeast Asia (Cambodia, East Timor, Philippines, Singapore, Thailand, and Vietnam), South Asia (Bangladesh, India, Nepal, and Sri Lanka), as well as one study in Samoa and one in Papua New Guinea. There are eight major ethnic groups (Bengali, Chinese, Hindu, Japanese, Khmer, Kinh, Persian, and Thai) and many other minority ethnic groups in the different Asian nations. The main religious groups are Buddhists, Muslims, Hindus, and Christians. There are 12 main languages spoken throughout Asia and many other regional languages spoken in the various countries where studies were conducted. Samoa has a varied ethnic composition (e.g., Samoan, Euronesian, and European), and the main religion practiced is Christianity. Spoken languages are Samoan and English.

From the participating studies in Asian countries, only four nations (Hong Kong, Japan, South Korea, and Singapore) have achieved a high level of human development, as measured by the HDI; eight countries have medium human development (Cambodia, China, East Timor, India, Philippines, Sri Lanka, Thailand, and Vietnam); and three countries have achieved a low level of human development (Bangladesh, Nepal, and Papua New Guinea). HDI scores are not available for Samoa (United Nations Development Programme, 2010).

Likewise, there is considerable variation in the degree of gender inequality among the countries of Asia. The following are the latest GII figures reported in 2010 in the United Nations Human Development Reports (United Nations Development Programme, 2010) along with their relative position among the 137 countries for which GII statistics are available (the higher figures indicating higher inequality): East Asia—China: 0.405 (28th percentile), Japan: 0.273 (9th percentile), South Korea: 0.310 (15th percentile); Southeast Asia—Cambodia: 0.672 (69th percentile), Philippines: 0.623 (57th percentile), Singapore: 0.255 (7th percentile), Thailand: 0.586 (50th percentile), Vietnam: 0.530 (42nd percentile); South Asia—Bangladesh: 0.734 (85th percentile), India: 0.748 (89th percentile), Nepal: 0.716 (80th percentile), Sri Lanka: 0.599 (53rd percentile); and Papua New Guinea: 0.784 (97th percentile). There is no available data for East Timor, Hong Kong, Taiwan, and Samoa.

Studies That Include Male-to-Female and Female-to-Male Intimate Partner Violence. Thirteen studies (19 counting the individual studies of the IDVS; Straus, 2008) out of the 45 found in Asia and the Pacific reported prevalence rates on male and female perpetration and victimization experiences or an overall rate of IPV by both sexes (see Table 1). Rates for physical abuse were reported by nearly all of the studies, whereas few studies reported on rates of psychological or sexual abuse. The most common time frame used to measure rates of physical abuse was for the previous 12-month period. One study (Hou, Li, Siu-Man, Yee, & Xiaoyi, 2011) reported rates for the previous 4 months, and the rest reported on lifetime rates or the length of the relationship. There were 11 studies reporting 12-month prevalence rates, ranging

TABLE 1. Rate of Physical, Psychological, and Sexual Abuse for Males and Females From 19 Studies in Asia

Country/ Reference	*N*/Type of Sample	Physical	Psychological/ Control	Sexual	Any PV
China: So-Kum Tang (1994)	382 university students	14% witnessed physical PV; same between parents	75% witnessed verbal PV; more by father		
China: Straus (2008)	763 university students (IDVS)	Past year perp.: 22% M, 42% F Severe: 9% M, 20% F 61% bidirectional 39% bidirectional severe	Dominance score: 2.22 M, 2.15 F		
China: Wang et al. (2009); Parish et al. (2004)	1,658 men, 1,665 women (large population)	Ever perp.: 19% M, 3% F 15% bidirectional Ever vict.: 5% M, 12% F			
China: Hou et al. (2011)	194 couples (community)	Past 4 months perp.: 24.6% M, 29.4% F Past 4 months vict.: 25.8% M, 22.0% F	Past 4 months perp.: 42.2 % M, 44.4% F Past 4 months vict.: 45.4% M, 41.6% F	Past 4 months perp.: 20.9% M, 15.0% F Past 4 months vict.: 14.4% M, 23.0% F	
China: Chiung-Tao Shen et al. (2012)	976 M and F (middle school and high school)	Physical IPV vict.: 39.4% M, 16.7% F; no gender differences in perp.	No gender differences in controlling behaviors perp.	Vict.: 10.9% M, 3.8% F	Overall perp.: 27.3% Overall vict.: 39.0% Bidirectional 46.7%
Hong Kong: Chan (2012)	1,870 couples (community)	Ever perp.: 9.4% M, 10.5% F Severe: 3.4% M, 3.5% F	Ever perp.: 53.9% M, 54.4% F Severe: 18.3% M, 19.7% F	Ever perp.: 7.8% M, 5.9% F	

(continued)

TABLE 1. ***(continued)***

Country/ Reference	*N*/Type of Sample	Physical	Psychological/ Control	Sexual	Any PV
Hong Kong: Straus (2008)	521 university students (IDVS)	Past year perp.: 23% M, 43% F Severe: 7% M, 19% F 55% bidirectional 47% bidirectional severe	Dominance score: 2.10 M, 2.16 F		
India: Straus (2008)	84 university students (IDVS)	Past year perp.: 35% M, 31% F Severe: 7% M, 14% F 75% bidirectional 62% bidirectional severe	Dominance score: 2.10 M, 2.18 F		
Japan: Straus (2008)	120 university students (IDVS)	Past year perp.: 25% M, 18% F Severe: 7% M, 10% F 81% bidirectional 80% bidirectional severe	Dominance score: 1.90 M, 1.97 F		
Philippines: Ansara & Hindin (2009)	1,861 women (community)	Past year perp.: 5.9% man only, 9.9% woman only 10.3% bidirectional	Past year perp.: 4.2% man only Frequent perp.: 9.8% woman only 18.0% bidirectional		
Philippines: Fehringer & Hindin (2009)	472 couples (community)	Past year perp.: 55.8% F, 25.1% M Past year vict.: 30.5% M, 27.7% F			
Samoa: WHO (2005)	Large population (WHO multicountry)	Ever/past year vict.: 40.5%, 17.9% F; 2.0% M (no information on questions for men or period measured)	45.0% M	Ever/past year vict.: 19.5%, 11.5% F; 3.0% M (no information for men)	Ever/past year vict.: combined physical and sexual: 46.1%, 22.4% F

Singapore: Straus (2008)	199 university students (IDVS)	Past year perp.: 10% M, 28% F Severe: 0% M, 7% F 58% bidirectional 46% bidirectional severe	Dominance score: 1.96 M, 2.03 F	
South Korea: Kim & Emery (2003)	1,523 married/ cohabitating men (large population)	Past year perp.: 27.8% Vict.: 15.8%		
South Korea: Straus (2008)	183 university students (IDVS)	Past year perp.: 24% M, 37% F Severe: 8% M, 19% F 73% bidirectional 71% bidirectional severe	Dominance score: 2.17 M, 2.25 F	
Taiwan: Straus (2008)	152 university students (IDVS)	Past year perp.: 18% M, 42% F Severe: 16% M, 26% F 68% bidirectional 59% bidirectional severe	Dominance score: 2.23 M, 2.28 F	
Thailand: Pradubmook-Sherer (2009)	1,296 M and F (adolescents/ community)	Lifetime vict.: 42.9% M, 67% F	Lifetime vict.: 49.2% M, 46.7% F (threatened); 49.2% M, 46.7% F (emotionally, verbally abused)	Lifetime vict.: 43.2% M, 46.7% F
Thailand: Kerley et al. (2010)	816 married women (community)	Past year perp.: 39.6% Past year vict.: 34.8%	Past year prep.: 66.0% Past year vict.: 62.7%	

Note. PV = partner violence; International Dating Violence Study; perp. = perpetration; ever perp. = ever perpetrated; M = male; F = female; vict. = victimization; IPV = intimate partner violence; WHO = World Health Organization.

between 5.9% and 35.0% for male-perpetrated IPV (Philippines [Ansara & Hindin, 2009]; India [Straus, 2008]) and between 3.0% and 55.8% for female-perpetrated IPV (Philippines [Ansara & Hindin, 2009]; Fehringer & Hindin, 2009). Male-to-female severe physical IPV perpetration ranged from no perpetration to 16.0%, whereas female-to-male perpetration ranged between 7.0% and 26.0% in Singapore and Taiwan (Straus, 2008). The four studies that provided data on both male and female victimization (Fehringer & Hindin, 2009; Hou et al., 2011; Pradubmook-Sherer, 2009; Wang, Parish, Laumann, & Luo, 2009) reported higher rates of male victimization than female victimization. Male victimization ranged from 25.8% to 41.9% and female victimization between 22% and 41.2%.

The next section highlights main findings of the aforementioned 11 studies as well as some of their most important methodological features. Three studies were conducted in China, two in the Philippines, one in South Korea, one in Thailand, and one multicountry study exploring IPV in seven Asian countries.

China and Hong Kong. A large nationally representative survey of mainland China focused on investigating different aspects and correlates of sexual behavior in men and women from the community (Parish, Wang, Laumann, Pan, & Luo, 2004; Wang et al., 2009). Data on lifetime experiences of physical IPV perpetration by themselves and their partners were provided by 3,323 men and women in response to the question, "For whatever reason has your partner ever hit you, and when did that happen?" The same question was directed to respondents to determine the rates of perpetration. When rates of unilateral IPV were compared, male-to-female physical IPV (19%) was higher than female-to-male physical IPV (3%). Rates of mutual physical IPV were perpetrated by 15% of men and women. Twelve percent of women reported severe IPV victimization in contrast to 5% of men. In general, perpetration reports were higher than victimization reports.

A community survey of family violence of 1,270 men and women in Hong Kong (So-Kum Tang, 1999) investigated marital power and aggression. It classified relationships as male dominant, female dominant, and equalitarian or divided power based on who has the final decision on such issues as where to live or having children. Most men and women were classified as having equalitarian relationships, and these relationships were the least prone to marital aggression victimization. Marital aggression was linked to relationships dominated by one partner (either male or female), with male-dominated relationships more prone to severe male physical IPV perpetration. Men report a higher frequency of male-dominant relationship, whereas women report symmetry in the prevalence of male- and female-dominated relationships.

Another study (Hou et al., 2011) was based on a combination of 194 married couples recruited from the community and from couples attending a family therapy course. Physical, psychological, and sexual IPV experiences within the previous 4 months were assessed via the Revised Conflict Tactics Scale (CTS2). Unidirectional female-perpetrated IPV (11.7%) was higher than unilateral male-perpetrated

IPV (10.6%). Mutual IPV was reported by 31.8% of couples. Female physical perpetration (29.4%) or male victimization (25.8%) was higher than male perpetration (24.6%) or female victimization (22.0%). A similar trend was observed with rates of female psychological IPV perpetration (44.4%) and male victimization (45.4%) higher than male psychological perpetration (42.2%) or female victimization (41.6%). Experiences of male sexual IPV perpetration (20.9%) or female victimization (23.0%) were more prevalent than sexual IPV perpetration (15.0%) or male victimization (14.4%).

A study was conducted in Hong Kong with 1,870 young married or cohabiting couples from the community. Lifetime experiences of physical, psychological, and sexual IPV were assessed via the CTS2. Findings follow the same trend found in the Hou et al. (2011) study. Higher rates of overall (10.5%) and severe (3.5%) female physical IPV perpetration were found in comparison with experiences of overall (9.4%) and severe (3.4%) male physical IPV perpetration (*severe* violence defined as punching, kicking, beating up, and use of weapons). Perpetration rates of overall (54.4%) and severe (19.7%) psychological IPV by females was higher than overall (53.9%) and severe (18.3%) psychological perpetration by men. Sexual coercion perpetrated by men (7.8%) was higher than female perpetration (5.9%).

Three studies were drawn from adolescent or university dating samples. The first was conducted in China as part of the IDVS by the International Dating Violence Research Consortium, which has conducted research on partner abuse in all major geographical regions (Straus, 2008). Using the CTS2 and the dominance scale of the Personal Relationships Profile (PRP), the research teams provided data about physical IPV and dominance from a convenience sample of university students in 68 universities spread out in 32 countries. Dominance was measured by items from the PRP, for example, "I generally have the final say when my partner and I disagree" and "My partner needs to remember that I am in charge." For physical PV, questions were added to the CTS2 at various sites to reflect issues of specific local or theoretical interest. The global estimate of the IDVS for overall physical IPV perpetration was 24.4% for males and 31.6% for females, and the global estimate for severe physical IPV perpetration was 7.6% for males and 10.6% for females. As in the United States, most physical abuse was mutual or bidirectional, comprising 68.6% of all physical abuse across countries, with mutual severe violence comprising 54.8% of this type of violence.

The final sample in Asia is composed of 2,022 respondents, whereas 763 participants constituted the final sample in China. Previous year prevalence of overall physical IPV perpetration by females (42.3%) was higher than by males (22.4%). Similarly, prevalence of severe physical IPV perpetration by women (20%) was higher than by men (9%). Except for past year male reports, IPV perpetration in China was higher than global prevalence rates in the IDVS. The violence was bidirectional in 61% of overall physical violence and 39% of severe violence. A total dominance mean score for all countries in the IDVS for males was 1.98 and 1.99 for females. Dominance scores for men ($M = 2.22$) were higher than women's ($M = 2.15$)

in the Chinese sample. Both sexes reported higher dominance than the median for all countries.

The IDVS also reported rates for their study conducted in Hong Kong with 521 male and female university students (Straus, 2008). Previous 12-month overall physical IPV perpetration prevalence was higher for females (43%) than for males (23%). Likewise, female severe physical IPV perpetration (19%) in the last 12 months was higher than male perpetration (7%). Mutual overall (55%) and mutual severe physical IPV (47%) perpetration prevalence is lower than the global estimate in the IDVS. Dominance by female (2.16) was higher than the male dominance (2.10), and both sexes scored higher than the global estimate in the IDVS.

A study conducted with 382 male and female students (So-Kum Tang, 1994) at a Chinese university in Hong Kong found that 75% of male and female university students in Hong Kong retrospectively reported verbal aggression between their parents (at higher rates for fathers compared to mothers), whereas physical aggression was reported at a 14% rate via the Cognitive Therapy Scale-Revised (CTS-R; at rates comparable between parents).

Another study of 976 male and female middle and high school students in three regions in China (Hong Kong, Shanghai, and Taiwan) by Chiung-Tao Shen, Yu-Lung Chiu, and Gao (2012) reported higher victimization (39.0%) than perpetration (27.3%) of overall violence (physical and sexual IPV and controlling behavior) using the Dating Violence Scale. Almost half of the sample (46.7%) indicated being in mutually violent relationships. Males (10.9%) reported a higher prevalence of sexual coercion perpetration than females (3.8%); however, more male participants (39.4%) experienced physical IPV victimization than females (16.7%). No significant sex differences were found for physical violence perpetration. Interestingly, no significant sex differences were found for sexual coercion and controlling behavior victimization.

India. The IDVS (Straus, 2008) was the only study conducted in India that provided data on IPV prevalence of both sexes. In this study, 84 male and female university students participated. Male overall physical IPV perpetration (35%) was higher than female perpetration (31%); however, severe physical IPV perpetration by females (14%) was higher than male perpetration (7%). Bidirectional overall IPV (75%) and bidirectional severe physical IPV perpetration (62%) were higher in India than the global estimates from the IDVS. Dominance by women ($M = 2.18$) was higher than dominance exerted by men ($M = 2.10$). Dominance scores by both sexes were higher than the overall score for all the IDVS.

Japan. A study of 274 female and male university students in Japan who were or had been in a dating relationship assessed lifetime verbal/psychological, sexual, and physical IPV and coercive control within the global concept of harassment. Male severe physical IPV perpetration (1.6%) and female victimization (0.7%) were higher than female perpetration (0.7%). There was no male victimization reported. About half of all female and male students had experienced at least 1 out of the 24 forms of aggression.

The IDVS (Straus, 2008) conducted in Japan (n = 120) reported higher overall physical IPV perpetration by males (25%) than females (18%), whereas severe physical IPV perpetration by females (10%) was higher than the one reported by males (7%). The overall (81%) and severe (80%) rates of bidirectional physical IPV perpetration were higher than the global estimates of the IDVS. Female dominance (1.97) was slightly higher than male dominance (1.90). Men and women scored lower on dominance than the overall dominance score for all the IDVS.

Philippines. One of the two studies conducted in the Philippines was carried out in Cebu (Ansara & Hindin, 2009), and it was part of a longitudinal study of 1,861 married or cohabiting women, most of whom were from rural communities in 2002. The study inquired women on previous year physical and psychological IPV perpetrated by them and by their partners using a modified version of the CTS-R. Women perpetrated more unidirectional physical (9.9%) and psychological (9.8%) IPV than men (5.9% and 4.2%, respectively). Bidirectional psychological IPV (18.0%) was expectedly more prevalent than physical IPV (10.3%). A partner's drinking and jealousies were the most common motives for initiation of physical assault by men and women. In addition, a male partner's nagging was a common reason for male perpetration. More women (7.3%) than men (3.4%) required medical attention for their injuries. Male lifetime sexual coercion was considerably high (22.0%). Extreme acts of violence such as threatening a partner with the use of a knife or a gun by a male partner was importantly high (9.2%). Arguments led males (56.5%) to more frequently initiate a violent episode than females (43.5%).

The second study reported in the Philippines (Fehringer & Hindin, 2009) corresponds to an analysis conducted on a subset of 472 couples of the 2002 Cebu Longitudinal Health and Nutrition Survey. Female participants in this study were pregnant, married, or cohabiting women that provided data on physical IPV perpetration and victimization experienced by them and their partners in the previous 12 months. Perpetration reports indicate that women (55.8%) perpetrate more than twice IPV than men (25.1%); however, victimization reports show that males (30.5%) were just slightly more frequently victimized than females (27.7%). Witnessing parental violence was indicated by most men (50%) and women (45%).

Samoa. The one study conducted in Samoa was part of the WHO (2005) cross-national study of 20,497 women in Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia, Montenegro, Thailand, and Tanzania. The Samoan study was the only WHO study that reported on male victimization or female perpetration. The physical abuse victimization rates for females were 40.5% (lifetime) and 17.9% (past year). A 2.0% rate of victimization was given for males, but no information was provided on questions asked or the period measured. Women reported a rate of 45% lifetime psychological abuse. For sexual abuse, women reported victimization at rates of 19.5% (lifetime) and 11.5% (past year). A rate of 3.0% was given for males, but again, no information was provided regarding the questions used or the period measured. Combined physical and sexual abuse rates for women were 46.1% (lifetime) and 22.4% (past year.)

Singapore. The IDVS was the only study conducted in Singapore (Straus, 2008) that reported prevalence rates for men and women. A sample of 199 male and female students reported higher overall (28%) and severe (7%) physical IPV perpetration than male participants (10% and 0%, respectively). Prevalence of overall (58%) and severe (46%) bidirectional physical IPV perpetration is lower than the global rates of the IDVS. Female dominance (M = 2.03) was higher than male dominance (M = 1.96). Female dominance in Singapore was higher than the overall rate for women in the IDVS, whereas male dominance was slightly lower than the global average of males in the IDVS.

South Korea. The South Korean study by Kim and Emery (2003) was a large representative community survey of 1,523 married and cohabiting men. Unlike most other surveys in this review, participants were asked via random-digit dialing (RDD) to provide information on physical IPV perpetration against a female partner and also their partner's perpetration against them using the CTS-R. Male perpetration (27.8%) was higher than female perpetration (15.8%). Relationships were categorized in three types based on relationship power: male dominated, female dominated, and equalitarian. The highest levels of male-to-female and female-to-male IPV were reported in relationships in male-dominated dyads.

The IDVS (Straus, 2008) conducted in South Korea used a sample of 183 male and female university students reporting higher female overall (37%) and severe (19%) physical IPV perpetration than male participants (24% and 8%, overall and severe IPV, respectively). Overall (73%) and severe (71%) bidirectional IPV perpetration was higher than the global prevalence rate of the IDVS. Female dominance (M = 2.25) was higher than male dominance (M = 2.17) in this sample. Dominance by both sexes in South Korea was higher than the global levels of the IDVS.

Taiwan. The IDVS was the only study in Taiwan to obtain data on male and female perpetration (Straus, 2008). A sample of 152 female and male university students reported considerably higher female overall (42%) and severe (26%) physical IPV perpetration than male perpetration (overall is 18% and severe is 16%). The rate of overall bidirectional physical IPV (68%) was symmetrical with the global estimate of the IDVS, whereas bidirectional severe physical IPV (59%) was higher than the overall rate of the IDVS. Female dominance (M = 2.28) was higher than male dominance (M = 2.23). Similar to other Chinese territories, dominance levels were higher than the global rates of the IDVS.

Thailand. A study of 816 married women from the community from five geographic regions in Bangkok assessed perpetration and victimization experiences of physical and psychological IPV (Kerley, Xu, Sirisunyaluck, & Alley, 2010). Physical IPV perpetration against a male partner in the previous 12 months (39.6%) was higher than female victimization (34.8%). Participants reported female-to-male psychological perpetration (66.3%) more frequently than their victimization experiences (62.7%).

Pradubmook-Sherer (2009) reported on a study of 1,296 youths attending 10th and 11th grade classes in vocational school (n = 613), high school (n = 582), and out-of-school adolescents (n = 101) threats, physical, verbal, and sexual aggression victimization experiences of male and female participants. Male youths experienced more frequently threats, verbal, emotional, and physical aggression than females. Sexual victimization was more prevalent in women than men, but only slightly (46.7% vs. 43.2%). In general, adolescents in this study reported having friends that used psychological (58.8%) and sexual aggression (29.0%) against an intimate partner, and these figures were, in particular, significantly higher for out-of-school adolescents. Importantly, a considerable proportion of youths in this sample had been involved in other forms of aggression such as getting into fights (42%), intentionally destroying other people's property (36%), or had been arrested for other criminal activities (10%). Physical IPV victimization between the sexes was symmetrical (41.0%), whereas verbal and emotional (49.2%) abuse experienced by males was slightly higher than female victimization (verbal or emotional is 46.7%).

Studies Reporting Only Female Intimate Partner Violence Victimization. Thirty-two (34 counting the individual studies of the WHO, 2005) studies assessed male-to-female IPV. Twenty-six studies were conducted with community samples, one study using young adults (aged 20- to 24-year-olds), five with clinical or selected samples, and one study that used a combination of a selected sample and a sample of university students. Physical IPV victimization in the previous 12 months ranged from 3.1% in Japan (WHO, 2005) to 52.7% in East Timor. Lifetime physical IPV victimization rates extended from 12.6% in Japan to 67.0% in Bangladesh.

Psychological IPV (including verbal aggression) female victimization in the previous year varied greatly from 12.0% in India (Chokkanathan, 2012) to as high as 98.7% in Thailand (Aekplakorn & Kongsakon, 2007). Lifetime psychological victimization levels extended from 13.5% in Cambodia (Kishor & Johnson, 2004) to 68.0% in China (Yanqiu, Yan, & Lin, 2011). Past year sexual coercion varied from 1.3% in Japan (WHO, 2005) to 31.3% in Nepal (Lamichhane, Puri, Tamang, & Dulal, 2011). Lifetime sexual coercion victimization ranged from 6.6% in Vietnam (Dang Vung, Ostergren, & Krantz, 2008) to 16.0% in China (Xu et al., 2005). Lifetime overall male-to-female perpetration/female victimization (physical and/or psychological and/or sexual) was addressed by only three studies ranging from 15.4% in urban Japan (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; WHO, 2005) to 60.0% in urban Bangladesh (Sambisa, Angeles, Lance, Naved, & Curtis, 2010). Previous year overall female victimization was as low as 1.2% in Thailand (Aekplakorn & Kongsakon, 2007) up to 35.8% in Nepal (Lamichhane et al., 2011).

Impact on Victims. Eight studies across Asia provided information on the various physical and mental health effects that IPV has on victims. For example, Bangladeshi mothers who had experienced IPV also had more respiratory tract infections, and their children experienced more problems with diarrhea compared to nonvictimized women (Silverman et al., 2009). Sambisa et al. (2010) found that sexually transmitted

diseases (STDs) were linked to higher male perpetration and female victimization in women in Bangladesh, whereas Gaikwad, Madhukumar, and Sudeepa (2011) found that STDs were linked to female IPV victimization in women living in rural communities in India. Kishor and Johnson (2004) found that a considerable amount of women who are abused in Cambodia sustained bruises and aches (36.5%), injury or broken bones (6.5%), and had to get medical treatment (6.3%).

Parish et al. (2004) and Wang et al. (2009) showed in their nationally representative survey in China that male perpetration and female victimization was linked to higher mental distress, sexual dissatisfaction, unwanted sexual behavior, and recent genitourinary problems. In addition, female victimization was linked to poor physical health. Pregnant women in India who had had a history of physical IPV and sexual coercion victimization were more likely than nonabused women to experience PTSD symptomatology, depression, somatic symptoms, and reduction in their levels of relationship satisfaction (Varma, Chandra, Thomas, & Carey, 2007). More married or cohabiting women (7.3%) than men (3.4%) in Cebu, Philippines (Ansara & Hindin, 2009) were found to require medical attention for injuries their partner had inflicted during the entire relationship. Married South Korean female victims of verbal and physical aggression experienced higher levels of depression, stress, poor self-esteem, and aggressive tendencies than nonvictimized women (Kim, Park, & Emery, 2009).

Risk Factors. The 10 most frequently cited risk factors for IPV in the studies addressed are victim's low education level (11 studies), perpetrator's alcohol abuse (8 studies), victim's younger age (6 studies), victim's low income (5 studies), living in a rural versus urban location (4 studies), early/younger marriage (4 studies), low SES (4 studies), childhood physical victimization (4 studies), witnessing parental aggression (4 studies), and perpetrator's low education level (4 studies). Forty-nine risk factors were identified, most of them mentioned only once or twice.

Attitudes About Intimate Partner Violence. Attitudes about IPV as a risk factor for IPV were found in five studies. Sambisa et al. (2010) found that wife-beating attitudes were predictive of male physical and sexual IPV perpetration in Bangladeshi married men. Another study found that gender-role beliefs and attitudes supportive of male-to-female and female-to-male IPV are predictive of physical and sexual IPV, and controlling behavior in middle and high school students in Hong Kong, Shanghai, and Taiwan (Chiung-Tao Shen et al., 2012). Specifically, attitudes justifying male-to-female and female-to-male IPV were associated with women's perpetration of controlling behavior, whereas gender-role beliefs were associated with female sexual IPV perpetration. A large survey with Indian women indicated that patriarchal ideology and positive attitudes toward violence were predictive of female physical IPV victimization (Chokkanathan, 2012). Increased male-to-female IPV was linked to patriarchal beliefs that men should take the leading role in sexual activity, whereas female-to-male IPV was negatively correlated with such beliefs (Parish et al., 2004; Wang et al., 2009). Finally, Archer's, (2006) meta-analysis that included several Asian nations (Bangladesh, Cambodia, China,

India, Japan, Korea, Malaysia, Pakistan, Papua New Guinea, Philippines, South Korea, Sri Lanka, and Thailand) found that patriarchal beliefs (e.g., approval of a husband slapping a wife) was related to higher female victimization.

The Middle East

Although many authoritative sources include the Middle East (e.g., United Nations Statistics Division, 2011) as part of Asia (western Asia), it is nonetheless recognized as a separate region. Including Turkey (which is sometimes grouped with Europe), the Palestinian territories, and Pakistan (sometimes included as part of South Asia), there are currently 16 countries in the Middle East. This section report on 24 studies from 7 countries: Iraq, Iran, Israel, Jordan, Lebanon, Pakistan, and Turkey.

Arabs comprise the largest ethnic group, but there are also large numbers of Turks and Iranians and, to a lesser extent, Jews (mostly in Israel) and Kurds (scattered largely in Turkey and Iraq), all with distinctive languages, cultures, and tribal associations. Including the larger sects of Sunni and Shiite, Islam is by far the dominant religion in the region. Judaism is the primary religion in Israel, and there are Christian minorities in many Middle Eastern countries. The countries range on the United Nations HDI from a low of 125 (out of 169 countries) for Pakistan to a high of 15 for Israel, with the remaining countries falling somewhere between medium and high compared to the rest of the world. However, in terms of women's status, as measured by the GII, the countries of the Middle East rate quite poorly (United Nations Development Programme, 2010). Of the 137 countries for which statistics are available, Israel is rated the highest in women's status or the lowest in terms of gender inequality at the 20th percentile, followed by increasing degree of gender inequality—Jordan and Turkey at the 56th percentile, Iran (72nd percentile), Pakistan (82nd percentile), and Iraq (90th percentile).

Studies That Include Male-to-Female and Female-to-Male Intimate Partner Violence. We found six gender-inclusive studies (that reported on female perpetration and/or male victimization along with female victimization) from four countries: one each from Iran, Jordan, and Pakistan and three from Israel (see Table 2).

Iran. The only study available from Iran was conducted as part of the IDVS, which is already described in the section on "Asia" (Straus, 2008). The sample was drawn from 91 university students. Past year physical abuse was reported at a rate of 95.5% for males and 71.4% for females—the highest past year rates for either gender reported among the 32 IDVS countries. With respect to severe assaults, the past year rates were 18.2% for males and 15.7% for females. The most common form of physical abuse was bidirectional, reported by 94.6% of all violent couples and 64.8% of severely violent couples. Dominance scores were 1.81 for males and 1.86 for females.

TABLE 2. Rates of Physical, Psychological, and Sexual Abuse for Males and Females From 6 Studies in the Middle East

Country/ Reference	*N*/Type of Sample	Physical	Psychological/ Control	Sexual	Any PV
Iran: Straus (2008)	91 university students (IDVS)	Past year perp.: 96.0% M, 71.0% F Severe: 7.6% M, 10.6% F 95.0% bidirectional 67% bidirectional severe	Dominance score: 1.81 M, 1.86 F		
Israel: Haj-Yahia & Dawud-Noursi (1998)	832 Arab adolescents (community)	Past year witnessed father to mother: 23% moderate, 10% severe Mother to father: 5% moderate, 2% severe	Past year witnessed ridicule: 30% father to mother, 24% mother to father Verbal/psychological abuse: 76% father to mother, 53% mother to father		
Israel: Straus (2008)	287 university students (IDVS)	Past year perp.: 21% M, 18.0% F Severe: 8.9% M, 7.2% F 62.0% bidirectional 62.0% bidirectional severe	Dominance score: 2.27 M, 2.32 F		
Israel: Sherer (2009)	1,357 dating students (middle school and high school)	Vict.: 41.4% M, 32.8% F	Vict.: Threats: 42.3% M, 26.4% F Verbal abuse: 88.9% M, 86.7% F	Vict.: 46.4% M, 21.7% F	

Jordan: Araji & Carlson (2001)	625 university students	Ever witnessed father on mother: 17% (M reports), 16% (F reports) Mother on father: 13% (M reports), 10% (F reports)
Pakistan: Niaz et al. (2002)	140 women/men (clinical)	Vict. 36% M, 64% F

Note. PV = partner violence; IDVS = International Dating Violence Study; perp. = perpetration; M = male; F = female; vict. = victimization.

Israel. None of the studies from Israel drew on adult samples. However, Haj-Yahia and Dawud-Noursi (1998) surveyed high school Arab adolescents in the northern and central regions of the country about partner abuse, which they may have witnessed between their parents within the past year, using a modified version of the CTS. The rates of father-to-mother physical PV were 23% for moderate violence and 10% for severe violence. Rates of mother-to-father violence were considerably lower at 5% for moderate violence and 2% for severe violence. Rates of witnessed psychological abuse were more comparable across gender. Fathers were seen to have verbally or psychologically abuse mothers at a rate of 76% and ridicule at a rate of 30%, whereas for mothers, the rates were 53% and 24%, respectively.

The IDVS conducted in Israel (Straus, 2008) was based on a sample of 287 university students. Overall, physical assaults were perpetrated by 21.4% of males and 18.0% of females; severe assault rates were perpetrated by 8.9% of males and 7.2% of females. A very high percentage of violence was bidirectional (95%), and 66% of severe violence was also bidirectional. Among all reported violence, 62% was bidirectional. Sherer (2009) conducted a survey of Arab and Jewish students between 12 and 14 years of age from 16 junior and senior high schools. The students were asked about abuse experiences with dating partners as well as questions regarding their families, education achievements, self-esteem, and alcohol and drug use. Among students who had dated, 42.3% of males and 26.0% of females had been threatened by a partner, 41.4% of males and 21.7% of females had been physically abused, 88.9% of males and 86.7% of females were verbally abused, and 46.4% of males and 21.7% of females reported to have been sexually abused (sexual abuse rates based on answers to four questions, such as, "I touched him/her sexually when he/she didn't want me to").

Jordan. Araji and Carlson (2001) administered a questionnaire on family violence to 625 students enrolled at the University of Jordan and Philadelphia University, Jordan. The respondents were not asked about dating violence but rather about physical assaults they had witnessed by their parents on one another. Among the males, 17% reported to having been exposed to father-on-mother violence and 13% to mother-on-father violence. Among the females, 16% said they had witnessed father-on-mother violence and 10% reported having witnessed mother-on-father violence.

Pakistan. The only study from Pakistan (Niaz, Hassan, & Tariq, 2002) drew on a sample of 140 men and women who had sought outpatient psychiatric counseling in two hospitals in Karachi, most in the middle-age range, and who had been administered a domestic violence questionnaire as well as standardized measures of depression and anxiety. Of the total sample, 63% identified as victims of partner abuse (35% physical, 52% psychological, and 30% sexual). The percentage of females who are abused was 64%, and the percentage of males who are abused was 36%.

Studies Reporting Only Female Intimate Partner Violence Victimization. There was a wide range of partner abuse reported across the 18 studies that focused exclusively on female victimization. The highest rates of physical abuse were reported

in Jordan and Pakistan. From a clinical sample of 523 women in Jordan (Clark, Silverman, Shahrouri, Everson-Rose, & Groce, 2010), physical abuse was reported by 52% of the respondents; and a community sample of 759 women from Karachi, Pakistan, found lifetime and past year physical abuse victimization rates of 57.6% and 56.3% (Ali, Asad, Mogren, & Krantz, 2011). The lowest rate, at 4.8%, was reported by Abadi, Ghazinour, Nojomi, and Richter (2012) for a convenience sample of mothers who had recently given birth in Tehran, Iran. The second lowest reported rate of physical abuse came from a national probability sample of Israelis (Eisikovits, Winstok, & Fishman, 2004), with 6% past year and 13% lifetime victimization.

At 82.6%, the prevalence rate of psychological abuse victimization was highest in a study of 702 women who had sought services for gynecological or family planning issues in Kazeroon County, Iran (Vakili, Nadrian, Fathipoor, Boniadi, & Morowatisharifabad, 2010), and the lowest rate (26%) was found in the Abadi et al. (2012) study cited previously. Sexual abuse victimization was highest in the Ali et al. (2011) study, whereas the lowest rate (4% past year, 7% lifetime) was reported by Nur (2012), whose sample was drawn from a community survey of 1,844 women in Sivia, Turkey.

Impact on Victims. Few studies reported on the impact of PV, and none provided information on physical injuries. In the Abadi et al. (2012) study from Iran, the mothers who reported PV victimization were more likely than nonvictims to also report low self-esteem. The women surveyed in a large population survey in Lebanon (Usta, Farver, & Pashayan, 2007) who reported PV victimization had the highest rates of health problems. Poor reproductive health was reported by women who are abused attending tertiary care hospitals in Pakistan regardless of the type of abuse experienced (Zakar, Zakar, Mikolajczyk, & Krämer, 2012). Turkish women with infertility issues (Yildizhan et al., 2008) were about twice as likely to report unsatisfactory sex lives if they had been abused (29.20% of women who are abused were satisfied compared to 56.87% of nonabused).

In one of the few studies that examined the impact of female-perpetrated as well as male-perpetrated abuse, the Haj-Yahia and Dawud-Noursi (1998) Israeli study of Jewish and Arab adolescents found that the more that fathers or mothers abuse one another, the more likely they were to abuse the children. In the clinical study by Niaz et al. (2002), previously cited in the section on gender-inclusive samples, approximately 60% of Pakistani men and women reported depression as a consequence of their victimization, and 67% reported symptoms of anxiety. Men and women suffered equally from these mental health symptoms.

Risk Factors. Across the 24 studies found in this region, the most prevalent risk factor for female IPV victimization was economic hardship—cited in 6 studies. This included low family income, the woman not having her own income or being unemployed, or the man not earning an income. Woman's low education and man's low education, cited by 5 studies for each, were the next most prevalent risk factors. Having had an unplanned pregnancy was cited in 3 studies. A woman's younger age was reported

as a risk factor in 3 studies, and several risk factors were cited in 2 studies: woman previously married, woman married for a short time, woman having three or more children, woman having only a girl or pressured to have a son, woman exposed to family violence in childhood, woman smoking or using drugs during pregnancy, man having a mental illness, man having a drug or alcohol problem, and man having a low religious commitment. Another 30 risk factors were mentioned only once each.

Attitudes About Intimate Partner Violence. Several of the studies that we located for this section on the Middle East reported on attitudes about partner abuse. In Iraq, Lafta, Al-Saffar, Eissa, and Al-Nuaimi (2009) conducted a random sample survey of 1,100 married and single women from rural and urban areas around Baghdad as well as a smaller sample of 100 men. Almost three quarters of the women (70%) said they rejected or hated PV, and 21% thought it uncivilized. Among the men, half were "strongly" against the use of PV, but 25% did say that it is sometimes necessary. Similar views were expressed by the Arab men surveyed in Israel by Haj-Yahia (2003), 58% of whom said there is no excuse for a man to beat his wife, yet 28% said it was sometimes necessary. Reasons given that might justify a beating included being unfaithful to her husband, insulting him in front of his friends, or constantly disobeying him. In the Eisikovits et al. (2004) Israeli study mentioned previously, many of the men and women surveyed said that violence against wives might be justified in cases when she is either unfaithful or has abused her husband, and about half thought that the men should not be held solely responsible for violence between them. About a third of the 356 women surveyed by Al-Nsour, Khawaja, and Al-Kayyali (2009) in Jordanian health centers justified beatings from their husband as a form of discipline. Although 59% did not agree with any justification for wife beating, women who are abused surveyed in a large random sample study in Turkey gave several reasons to justify the abuse perpetrated against them, including arguing with husband (endorsed by 29%), wasting money (28%), and refusing sex (17%).

More than half of the women surveyed by Lafta et al. (2009), cited previously, said that the solution was for men to be better educated about the problem, compared to only 10% who thought it should be solved by the legal system and 12% who said there is no solution. In Iran, 71.0% of women who are illiterate and 57.4% of housewives surveyed by Ghazizadeh (2005) in the city of Sanandaj said that remaining silent is the best way to cope with PV. More university students surveyed by Araji and Carlson (2001) viewed father-on-mother PV as "very much of a problem" (70.0%) compared to mother-on-father PV (59.6%).

Africa

There are 58 countries in Africa, a continent that consists of five regions: eastern, middle, northern, southern, and western. For this review, we were able to locate 49 studies in 21 countries, including 10 multicountry studies that included more than one country in its data collection. The eastern region yielded the most number of

studies (32), but South Africa (southern region) and Nigeria (western region) were the countries from which we obtained the most number of studies (7 each). Among the five regions, there are numerous cultures and tribes and an estimated 1,500–2,000 spoken languages (Nations Online, n.d.). English is included as being the official language of many African countries, along with French, Arabic, and Portuguese.

African countries rank among the lowest in the United Nations 2010 HDI. Only Mauritius and Algeria are classified in the high human development category, with Mali, Niger, and the DRC at the bottom of the low human development classification on the HDI (United Nations Development Programme, 2010). These three countries also rate as the three lowest countries in the world on the United Nations GII and among the lowest in education beyond the secondary level. In fact, most African countries rank among the highest in gender inequality.

Studies That Include Male-to-Female and Female-to-Male Intimate Partner Violence. We found 13 articles reporting on 20 studies in 14 countries that included prevalence rates for both male- and female-perpetrated partner abuse (see Table 3).

Botswana. Jankey, Prospero, and Fawson (2011) administered several questionnaires to 562 students from Botswana University who were in a dating relationship—the CTS2, Revised Controlling Behavior Scale, Revised EXPAGG, and the Mental Health Symptom Questionnaire—to measure violence, mental and emotional abuse, attitude toward abuse, and mental health relating to PTSD and depression. Although males reported significantly higher rates of sexual perpetration and proviolent attitudes, there was no significant difference among the sexes regarding the use of physical perpetration and controlling behaviors. Females reported a significantly higher rate of mental health symptoms, correlating with their partners' coercive and abusive sexual behavior and proviolent attitudes. Andersson, Ho-Foster, Mitchell, Scheepers, and Goldstein (2007) conducted a multicountry, large representative sample study of 20,639 adults in eight countries. Their questionnaire, written in 29 different languages, included questions about demographics, HIV status, attitudes toward PV, and PV victimization prevalence. In their Botswana sample, 19% of females and 21% of males reported to have been physically victimized by their partners in the past year.

Ghana. In Ghana, a study was conducted with 358 college students, similar to the Jankey et al. (2011) study in Botswana, that examined violent attitudes and mental health symptoms using the same survey tools (Próspero, Dwumah, & Ofori-Dua, 2009). No significant differences were found across gender regarding physical and sexual victimization, controlling behaviors, or attitudes justifying violence. However, the males reported significantly greater physical or sexual perpetration. For female perpetrators, predictors of violence included attitudes justifying violence, coercion, and alcohol abuse, whereas for males, the predictors were attitudes justifying violence and conduct disorders. For both males and females, mental health symptoms correlated with their partner's proviolent attitudes and their own childhood abuse.

TABLE 3. Rates of Physical, Psychological, and Sexual Abuse for Males and Females From 20 Studies in Africa

Country/ Reference	*N*/Type of Sample	Physical	Psychological/ Control	Sexual	Any PV
Botswana: Andersson et al. (2007)	20,639 total (eight countries; large population)	Past year vict.: 21% M, 19% F			
Botswana: Jankey et al. (2011)	562 university students	Perp.: No significant gender differences	Perp.: No significant gender differences	Perp.: Higher M rates over F	
Ghana: Próspero et al. (2009)	358 university students	Perp.: Higher M rates over F Vict.: No significant gender differences		Perp.: Higher M rates over F Vict.: No significant gender differences	
Kenya: Simister (2010)	17,262 (large population)	Combined perp./vict.: Slap: 33% M, 37% F Beating: 34% M, 37% F	Combined perp./vict.: Verbal abuse: 46% M, 48% F Deny conjugal rights: 25% M, 24% F; Cold war: 46% M, and 46% F; Humiliation in front of others: 23% M, 29% F Chasing spouse from home: 27% M, and 46% F		Ever vict.: 47% married women, 36% married men
Lesotho: Andersson et al. (2007)	20,639 total (eight countries; large population)	Past year vict.: 12% M, 16% F			

Malawi: Andersson et al. (2007)	20,639 total (eight countries; large population	Past year vict.: 6% M, 11% F	
Mozambique: Andersson et al. (2007)	20,639 total (eight countries; large population)	Past year vict.: 8% M, 11% F	
Namibia: Andersson et al. (2007)	20,639 total (eight countries; large population)	Past year vict.: 15% M, 17% F	
Nigeria: Obi & Ozumba (2007)	600 married men (health clinic)		Ever vict.: 70%; F 92% of total
Nigeria: Brisibe et al. (2012)	346 men and women (community)		Past year vict.: 83.42% F, 23.70% M
South Africa: Mwamwenda (1998)	219 university students	Witnessed: Fathers beaten by mothers: 2%; male relative beaten by wife: 18%; neighbor husband beaten by wife: 26%	
South Africa: Swart et al. (2002)	928 middle and high school students	Any perp.: 35.3% M, 43.5% F Any vict.: 37.8% M, 41.7% F	
South Africa: Straus (2008)	85 university students (IDVS)	Past year perp.: 43% M, 39% F Severe: 43% M, 14% F 82% bidirectional 56% bidirectional severe	

(continued)

TABLE 3. ***(continued)***

Country/ Reference	*N*/Type of Sample	Physical	Psychological/ Control	Sexual	Any PV
South Africa: Kaminer et al. (2008)	4,351 (large population)	Ever vict.: Severe: 3.5% M, 14.0% F			
South Africa: Gass et al. (2010)	1,715 (large population)	Ever vict.: 20.9% M, 29.3% F Ever perp.: 26.5% M, 25.2% F			
Swaziland: Andersson et al. (2007)	20,639 total (eight countries; large population)	Past year vict.: 21% M, 21% F			
Tanzania: Straus (2008)	130 university students (IDVS)	Past year perp.: 32% M, 44% F Severe: 15% M, 26% F 91% bidirectional 67% bidirectional severe	Dominance score: 2.38% M, 2.38% F		
Uganda: Uganda Bureau of Statistics (2007)	3,931 (large population)	Ever vict.: 20% M, 48% F 33% M, 43% F victims injured	Ever vict.: 35% M, 49% F	Ever vict.: 7% M, 36% F	Ever perp.: 41% M, 7% F
Zambia: Andersson et al. (2007)	20,639 total (eight countries; large population)	Past year vict.: 27% M, 36% F			
Zimbabwe: Andersson et al. (2007)	20,639 total (eight countries; large population)	Past year vict.: 17% M, 17% F			

Note. PV = partner violence; vict. = victimization; M = male; F = female; perp. = perpetration; ever perp. = ever perpetrated.

Kenya. A much larger study in Kenya looked at domestic violence and FGM. Three different surveys—the Demographic and Health Survey (DHS); Work, Attitudes, and Spending Survey (WAS); and Afrobarometer Survey—were conducted among 10 of the most prominent ethnic groups (Simister, 2010) of 17,262 single, married, or cohabitating males and females, and the data analyzed. The WAS results included reports of respondents who had "experienced" different forms of abuse but did not specifically clarify whether they experienced it as a victim or as a perpetrator. Most of the percentages between the men and women were very similar, except that females had a 7% higher reporting rate of nonprovision of financial support and a 6% higher reporting rate of humiliation in front of others. However, when respondents were asked, "Have you been a victim of domestic violence?" 47% of married women and 36% of married men replied "Yes."

Lesotho. Lesotho was included in the multicountry study conducted by Andersson et al. (2007). Details of this study are described previously. The prevalence of past year physical victimization reported in Lesotho was 16% for females and 12% for males.

Malawi. Only the Andersson et al. (2007) study, described previously, provided data on both male and female victimization—11% past year physical abuse victimization for females and 6% for males.

Mozambique. The Andersson et al. (2007) study from Mozambique reported past year prevalence of physical victimization rates of 11% for females and 8% for males.

Namibia. As with Mozambique, the only gender-inclusive study from Namibia was part of the Andersson et al. study (2007). The prevalence of past year physical victimization was 17% for females and 15% for males.

Nigeria. We found two gender-inclusive studies from Nigeria, and both indicated significantly greater victimization rates for women compared to men. Of the 600 married men surveyed at various outpatient health clinics in the southern part of the country, 70% reported a history of abuse in their marriage. The men were the victims in 8% of the cases, and their female partners were the victims in 92% of the cases. A smaller study of married or cohabitating men ($N = 187$) and women ($N = 159$) was conducted by Brisibe, Ordinioha, and Dienye (2012) over a 12-month period, with a questionnaire based loosely on the CTS. The prevalence rates of this study resulted in 55.78% overall victimization, of which 83.42% was male-on-female violence and 23.70% was female-on-male violence.

South Africa. There were five studies in South Africa that included both men and women, two of which (Gass, Stein, Williams, & Seedat, 2010; Kaminer, Grimsrud, Myer, Stein, & Williams, 2008) reported on large representative samples acquired from the South African Stress and Health (SASH) study. Kaminer et al. (2008), drawing on a sample of 4,351 men and women, reported severe physical violence lifetime victimization rates of 14.0% for women and 3.5% for men. The Gass et al. (2010) study

drew on a sample of 1,715 respondents. For past year physical violence rates, higher victimization was found for women compared to men (29.3% vs. 20.9%), and perpetration rates were higher for men, although by a much lesser margin (26.5% vs. 25.2%).

Mwamwenda (1998) conducted a study of 138 female and 81 male undergraduate students at the University of Transkei in Umtata, South Africa regarding women who abuse their husbands. Respondents were given the choice of answering "Yes" or "No" regarding witnessing abuse by women on their husbands, whether the husband was their fathers or any other men (relatives or neighbors). Only 2% of these students said that their mothers beat their fathers. A higher prevalence of husband beating was found when the students reported on witnessing relatives (18%) or neighbors (26%) being beaten. The author of the study suggests that the low reporting of the mother-on-father abuse may have been caused by their reluctance to having their families embarrassed or insulted.

Two studies focused on abuse among dating students. Swart, Seedat, Stevens, and Ricardo (2002) drew on a younger student population of 9th–12th graders ($N = 928$), whereas the Straus (2008) study sample consisted of 85 university students (94.1% female) who had been in a relationship for at least 1 month. In the Swart et al. (2002) study, 35.3% of males and 43.5% of females reported having committed at least one incident of physical violence (the actual breakdown of the number of female vs. male was not defined). Physical victimization was reported by 37.8% of males and 41.7% of females. The Straus (2008) study, part of the larger National Development Volunteers Service (NDVS) multicountry study of university students, surveyed 85 students and found past year physical perpetration rates of 43% for males and 39% for females. The same percentage of males reported severe assaults, whereas only 14% of the females reported severe assaults. Most of all physical violence perpetration was bidirectional (82%) and 56% of severe violence was also bidirectional.

Swaziland. There was one gender-inclusive study from Swaziland by Andersson et al. (2007). Past year victimization rates were the same for males and females at 21%.

Tanzania. We found no other gender-inclusive studies from Tanzania other than the one conducted by Straus (2008) as part of the IDVS. This particular sample consisted of 130 students, of which 32% ($n = 23$) of males and 44% ($n = 26$) of females reported to have physically assaulted a dating partner in the past year. Of these assaults, 15% were perpetrated by males, and 26% of females admitted to the same. Overall bidirectional violence rates were 91%, among the highest found in any of the IDVS studies, and about two thirds of severe violence was bidirectional.

Uganda. In a large population survey, ever-married females ($N = 2,087$) and males ($N = 1,844$) were asked about experiences with spousal violence after the age of 15 years. The prevalence reported for women was 48% ever physically victimized, 36% sexually victimized, and 49% emotionally abused. Sixty-eight percent reported experiencing any kind of partner abuse. In contrast, the rates for men were 20% physically victimized, 7% sexually victimized, and 35% emotionally abused. With

respect to perpetration, 41% of men acknowledged having ever perpetrated physical violence against an intimate partner compared to only 7% of women.

Zambia. The study conducted in Zambia by Andersson et al. (2007) reported past year victimization rates of 36% for females and 27% for males.

Zimbabwe. The Andersson et al. (2007) study in Zimbabwe found a prevalence rate of 17% past year victimization for males and the same rate for females.

Studies Reporting Only Female Intimate Partner Violence Victimization. There were 27 studies that reported only on female victimization or male perpetration. The prevalence of PV against women in Africa ranges vastly from region to region and even within a single country, depending on the study. Nigeria, for example, yields the highest range of lifetime physical PV but also some of the lowest. For example, Okenwa, Lawoko, and Jansson (2009) surveyed 934 women attending obstetrics and gynecological clinics at the Lagos University Teaching Hospital and found an 8.6% past year rate of physical abuse victimization. Owoaje and Ol (2006), drawing from a sample of 400 women living in a southern Nigeria migrant community, reported lifetime minor physical PV rates of 3.3% and severe PV at 2.0% (while also reporting any lifetime PV at a rate of 87%).[4] Using key informants, focus groups, and a questionnaire administered to 648 women from the urban town of Gboko and the rural town of Gwer, Odimegwu, Okemgbo, and Ayila (2010) reported lifetime physical abuse victimization at a rate of 75.9%. A larger study by Antai (2011), which was part of the 2008 Nigeria Department of Health Services survey of 2,877 women, resulted in a much different outcome, with only 15% respondents reporting lifetime physical violence.

The eastern region of Africa produced the highest results of past year physical violence. In Ethiopia, 72.5% of a large urban and rural sample of 1,540 women said that they had been victimized (Abeya, Afework, & Yalew, 2011). The lowest report of past year physical violence (9.5%) came from a study of 1,279 women living in the Eastern Cape, Mpumalanga, and the northern province of South Africa.

Compared to physical violence, data on emotional or psychological abuse were not as available in the African studies. The highest lifetime rates come from the Nigerian study by Owoaje and Ol (2006), reported at 75.5% for verbal abuse, followed by verbal threats reported by 26.0% of the women. Lifetime rates were 30.7% in Cameroon (Alio et al., 2011), 22.0% in Rwanda, and 18.9% in Ethiopia (Deyessa et al., 2009). In Kenya, 22% of respondents from a sample of 5,729 women who had been tested for HIV reported psychological abuse victimization in their current relationship and 49% in former relationships (Abuya, Onsomu, Moore, & Piper, 2012). Higher rates were found in South Africa (42.2% emotional abuse, 55.0% verbal abuse) as reported by male offenders living in Cape Town (Abrahams, Jewkes, Laubscher, & Hoffman, 2006).

Women in Ethiopia experience more sexual abuse victimization than in any other country on the African continent, with lifetime prevalence rates ranging from 52%

to 68% as well as the two highest rates reported for the past year (Abeya et al., 2011; Belachew Bekele, van Aken, & Dubas, 2011; Deyessa et al., 2009; WHO, 2005). In the Belachew Bekele et al. (2011) study, a random sampling of 764 secondary school females were administered a "Yes" or "No" questionnaire of 21 items regarding multiple forms of sexual violence victimization: sexual assault, coercion, offense, and aggression. Qualitative data was collected as a follow-up through focus groups. Respondents reported to have experienced a minimum of one event of sexual violence and several responding to more than one. Overall, 55.8% had experienced sexual assault, 25.0% sexual coercion, 52.0% sexual offense, and 14.7% sexual aggression.

Impact on Victims. Consequences of PV were mentioned in only 13 of the studies. In Uganda, the large population (N = 3,931) study reported by the Uganda Bureau of Statistics (2007) determined that 33% of men who are physically victimized and 43% of women who are victimized suffered physical injuries. Mental health symptoms were mentioned the most, including symptoms common to individuals suffering with PTSD. In the Malawi study by Pelser et al. (2005), women reporting victimization by their partners were more likely to be financially dependent on that partner or on friends and family. Depression was reported by 73% of victims of economic abuse, whereas 54% of all victims reported irritability and slightly less reported sleep disturbances. Emotional abuse (mostly public humiliation) also had a large impact on the victims, because 80% reported experiencing flashbacks and 69% depression. Fifty-two percent of victims of physical violence reported irritability and 45% reported disturbed sleeping patterns. However, victims of sexual abuse reported a large percentage of flashbacks (74%), changes in eating patterns (73%), and depression (62%).

A study in Botswana (Jankey et al., 2011) broadly mentioned general mental health symptoms indicating that women had significantly more mental health symptoms than men, and that these symptoms correlated with sexual abuse and proviolent attitudes by their partners. In Cameroon, Alio et al. (2011) found that physical and sexual PV increased risk for induced abortion. In Rwanda, examined the relationship between HIV status and PV. They found that there was a significant relationship between the two but did not report on which was more often a consequence of the other. The Uganda study by Karamagi, Tumwine, Tylleskar, and Heggenhougen (2003) found a correlation between experienced PV and infant illnesses, such as diarrhea, fever, and cough. Kaminer et al.'s (2008) South Africa study, mentioned previously, found that for women, severe PV victimization was the second most strongly associated type of violence with PTSD after rape; and for men, PTSD was most strongly associated with childhood abuse and criminal assault.

Risk Factors. One hundred seventy-nine risk factors for PV were cited throughout the African studies (mostly in the eastern section), including 52 risk factors associated with victimization and 33 associated with perpetration. Victimization risk factors ranged from personal characteristics (7 risks factors), education and employment status (4 risk factors), history and tolerance of abuse (6 risk factors), sexual history

(7 risk factors), marital situations and dynamics (17 risk factors), to social backgrounds and perceptions (11 risk factors). One prominent risk factor for victimization was limited or no education, cited in 10 studies, and another was unemployment, cited in 6 studies. Both of these risk factors make a victim dependent on their abuser, a risk factor mentioned separately in 2 studies. Among the other frequently cited risk factors was being younger than 34 years of age, cited in 7 studies; substance and/or alcohol use, cited in 6 studies (and especially correlated sexual violence); living in a rural area, cited in 5 studies; tolerance toward abuse, cited in 4 studies; and being HIV positive, cited in 4 studies. Quality of parental relationships, including abuse, were found to also be risk factors, cited in 7 studies.

Perpetrator risk factors included personal characteristics (3 risks factors), education and employment status (7 risks factors), history and tolerance of abuse (6 risk factors), mental health disorders (4 risk factors), marital situations and dynamics (5 risk factors), and social backgrounds and perceptions (8 risk factors). Substance use or abuse was the most common risk factor as cited by 15 studies (cigarette smoking was cited in 4 studies). Other frequently cited perpetrator risk factors were as follows: less education and unemployment or underemployment (12 studies); having experienced abuse as a child, such as witnessing parental violence or violence by their friends (10 studies); and having a proviolence attitude (7 studies). An additional 21 risk factors were less frequently cited.

A few studies did report on risk factors for both male and female perpetration. For example, in the Gass et al. (2010) South Africa study, PV perpetration by males was correlated with being in a cohabitating relationship, having been physically abused or witnessed interparental violence as children, and having showed signs of intermittent explosive disorder as children or having a mood disorder or abusing alcohol in adulthood. Male victimization was associated with younger age, earning a low income, having experienced abuse as a child (hit by parents or witnessed interparental violence), and having a poor attachment to primary female caregiver. Women who reported PV perpetration were more likely to have an Indian heritage, be in a cohabitating relationship, had experienced abuse as a child (hit by parent or witnessed interparental violence), had been poorly attached to their primary female caregiver, and to be abusing alcohol or have an anxiety disorder as adults. Risk factors for female victimization were being of Indian descent or in a cohabitating relationship, having a minimal education, economic hardship, experienced childhood direct or witnessed abuse, poor attachment to primary male caregiver, and having an anxiety disorder in adulthood.

Attitudes About Intimate Partner Violence. A general response among the men in the Andersson et al. (2007) study, reported by 47%, was that "Women do not have the right to refuse to have sex with their husbands or boyfriends." In addition, 41% agreed that "Women sometimes deserve to be beaten," and 34% agreed that "Forcing your partner to have sex is *not* rape." A study by Lawoko (2008) found that Zambian men were more likely to justify beating their wives for going out without informing them or

for burning the food, whereas in Kenya, men were more likely to justify abuse of the wives for arguing with them or for neglecting the children. In Nigeria, where some of the greatest differences have been found in PV perpetration across gender, 79% of women (mostly those who did not cohabitate with their partner) said that wife beating is sometimes justified (Owoaje & Ol, 2006); and in another, 94% agreed that men should hold the final say in the home (Odimegwu et al., 2010).

Latin America and the Caribbean

Latin America is made up of Central and South America as well as Mexico. Although, historically, Mexico is considered to be the southern section of North America, the United Nations has classified it as a part of Central America (United Nations Statistics Division, 2011). Including Mexico, Central America consists of 8 countries, and South America consists of 14 countries. The Caribbean is made up of multiple countries and islands—28 according to the United Nations. We found 22 articles yielding 31 studies from 14 countries. The most studied country was Brazil (5 studies), followed by Peru (4 studies).

Most Latin American countries fall in the medium human development category in the United Nations 2010 HDI (United Nations Development Programme, 2010). Notable exceptions would be Haiti, which is ranked among the least developed countries of the world, at number 145 out of 169 countries, in the 86th percentile; and Barbados, the only country that ranked in the very high human development category, at 42 (25th percentile). With respect to gender inequality, Haiti once again ranked at the lowest on the scale, at 119 out of 137 countries (87th percentile), whereas Barbados was the highest at 42 (31st percentile). On the whole, the countries of Latin America and the Caribbean can be found in the medium and high human development categories (United Nations Development Programme, 2010).

By far, the most commonly spoken language in Latin America is Spanish, although there are multiple dialects unique to each region. A major exception is Brazil, where the primary language is Portuguese. English and French are the primary languages in several Caribbean countries, while in many of the South American regions, indigenous languages are also spoken. Chile and Argentina, for instance, have large Mapuche Indian communities who speak Mapudungun. Most Latin Americans are Christians and primarily Roman Catholic.

Studies That Include Male-to-Female and Female-to-Male Intimate Partner Violence. Of the 31 countries that yielded studies for this region, seven articles reporting on 11 separate samples provided data on prevalence rates of IPV for both men and women (see Table 4).

Barbados. Using a stratified cross-sectional sampling procedure, Le Franc, Samms-Vaughan, Hambleton, Fox, and Brown (2008) conducted face-to-face interviews with men and women between the ages of 15 and 30 years in the countries of Barbados, Jamaica,

TABLE 4. Rates of Physical, Psychological, and Sexual Abuse for Males and Females From 11 Studies in Latin America/ Caribbean

Country/ Reference	*N*/Type of Sample	Physical	Psychological/ Control	Sexual	Any PV
Barbados: Le Franc et al. (2008)	3,401 men and women (large population)	Ever perp.: 48.8% M, 53.9% F Ever vict.: 44.7% M, 50.0% F	Ever perp.: 76.5% M, 74.6% F Ever vict.: 76.1% M, 70.7% F	Ever perp.: 42.1% M, 47.4% F Ever vict.: 39.6% M, e52.8% F	
Brazil: Reichenheim et al. (2006)	26,003 women (large population)	Past year perp.: 14.60% M, 19.70% F Ave. no. of assaults: 2.31 M, 1.70 F	75% overall perp.		
Brazil: Straus (2008)	236 university students (IDVS)	Past year perp.: 22% M, 23% F Severe: 7% M, 6%F 71% bidirectional 71% bidirectional severe	Dominance score: 1.96 M, 1.94 F		
Brazil: Gomez et al. (2011)	438 young adult men and women aged 15–24 years (community)				Perp.: 40% Vict.: 32% Both: 22%
Chile: Lehrer et al. (2009)	950 university students	Past year vict.: 26.6% M, 15.1% F Since the age of 14 years: 37.9% M, 25.4% F	Past year vict.: 79.9% M, 67.3% F		
Guatemala: Straus (2008)	168 university students (IDVS)	Past year perp.: 17% M, 32% F Severe: 6% M, 9% F 67% bidirectional 56% bidirectional severe	Dominance score: 1.97 M, 1.98 F		

(continued)

TABLE 4. ***(continued)***

Country/ Reference	*N*/Type of Sample	Physical	Psychological/ Control	Sexual	Any PV
Jamaica: Le Franc et al. (2008)	950 men and women (large population)	Ever perp.: 39.9% M, 52.4% F Ever vict.: 40.4% M, 45.3% F	Ever perp.: 69.8% M, 76.6% F Ever vict.: 66.5% M, 69.4% F	Ever perp.: 60.0% M, 67.9% F Ever vict.: 57.2% M, 72.6% F	
Mexico: Straus (2008)	190 univ. students (IDVS)	Past year perp.: 27% M, 47% F Severe: 13% M, 17% F 78% bidirectional 65% bidirectional severe	Dominance score: 2.03 M, 2.10 F		
Mexico: Rivera-Rivera et al. (2007)	7,960 large population students (junior high to college)	Ever perp.: 19.54% M, 20.99% F Ever vict.: 22.71% M, 9.88% F	Ever perp.: 4.33% M, 4.21% F Ever vict. 8.57% M, 9.37% F		Physical + psychological perp.: 5.51% M, 7.48% F Vict.: 15.15% M, 8.60% F
Trinidad and Tobago: Le Franc et al. (2008)	996 men and women (large population)	Ever perp.: 45.0% M, 48.2% F Ever vict.: 47.7% M, 45.2% F	Ever perp.: 70.5% M, 77.4% F Ever vict.: 66.6% M, 69.3% F	Ever perp.: 52.9% M, 49.9% F Ever vict. 52.5% M, 51.6% F	
Venezuela: Straus (2008)	209 university students (IDVS)	Past year perp.: 25% M, 24% F Severe: 15% M, 10% F 63% bidirectional 63% bidirectional severe	Dominance score: 2.03 M, 1.93 F		

Note. PV = partner violence; ever perp. = ever perpetrated; vict. = victimization; perp. = perpetration; IDVS = International Dating Violence Study.

and Trinidad and Tobago. The CTS2 was used to collect information on lifetime rates of physical, psychological, and sexual abuse perpetration and victimization. In Barbados, the study sample consisted of 1,003 respondents. Physical violence perpetration was reported by 53.9% of women and 48.8% of men. Psychological abuse perpetration was reported by 74.6% of women and 76.5% of men, whereas sexual abuse perpetration, surprisingly, was reported by a slightly larger percentage of women (47.4%) than men (42.1%). In contrast, higher rates of victimization were reported by women compared to men for physical (50.0% vs. 44.7%) and sexual abuse (52.8% vs. 39.6%). Psychological victimization was reported by 70.7% of women and 76.1% of men.

Brazil. There were three gender-inclusive studies in Brazil. The largest of these was conducted with a national sample of 26,003 women who reported on rates of physical and psychological IPV in the past year (Reichenheim et al., 2006). The women reported to have perpetrated physical assaults at a higher rate than men (19.7% vs. 14.6%); however, they also indicated that the average number of assaults perpetrated by the male partners was 2.31, whereas they reported an average of 1.70 for themselves. The authors reported an overall rate for psychological abuse perpetration at 75%, without specifying the rates across gender.

As part of the IDVS, Straus and his colleagues (2008) surveyed 236 university students, 67.4% of whom were female. Among this sample, 23% ($n = 37$) of the females and 22% of the males ($n = 17$) reported perpetrating physical violence on their partners. Bidirectional violence was the most common form of violence in 71.1% of the sample (with bidirectional severe violence at 70.5%). Dominance scores were virtually identical across gender, at 1.96 for males and 1.94 for females.

Gomez, Speizer, and Moracco (2011) also examined both perpetration and victimization among young adult men ($N = 240$) and women ($N = 198$) between 15 and 24 years of age living in Rio de Janeiro, with a particular focus on the association between PV and gender equality. Overall, 32% reported any victimization, 40% reported any perpetration, and 22% reported both being victims and perpetrators. Recent perpetration was reported by 18% of the males (no data was provided on female perpetration). Females reported jealousy as the most common motivation for being violent, whereas for males, the primary motive was retaliation. For females, the most common response to being abused was to leave and later return.

Chile. The one gender-inclusive study from Chile was conducted at a university study in Santiago (Lehrer, Lehrer, & Zhao, 2009), with a sample of 484 women and 466 men (median age = 20 years). Respondents were administered the 2005 Survey of Student Well-Being and asked about physical and psychological dating violence victimization in the last 12 months and since the age of 14 years. Questions also addressed the severity of the abuse and subsequent injury. Physical violence victimization was reported by 15.1% of women and 26.6% of men for the previous 12-month period and by 25.4% of women and 37.9% of men since the age of 14 years. Most of the physical violence was mild to moderate. Psychological abuse victimization was experienced by

67.3% of women and 79.9% of men in the last 12 months of the study. Although rates of physical and psychological victimization were higher for the men, women incurred physical injuries at a higher rate (15.9% vs. 6.9% in the last 12 months and 19.5% vs. 13.3% since the age of 14 years).

Guatemala. The Guatemala sample from the IDVS (Straus, 2008) consisted of 168 students. Females reported much higher overall past year physical assault rates compared to the males (32% vs. 17%) and higher rates of severe assaults (9% vs. 6%). About two thirds (66.6%) of overall physical IPV reported was bidirectional, and bidirectional severe rates were somewhat lower at 55.5%. Dominance scores were very close to those found in Brazil at 1.98 for females and 1.97 for males.

Jamaica. Jamaica was included in the Le Franc et al. (2008) study described previously. From a large national sample of 1,402 respondents, the authors reported lifetime physical IPV perpetration rates of 52.4% for women and 39.9% for men; psychological perpetration rates of 76.6% for women and 69.8% for men; and sexual abuse rates of 67.9% for women and 60.0% for men. However, victimization was reported at higher rates by females for all three types of abuse: 45.3% versus 40.4%, physical; 69.4% versus 66.5%, psychological; and 72.6% versus 57.2%, sexual. No information was provided regarding the percentage of males and females included in the survey.

Mexico. We identified two gender-inclusive studies in Mexico, both drawing from student samples. Rivera-Rivera, Allen-Leigh, Rodriquez-Ortega, Chavez-Ayala, and Lazcano-Ponce (2007) conducted a random sample survey of 7,960 junior high, senior high, and college students from urban, suburban, and rural areas of Mexico. The age range of the respondents was 11–24 years, with males making up 42% of the study samples. Respondents were given a written questionnaire in their classrooms, consisting of various questions on demographic characteristics as well as a modified CTS to obtain data on family and dating abuse. Lifetime physical IPV was found to be perpetrated by 20.99% of the females and 19.54% of the males, whereas 9.88% of the females and 22.71% of the males said they had been victimized at least once by a dating partner. More males than females reported psychological abuse perpetration, although by a slim margin (4.33% vs. 4.21%), and a greater number of females said they had been psychologically victimized (9.37% vs. 8.57%).

The IDVS sample from Mexico (Straus, 2008) consisted of 190 students. A much higher rate of past year overall perpetration was reported by females (47%) in comparison to males (27%), and severe assaults were reported by 13% of males and 17% of females. About three quarters (77.7%) of the violence was bidirectional (64.8% mutually severe). Average dominance scores were 2.10 for females and 2.03 for males.

Trinidad and Tobago. The third of the Le Franc et al. (2008) multicountry studies was carried out in Trinidad and Tobago, with a sample of 996 adults. As with the other two surveys, rates for all types of abuse were reported at high rates. Lifetime physical abuse perpetration was reported by 48.2% of women and 45.0% of men, psychological

perpetration was reported by 77.4% of women and 70.5% of men, and 49.9% of women and 52.9% of men admitted to having perpetrated sexual abuse on their partner. With respect to victimization, the physical abuse rates were 45.2% for women and 47.7% for men, rates of psychological abuse were 69.3% for women and 66.6% for men, and sexual victimization was reported by 51.6% of women and 52.5% of men.

Venezuela. The IDVS study by Straus (2008) conducted in Venezuela provided data on past year physical perpetration rates and dominance among 209 university students. Overall assault perpetration was reported by 25% of males and 24% females, with severe assaults reported at rates of 15% and 10%, respectively. Overall bidirectional physical violence was found in 63.4% of the sample, and severe physical mutual violence was found to only a slighter extent in 62.5% of the sample. Males scored higher for dominance than females, with scores of 2.03 versus 1.93, respectively.

Studies Reporting Only Female Intimate Partner Violence Victimization. The prevalence of partner abuse in Latin America and the Caribbean among female-only samples ranges widely. We found the lowest lifetime rates of physical abuse victimization from the DHS conducted in Haiti at 11.9% (Harling, Msisha, & Subramanian, 2010). The lowest past year rates were reported in the DHS study from the Dominican Republic at 9.8% (Harling et al., 2010) and in the WHO survey conducted in an urban area of Brazil at 8.3% (WHO, 2005). At the other extreme, the highest rates of lifetime physical violence were 64.6%, found in the study of pregnant women in León, Nicaragua by Salazar, Valladares, Ohman, and Hogberg (2009); and 61.0%, found in the WHO rural sample from Peru (WHO, 2005). The latter study also reported among the highest past year women victimization rates (24.8%). High rates of physical PV were also found in a study conducted in an impoverished section of Brazil's capital city at 58.6% lifetime and 32.4% past year (Moura, Gandolfi, Vasconcelos, & Pratesi, 2009).

The lowest rates for psychological/emotional abuse were found in the DHS studies conducted in Columbia (11.5% lifetime) and in Haiti (13.2% lifetime, 10.8% past year; Kishor & Johnson, 2004). The highest rates were reported in the Moura et al. (2009) study from Brazil at 80.2% lifetime and 50.0% for the previous year. Similar to the physical violence findings, the highest rates of sexual violence victimization were reported by women in rural Peru (46.7% lifetime, 22.9% past year; WHO, 2005) and Brazil (28.2% lifetime, 15.5% previous year; Moura et al., 2009). In Honduras, a lifetime prevalence rate of 1.1% was reported from a national representative sample of 19,948 respondents (Rico, Fenn, Abramsky, & Watts, 2011), and the DHS national survey in the Dominican Republic reported the next lowest rate at 4.2% (Kishor & Johnson, 2004). The lowest past year rates were reported at 3.0% in Guatemala (from a sample of pregnant women) and 3.9% in the DHS study from Nicaragua.

Impact on Victims. Two effects of IPV were mentioned in the studies identified in our tables, with physical injuries noted in four studies from the Central American region and one from Chile and complications in pregnancies found among women in Lima,

Peru (Sanchez et al., 2008). The study from Santiago, Chile (Lehrer et al., 2009) with male and female university students was the only study to directly compare physical injury rates across gender, wherein 15.9% of women and 6.9% of men reported injuries for the previous 12 months, and 19.5% of women and 13.3% of men reported injuries since the age of 14 years.

Risk Factors. Risk factors were cited in only 12 of the 21countries. The most prevalent risk factor associated with victimization was women's lower level of education (six studies), with several risk factors mentioned in four studies: low income, tolerance for abuse, and having experienced violence in childhood (including witnessing interparental violence, experiencing child abuse, and being a member of a gang in adolescence). Fifteen additional victimization risk factors were mentioned between one to three times. Victim substance or alcohol use was found in two studies, and being sexually active and having had a miscarriage were found to be risk factors in one study each.

Risk factors associated with perpetration in Latin America were not as frequently mentioned as in studies from other regions of the world. The ones most frequently cited were substance abuse and jealousy toward partners (two studies each). The following risk factors were cited in only one study each: perpetrator's younger age, low education and unemployment, having multiple sexual partners, gang membership, and a need to control the partner. One study found that being in a middle to high social class was also associated with perpetration.

Attitudes About Intimate Partner Violence. None of the summarized studies addressed this issue.

Europe and the Caucasus

According to the United Nations (United Nations Statistics Division, 2011), there are 53 countries in Europe. The systematic search identified 22 studies in 14 of the countries in eastern Europe (Moldova, Romania, Russia, and Ukraine), northern Europe (Finland, Norway, and Sweden), southern Europe (Albania, Portugal, and Spain), western Europe (Belgium and Germany), and in two countries located in the Caucasus region (Azerbaijan and Georgia). There are around 14 major ethnic groups in the countries where the studies were conducted (Albanians, Azerbaijani Turks, Castilians, Finns, Flemish, Germans, Georgians, Moldovans, Norwegians, Portuguese, Romanians, Russians, Swedes, and Ukrainians), and many other minority ethnic groups in the different European nations. The main religious groups are Christians, Muslims, and Roman Catholics. There are approximately around 15 main languages spoken in the countries where the studies were conducted, and many other regional spoken in each of these nations.

From the participating countries in European countries and the Caucasus region, 7 (Belgium, Finland, Germany, Norway, Portugal, Spain, and Sweden) out of the 14 participating countries have achieved a very high human development, 6 countries

(Albania, Azerbaijan, Georgia, Romania, Russia, and Ukraine) have achieved high human development, and only 1 nation (Moldova) has achieved medium human development (United Nations Development Programme, 2010).

There is some variation in the degree of gender inequality in across the European countries included in this review. The latest GII figures reported in 2010 by the United Nations Human Development Reports, along with their relative position among the 138 countries for which the GII statistics were available are the following: eastern Europe—Moldova: 0.429 (29th percentile), Romania: 0.478 (35th percentile), Russia: 0.442 (30th percentile), Ukraine: 0.463 (32nd percentile); northern Europe—Finland: 0.248 (6th percentile), Norway: 0.234 (3rd percentile), Sweden: 0.212 (2nd percentile); southern Europe—Albania: 0.545 (44th percentile), Portugal: 0.310 (15th percentile), Spain: 0.280 (10th percentile); western Europe—Belgium: 0.236 (4th percentile), Germany: 0.240 (5th percentile); and Caucasus—Azerbaijan: 0.553 (45th percentile), Georgia: 0.597 (51st percentile).

Studies That Include Male-to-Female and Female-to-Male Intimate Partner Violence. Five articles reported on 16 studies (including the individual studies of the IDVS; Straus, 2008) out of the 22 found in Europe and the Caucasus region on prevalence rates for male and female perpetration or victimization (see Table 5). Rates for physical abuse were reported by nearly all of the studies, whereas few studies reported on rates of psychological or sexual abuse. The most common time frame used to measure rates of physical abuse was for the previous 12-month period. One study (Zhan et al., 2011) reported rates for the previous 3 months, and one study (O'Leary, Tintle, Bromet, & Gluzman, 2008) reported on lifetime rates. There were 14 reporting previous 12-month perpetration ranging from 11.4% to 39.0% for male-perpetrated IPV and from 11.3% to 39.0% for female perpetrated IPV (Ukraine and Lithuania, respectively). From the two studies that provided information on previous 12-month victimization, one (Lysova, 2007) reported slightly higher male victimization (25.6%) than female victimization (24.8%), whereas the other study (O'Leary et al., 2008) reported higher female victimization (12.7%) than male victimization (5.8%).

The next section highlights main findings of the aforementioned 16 studies as well as some of their most important methodological features. Two studies were conducted in Portugal, two in Russia, one in Ukraine, and one multicountry study exploring IPV in 12 countries.

Belgium. The IDVS (Straus, 2008) was the only study in Belgium to obtain data on male and female IPV perpetration. A sample of 686 university students reported higher female overall (35%) and severe (12%) physical IPV than male perpetration (29% and 7%). Bidirectional overall (69%) physical IPV was just higher than the overall estimates of the IDVS; however, bidirectional severe (48%) physical IPV perpetration was lower than the global estimate of the IDVS. Female dominance ($M = 1.80$) was higher than male dominance ($M = 1.77$). In general, dominance levels by women and men in Germany were lower than the global estimates of the IDVS.

TABLE 5. Rates of Physical, Psychological, and Sexual Abuse for Males and Females From 17 Studies in Europe and the Caucasus

Country/ Reference	*N*/Type of Sample	Physical	Psychological/ Control	Sexual	Any PV
Belgium: Straus (2008)	686 university students (IDVS)	Past year perp.: 29% M, 35% F Severe: 7% M, 12% F 69% bidirectional 48% bidirectional severe	Dominance score: 1.77 M, 1.80 F		
Germany: Straus (2008)	483 university students (IDVS)	Past year perp.: 24% M, 28% F Severe: 6% M, 8% F 63% bidirectional 54% bidirectional severe	Dominance score: 1.82 M, 1.90 F		
Greece: Straus (2008)	213 university students (IDVS)	Past year perp.: 39% M, 26% F Severe: 18% M, 14% F 58% bidirectional 59% bidirectional severe	Dominance score: 2.17 M, 1.98 F		
Hungary: Straus (2008)	152 university students (IDVS)	Past year perp.: 27% M, 21% F Severe: 12% M, 11% F 70% bidirectional 42% bidirectional severe	Dominance score: 2.08 M, 1.93 F		
Lithuania: Straus (2008)	347 university students (IDVS)	Past year perp.: 22% M, 39% F Severe: 5% M, 11% F 71% bidirectional 48% bidirectional severe	Dominance score: 2.11 M, 2.20 F		
Malta: Straus (2008)	97 university students (IDVS)	Past year perp.: 30% M, 16% F Severe: 0% M, 5% F 48% bidirectional 13% bidirectional severe	Dominance score: 1.75 M, 1.95 F		

The Netherlands: Straus (2008)	380 university students (IDVS)	Past year perp.: 31% M, 32% F Severe: 8% M, 5% F 71% bidirectional 48% bidirectional severe	Dominance score: 1.67 M, 1.70 F	
Portugal: Straus (2008)	352 university students (IDVS)	Past year perp.: 14% M, 18% F Severe: 5% M, 5% F 64% bidirectional 70% bidirectional severe	Dominance score: 1.89 M, 1.89 F	
Portugal: Machado et al. (2007)	2,391 parents (community)	Past year perp.: 12.0% overall Slapping face: 9.7% M, 5.6% F Pushing violently: 5.7% M, 3.8% F Throw objects: 2.2% M, 3.6% F Pulling hair: 2.9% M, 2.8% F Punching: 1.7% M, 2.3% F Threatening with weapons or physical force: 1.5% M, 0.8% F Clasping neck: 0.9% M, 1.1% F	Past year perp.: 23.7% overall Insult/humiliate: 18.6% M, 16.2% F Yelling/threatening: 13.0% M, 9.2% F Breaking objects, throwing food on floor: 7.4% M, 5.9% F Forbidding contact with others: 1.3% M, 1.5% F	
Portugal: Machado et al. (2010)	4,667 secondary, professional schools, and universities	Past year perp.: 18.1%, 7.3% severe Past year vict.: 13.4%, 6.7% severe; 20.9% were both perpetrators and victims	Past year perp.: 22.4% Past year vict.: 19.5%	Past year perp.: 31.0% Past year vict.: 25.4%
Romania: Straus (2008)	236 university students (IDVS)	Past year perp.: 29% M, 32% F Severe: 9% M, 11% F 67% bidirectional 42% bidirectional severe	Dominance score: 2.00 M, 2.01 F	

(continued)

TABLE 5. ***(continued)***

Country/ Reference	*N*/Type of Sample	Physical	Psychological/ Control	Sexual	Any PV
Russia: Lysova (2007)	338 university students	Past year perp.: 20.5% M, 37.9% F Severe: 8.4% M, 15.4% F Past year vict.: 25.6% M, 24.8% F Severe: 8.5% M, 8.9% F		Past year perp.: 23.2% M, 25.7% F Past year vict.: 14.5% M, 36.6% F	
Russia: Straus (2008)	398 university students (IDVS)	Past year perp.: 24% M, 38% F Severe: 9% M, 15% F 70% bidirectional 62% bidirectional severe	Dominance score: 2.37 M, 2.21 F		
Russia: Zhan et al. (2011)	440 medical clinic	Past 3 months overall perp.: 7.2% (no significant gender differences)			
Sweden: Straus (2008)	671 university students (IDVS)	Past year perp.: 19% M, 18% F Severe: 1% M, 2% F 60% bidirectional 25% bidirectional severe	Dominance score: 1.65 M, 1.68 F		
Switzerland: Straus (2008)	310 university students (IDVS)	Past year perp.: 27% M, 24% F Severe: 7% M, 5% F 65% bidirectional 62% bidirectional severe	Dominance score: 1.73 M, 1.76 F		
Ukraine: O'Leary et al. (2008)	1,116 (large population)	Ever vict.: 9% M, 20% F Past year vict.: 6% M, 13% F Ever perp.: 19% M, 19% F Past year perp.: 11% M, 11% F			

Note. PV = partner violence; IDVS = International Dating Violence Study; perp. = perpetration; vict. = victimization; ever perp. = ever perpetrated.

Germany. Likewise, the IDVS (Straus, 2008) was the only study in Germany to provide data on male and female perpetration of IPV perpetration. The sample consisted of 483 university students and reported higher female overall (28%) and severe (8%) physical IPV perpetration than male perpetration (24% and 6%). Bidirectional overall physical IPV (63%) was lower than the global rate of the IDVS, whereas bidirectional severe physical IPV perpetration (54%) was symmetrical with the global rate of the IDVS. Female dominance (M = 1.90) was higher than male dominance (M = 1.82). The levels of male and female dominance in Germany were lower than the average of all the countries in the IDVS.

Greece. The one study identified in this review conducted in Greece was part of the IDVS (Straus, 2008). Based on a sample of 213 university students, it reported higher overall (39%) and severe (18%) male perpetration of physical IPV compared to female perpetration (26% and 14%). Bidirectional overall physical IPV (58%) was lower than the global estimate of the IDVS; however, bidirectional severe physical IPV perpetration (59%) was higher than the overall rates of the IDVS. Male dominance (M = 2.17) in Greece was higher than female dominance (M = 1.98). Male dominance was higher than the global estimate for men in the IDVS, whereas female dominance was just under the global estimate for women in the IDVS.

Hungary. Hungary was another participating nation in the IDVS that provided data on 152 university students (Straus, 2008). It found higher male perpetration (27%) of physical IPV than female perpetration (21%), whereas male (12%) and female (21%) severe physical IPV perpetration were almost symmetrical. Bidirectional overall physical IPV (70%) in Hungary is higher than the overall rate of the IDVS, whereas bidirectional mutual physical IPV perpetration (42%) estimates were lower than the global rates of the IDVS. Male domination (M = 2.08) was higher than female domination (M = 1.93). Male domination levels were above the global levels of men in the IDVS, whereas female domination levels were lower than the global score for women in the IDVS.

Lithuania. The IDVS yielded data on Lithuania from a sample of 347 university students (Straus, 2008), indicating a higher prevalence of female overall (39%) and severe (11%) physical IPV perpetration than male perpetration (22% and 5%). Rates of bidirectional overall physical IPV (71%), as in various other European nations, is higher than the global estimate of the IDVS, whereas bidirectional severe physical IPV perpetration (48%) was lower than the total prevalence in the IDVS. Female domination (M = 2.20) was higher than men's (M = 2.11). Domination levels by males and females were higher than the global estimates of the IDVS.

Malta. A study from the IDVS reported on a sample of 97 Maltese male university students (Straus, 2008). Higher male overall physical IPV perpetration (30%) was found in comparison with those by females (16%). However, 5% of females were reported to perpetrate severe physical IPV, whereas men did not report any. Similarly, to most

European nations in the IDVS, the Maltese sample reported lower prevalence of bidirectional overall (48%) and even lower bidirectional severe physical IPV (13%) than the global average of the IDVS. Dominance by females (M = 1.95) was higher than dominance by males (M = 1.75). Levels of dominance exerted by male and female participants in Malta were lower than global levels calculated for the entire IDVS.

The Netherlands. A participating study of the IDVS in the Netherlands (Straus, 2008) with 380 male and female university students found almost symmetrical rates of overall physical IPV perpetration by the sexes (men = 31%, women = 32%); however, males (8%) reported more severe physical IPV perpetration than females (5%). Bidirectional overall (71%) and severe (48%) physical IPV was considerably lower than the global estimates of the IDVS. Women scored just higher (M = 1.70) on perpetrated dominance than men (M = 1.67), and both estimates were lower than the global dominance levels of the IDVS.

Portugal. One of the three studies identified by the review in Portugal was conducted by Machado et al. (2007). Its sample comprises 2,391 female and male married or cohabiting parents of children younger than 18 years of age in eight regions in north Portugal. Information about overall IPV perpetration (by both men and women) within the previous 12 months was obtained via the Marital Violence Inventory. The 26.2% of participants reported perpetrating any acts of IPV that included specific behavioral acts of physical or emotional abuse. Physical IPV was reported by 12.0% of participants and emotional IPV was reported by 23.7%. Men reported higher rates for slapping, pushing, threatening with weapons or physical force, yelling, and threatening; and women reported higher rates for throwing objects, clasping neck, and forbidding contact with others. There were only minor differences across gender for pulling hair, reported by 2.9% of men and 2.8% of women; insult or humiliate, reported by 18.6% of men and 16.2% of women; and breaking objects and throwing food on the floor, reported by 7.4% of men and 5.9% of women.

Another study in Portugal, part of the IDVS (Straus, 2008), surveyed 352 male and female university students and reported higher female (18%) overall physical IPV perpetration than male (14%) perpetration. Severe physical IPV between the sexes was symmetrical (5%). Bidirectional overall physical IPV (64%) was lower than the overall average of the IDVS; however, bidirectional severe physical IPV (70%) was perpetrated at a lower rate than the global estimates of the IDVS. Dominance was symmetrically perpetrated (M = 1.89) by the sexes, and these estimates were lower than the global scores of the IDVS.

The third Portugal study was conducted with 4,667 male and female students in secondary and professional training schools and university (Machado, Caridade, & Martins, 2010). Perpetration and victimization experiences of total (minor and severe) and severe physical and emotional IPV by both partners in the previous year was inquired from participants by means of the Marital Violence Inventory. Perpetration reports of one or more abusive acts of dating violence (perpetration = 31.0%,

victimization = 25.4%), physical IPV (perpetration = 18.1%, victimization = 13.4%), emotional IPV (perpetration = 22.4%, victimization = 19.5%), physical and emotional IPV (perpetration = 10.6%, victimization = 8.0%), as well as severe physical IPV (perpetration = 7.3%, victimization = 6.7%) were higher than victimization reports. Mutual overall IPV was reported by 21% of participants; however, the study reported that 48% of participants did not provide enough information on their perpetration, and more than half (56%) did not provide data on their victimization experiences to be classified as perpetrators and victims, respectively.

Romania. A study conducted with 236 male and female university students as part of the IDVS project (Straus, 2008) found higher female overall (32%) and severe (11%) physical IPV perpetration in comparison to IPV perpetrated by men (overall = 29%, severe = 9%). Overall (67%) and severe (42%) bidirectional physical IPV was lower than the overall average for the whole IDVS project. Dominance levels between the sexes were symmetrical (2%) and higher than global estimates for men and women.

Russia. A study from the IDVS project analyzed by Lysova (2007) involved 338 male and female university students from three Russian universities. Female overall perpetration (37.9%) and male victimization (25.6%) was higher than male perpetration (20.5%) or female victimization (24.8%). Perpetration of severe physical IPV by women (15.4%) was considerably higher than male perpetration (8.4%); however, victimization experiences were almost symmetrical between the sexes (approximately 8.0%). Sexual coercion reached important levels in Russian students. Rates indicated that female perpetration had been higher for women (25.7%) than for men (23.2%) in the previous 12 months, whereas victimization experiences by women were considerably higher than male victimization experiences.

Straus (2008) reported on IPV experiences among 398 Russian university students.[5] Female perpetration of overall (38%) and severe (15%) physical IPV was higher than male perpetration (overall = 24%, severe = 9%). Bidirectional overall (70%) and severe (62%) physical IPV perpetration was higher than global percentages of the IDVS. Dominance levels were generally higher than the overall average and slightly higher for men (M = 2.37) than for women (M = 2.21).

Zhan et al. (2011) interviewed 440 patients who had attended consultation for genitourinary problems or required medical assistance over STDs in a medical clinic in Saint Petersburg, Russia, and asked about their experiences on perpetrating physical and sexual PV via the CTS2. The 7.2% of participants reported perpetrating IPV in the past 3 months, although no significant sex differences were noted.

Sweden. The only gender-inclusive study identified by the review in Sweden was part of the IDVS project (Straus, 2008) and provided data on 671 university students via the CTS2. It reported that male perpetration (19%) is just slightly more elevated than female perpetration (18%), whereas exactly the opposite occurs with severe male (1%) and female (2%) physical IPV perpetration. Overall and severe bidirectional IPV in Sweden were lower than the overall prevalence rates of the IDVS. Levels of male

(M = 1.65) and female (M = 1.68) dominance were approximately similar and generally lower than the global dominance estimates of the IDVS for men or women.

Switzerland. The one study conducted in Switzerland is also the last of the IDVS studies conducted in Europe (Straus, 2008). From a sample of 310 male and female university students, results indicated that male overall (27%) and severe (7%) physical IPV perpetration was higher than female perpetration (overall = 24%, severe = 5%). Overall bidirectional (65%) IPV was less frequent in Switzerland compared to the overall prevalence of the IDVS, whereas bidirectional severe IPV (62%) was higher than global estimates. Male (M = 1.73) and female (M = 1.76) dominance levels were almost symmetrical.

Ukraine. O'Leary et al. (2008) described the results of a nationally representative sample of 558 married and cohabiting couples in Ukraine (24 states and the Republic of Crimea), part of a World Mental Health Survey and using a standardized assessment tool to gather data of participant's IPV experiences. For victimization, 8.6% of men and 20.1% of women reported to have ever been physically abused by their partner, and 5.8% of men and 12.7% of women said they were abused in the past year. Perpetration rates were about the same across gender at 18.7% for men and 18.5% for women lifetime and 11.4% for men and 11.3% for women in the past year.

Studies Reporting Only Female Intimate Partner Violence Victimization. Seventeen articles reporting on 24 studies (including multicountry surveys) assessed male-to-female IPV, and one study assessed attitudes about violence against women (Stickley, Kislitsyna, Timofeeva, & Vagero, 2008). Eight studies were conducted with community samples, one with a selected sample of older women aged 50 years or older (Stöckl, Watts, & Penhale, 2012), one with a sample of female secondary and university students (Rodríguez-Franco, Antuña-Bellerín, López-Cepero Borrego, Rodríguez-Díaz, & Bringas-Molleda, 2012), and seven studies conducted with clinical or selected samples (e.g., women attending for medical consultation or selected for being acutely victimized in the past). The most commonly reported time frame of male-to-female IPV was lifetime (11 studies), followed by IPV in the previous 12 months (8 studies), and IPV reported during or postpregnancy (3 studies).

Lifetime female physical victimization in larger samples ranged between 5% in Georgia (CDC & ORC Macro DHS, 2003) and 39% in Ukraine (Dude, 2007). However, a study of women who had sought help at an emergency clinic in Finland (Leppäkoski, Paavilainen, & Åstedt-Kurki, 2011) found lifetime physical IPV at a rate of 94%. Female victimization in the previous year was reported between 2% in Georgia (CDC & ORC Macro DHS, 2003) and 37% in Albania (Burazeri et al., 2005). Only two studies reported lifetime prevalence of severe physical IPV victimization, with 5.0% in Azerbaijan (Devries et al., 2010) and 8.8% in Norway (Neroien & Schei, 2008).

Psychological (including verbal and/or coercive control) lifetime female victimization ranged from 19.0% in Georgia and Ukraine (CDC & ORC Macro DHS, 2003) to

61.5% in Macedonia (Ćopić, 2004); 12-month victimization ranged between 6.0% in Ukraine and 7.0% in Russia to 23.0% in Romania (CDC & ORC Macro DHS, 2003).

Lifetime rates of female sexual IPV victimization were found to vary between 1.0% in Germany (Stöckl, Heise, & Watts, 2011) and 36.6% in Russia (Lysova, 2007), whereas victimization in the previous 12 months ranged between 1.0% in Georgia and 5.0% in Azerbaijan (CDC & ORC Macro DHS, 2003).

Prevalence of lifetime overall (physical and/or psychological and/or sexual) IPV varied from 1% in Germany (Stöckl et al., 2011) to 32% in Spain. Previous 12-month estimates ranged between 3.5% in the former Yugoslavia (Ćopić, 2004) and 10.1% in Madrid, Spain (Zorrilla et al., 2009).

Impact on Victims. Three studies in Europe provided information on various physical and mental health effects that IPV has on women. Heiskanen and Piispa (1998) reported that 49% of Swedish and Finnish women from a community sample had experienced physical injury, 10% had sought medical care, and 2% had been hospitalized. Sixty-seven percent of victims reported psychological sequelae such as depression, low self-esteem, sleeping problems, and negative feelings of shame and guilt. Neroien and Schei (2008) also reported that Norwegian women who had been victims of IPV expressed worse health problems such as long-standing illness and were more likely to take prescribed drugs, to feel more depressed and anxious, and to experience more psychosomatic issues than nonvictimized women. Dude (2007) reported that 50% of Ukrainian women from the community who had been victims of IPV had contracted a sexually transmittable illness (STI), and their partners were more likely to incur in sexual risky behaviors such as not using condoms or having multiple sex partners in the previous year.

Risk Factors. The five most cited factors for IPV in the studies included in the review are perpetrator's alcohol abuse (six studies), witnessing parental violence (five studies), victim's unemployment (four studies), victim's younger age (three studies), and victim's lower education (three studies). Thirty-eight risk factors were identified, most of them only once or twice.

Attitudes About Intimate Partner Violence. Attitudes about IPV as risk factors were found in two studies. Stickley et al. (2008) reported that more women (53%) than men (33%) believe that violence against women is a serious problem, whereas 19% of men and 11% of women disagree on that view. Men and women alike more readily justify violence against women if the man thinks the woman is unfaithful or if he discovers she has been unfaithful.

SUMMARY OF RESULTS FROM LITERATURE REVIEW (ALL REGIONS)

One hundred sixty-two articles were identified. Including articles on multicountry studies, we reported on more than 200 studies from 72 countries in Asia, the Middle East, Africa, Latin America and the Caribbean, and Europe.

Gender-Inclusive Studies

Across all five world regions, we identified 40 articles (73 studies) in 49 countries containing data on both male and female IPV, as represented in Tables 1 through 5.

Most of the studies (44) reported on results based on dating students, adolescents, or clinical samples; 29 of the studies were based on large population or community samples.

There were 117 direct comparisons across gender for physical PV. Rates of physical PV were higher for female perpetration/male victimization compared to male perpetration/female victimization, or were the same, in 73 of those comparisons (62%). There were 54 comparisons made for psychological abuse including controlling behaviors and dominance, with higher rates found for female perpetration/male victimization in 36 comparisons (67%). Of the 19 direct comparisons that were made for sexual PV, rates were found to be higher for female perpetration/male victimization in 7 comparisons (37%). Higher rates for any female perpetration/male victimization were found in only 2 out of 8 comparisons (25%). In total, there were 198 direct comparisons across gender for all types of partner abuse. The rates were higher for female perpetration/male victimization, or the same, in 118 comparisons (60%). A higher number of comparisons indicating greater female victimization/male perpetration was found in 18 countries. Greater female perpetration/male victimization was found in 23 countries, and an equal number of comparisons was found in 8 countries.

Large Population and Community Samples. Given that several of the IDVS studies were based on very small samples, the limitations of clinical samples, and the superiority of more representative community and large population samples, we also looked separately at the 44 large population and community samples that reported on adult nonstudent abuse. Together, these yielded 81 direct comparisons across gender. The percentage of partner abuse that was higher for female perpetration/male victimization compared to male perpetration/female victimization, or were the same, were as follows: physical abuse—22/44 (50%); psychological abuse/control/dominance—10/19 (53%); sexual abuse—4/13 (31%); and any abuse—0/5 (0%). The overall percentage was 44% for adult IPV. However, it should be noted that in many comparisons, the differences were slight. For example, past year physical victimization rates in Namibia were 15% for men and 17% for women (Andersson et al., 2007); lifetime physical abuse perpetration in South Africa (Gass et al., 2010) was reported at 26.5% for men and 25.2% for women; and in Portugal, wives reported insulting and humiliating partners at a rate of 16.2% compared to husbands at 18.6% (Machado et al., 2007). When these close percentages are taken into account, then the overall percentage of adult IPV that is symmetrical—comparable across gender or higher in the direction of male victimization/female perpetration—constitutes most IPV throughout the world. In 11 countries, women were found to be predominantly victims, and males were found to be primarily perpetrators. There were 14 countries in which rates of partner abuse from larger populations were found to be symmetrical across gender: China, Hong Kong, Philippines, Thailand, Botswana, Namibia, Swaziland, Zimbabwe, Barbados, Brazil, Jamaica, Trinidad and Tobago, Portugal, and Ukraine.

Studies Reporting Only Female Intimate Partner Violence Victimization

Across the major regions of the world, the lowest reported past year rates for physical abuse victimization reported in the female victimization-only studies were found in a large population study in Georgia (2.0%) and a community survey in Japan (3.1%). Lifetime rates were lowest again in Georgia (5.0%) and in a community survey in Nigeria (5.3%). The highest rates of physical IPV victimization were found in a community survey in Ethiopia (72.5% past year) and among a rural population in Bangladesh (67.0% lifetime). On the higher end, rates of physical PV far exceed the average found in the United States.

The lowest rates of past year psychological victimization were found in large population studies in Haiti (10.8%) and India (12.0%); lifetime rates were lowest again in Haiti (13.2%) as well as in large population studies in Columbia (11.5%) and Georgia (19.0%). The highest past year psychological abuse prevalence was 98.7% in Bangkok, Thailand (past year), and lifetime rates were the highest in a clinical population in Iran (82.6%) and in a Brazilian slum (80.2%). Unlike physical IPV, the highest rates of psychological abuse throughout the world are about the same as those found in the United States (80%; Carney & Barner, 2012).

Rates of sexual abuse victimization differed widely across regions, with past year rates as low as 1.0% in Georgia (large population) and 1.3% in Japan (urban community), and lifetime rates of 0.6% in Egypt (large population), and 1.1% in Honduras (large population). In contrast, the rates for the past year were as high as 53.4% in Pakistan (community survey) and 58% in Ethiopia (large population). In Pakistan, lifetime rates were found to be 54.5% in a community survey, and the highest rates of all were found in a study of secondary school students in Ethiopia at an astounding 68.0%.

Emerging Research. Important findings on IPV rates have been found in studies in which multiple countries were sampled—for example, the large scale studies conducted by WHO (2005) and by the International Dating Violence Research Consortium (Straus, 2008). One of the more promising new large-scale international research projects is the International Parenting Study (IPS), conducted by another consortium of researchers with a sample of 11,408 university students in 15 countries (13 not including the United States and Canada) between Fall, 2007 and Spring, 2010 (Straus, 2012). Results from this project, only recently made available, address the broader topic of family violence, but a major area of focus is on witnessed rates of IPV between parents, as reported by the respondents. Because the findings have not yet been published in a peer-reviewed journal, we do not include them in our online summary tables. They were also primarily limited, with exception of Hong Kong, Taiwan, and Israel, to European countries. Still, we mention them because of their importance to IPV research; for instance, whereas the IDVS reported on IPV rates among dating students, the IPS reports on IPV among married and cohabitating adults, arguably a more representative sample. The students reported on physical assaults between their parents when they were 10 years old. Preliminary results indicate that fathers assault mothers at a rate ranging from 0.3% in Norway to 9.9% in Slovenia,

with a median rate of 3.8%; and mothers assault fathers at an overall higher rate (median = 8.0%) and ranging from 1.7% (Spain) to 24.9% (Poland). However, the mean number of parental assaults was found to be higher for fathers.

Impact on Victims. The various regions reported similar kinds of consequences for victims who have experienced IPV. Surprisingly, a relatively small number of studies focused on the physical consequences of PV. Those that did either did not specify the types of injuries or identified bruises and broken bones. Physical injuries were compared across gender in two studies. As expected, women who are abused were found to experience higher rates of physical injuries compared to men both for the past year in a Chilean student population (15.90% vs. 6.98%) and since the age of 14 years (19.50% vs. 13.30%) and in a large population study from Uganda (43.00% vs. 33.00%). Far more frequently mentioned were the psychological and behavioral effects of abuse, and these included PTSD symptomology, stress, depression, irritability, feelings of shame and guilt, poor self-esteem, flashbacks, sexual dissatisfaction and unwanted sexual behavior, changes in eating behavior, and aggression. Two studies compared mental health symptoms across gender. In Botswana, women were found to evidence significantly more of these than men, whereas in a clinical study in Pakistan, male and female IPV victims suffered equally (60% of men and women reported depression 67% anxiety).

Various health-related outcomes were also found to be associated with IPV victimization, including overall poor physical health, more long-term illnesses, having to take a larger number of prescribed drugs, STDs, and disturbed sleeping patterns. Mothers who are abused experienced poorer reproductive health, respiratory infections, induced abortion, and complications during pregnancy; and in a few studies, their children were found to experience diarrhea, fever, and prolonged coughing.

Risk Factors. The most common risk factors found in this review of IPV in Asia, Africa, the Middle East, Latin America, and Europe have also been found to be significant risk factors in the United States and other English-speaking industrialized nations (Capaldi et al., 2012). Most often cited are the risk factors related to low household income and victim/perpetrator unemployment—36 studies. An almost equally high number of studies (35) reported victim's low education level. Alcohol and substance abuse by the perpetrator was a risk factor in 26 studies. Family of origin abuse, whether directly experienced or witnessed, was cited in 18 studies. Victim's younger age was also a major risk factor, mentioned in 17 studies, and perpetrator's low education level was mentioned in 16. Less frequently mentioned were victim's substance abuse (8 studies), victim living in a rural environment (5 studies), and victim having married at a younger age and being HIV positive (4 studies each).

Attitudes About Intimate Partner Violence. The study on attitudes about IPV in the United States cited in the introduction to this review found that by 1994, approval of a husband slapping his wife for any reason was endorsed by only 10% of the population. In contrast, there is a much higher tolerance by both men and women for

IPV in other parts of the world, with rates of approval depending on the country and the type of justification. Between 28% and 41% of men agreed that it is sometimes necessary for a man to beat his wife; and in Nigeria, a remarkable 79% of women said that wife beating is sometimes justified. Reasons given for why violence against wives might be justified include her infidelity, refusing him sex, arguing, burning his food, leaving without his permission, and wasting money. Given the high rates of female-to-male abuse found in this review, it is noteworthy that none of the studies asked respondents about their views on husband beating. Nonetheless, perpetrator proviolent and gender-based beliefs are a serious problem, which are identified risk factors in 12 studies (mostly in Africa and Asia).

RESULTS OF DATA ANALYSIS

The data analysis on the association of societal and relationship level risk factors of partner abuse was divided into three parts. In the first part, separate regression analyses were conducted to test for an association between rank order of human development (as measured by HDI rankings) and rates of male and female physical partner abuse perpetration (lifetime and within the previous year of the study). The association between human development rank order and male and female physical partner abuse in dating samples using the IDVS (Straus, 2008) was examined. Also explored was the association between the rank order of human development of countries and their female physical victimization rates in studies that used general population or large community sample. Regression analyses indicated that HDI rank order was not significantly associated with rates of male or female physical partner abuse perpetration, neither in studies using general population/large community samples nor in studies conducted with dating samples. Similarly, regression analyses did not find HDI rank order to be significantly associated with rates of female physical partner abuse victimization in studies that used population or large community samples.

The second part of the data analysis involved examining for the association between gender inequality rankings and both male and female physical abuse perpetration rates in general population or large community samples and, separately, in dating samples. The relationship between gender inequality rankings and female-only physical partner victimization rates in community samples was also examined. Regression analysis indicated that gender inequality rank order was not predictive of either male- or female-perpetrated physical partner abuse or female-only victimization in studies conducted with general population or community samples. However, separate regression analyses on data from the IDVS with dating samples indicate that higher gender inequality ranking order predicts higher rates of male ($b^* = 0.410$, $t[23] = 2.110$, $p = .046$) and female ($b^* = 0.430$, $t[23] = 2.236$, $p = .036$) physical partner abuse perpetration. GII rank order explained the variance for 17% of male partner abuse ($R^2 = .168$, $F[1, 23] = 4.454$, $p = .046$) and 19% of female partner abuse ($R^2 = .185$, $F[1, 23] = 5.000$, $p = .036$) perpetration. According to Cohen's (1988) suggestions, the strength of these associations ($r = .41$ and $r = .43$) are of a moderate order.

The third part of the data analysis examined the association between dominance by one partner and PV perpetrated against a partner in dating samples using data from the IDVS (Straus, 2008) because this was the only multicountry study to consistently provide data for men and women on dominance scores. Male dominance mean scores were not found to be predictive of male PV perpetration ($b^* = 0.335$, $t[23] = 1.666$, $p = .110$). Conversely, female dominance mean scores were found to significantly predict scores of PV perpetration by women ($b^* = 0.682$, $t[23] = 4{,}372$, $p = .001$). Female dominance scores explained 47% of the variance of rates of female PV perpetration ($R^2 = .465$, $F[1, 23] = 19{,}112$, $p = .001$). This indicates a large effect size ($r = .68$ [Cohen, 1988]) in the strength of the association between female dominance mean scores and rates of female-perpetrated physical aggression.

DISCUSSION

This review has provided perhaps the most extensive review of findings on partner abuse outside the United States and other industrialized English-speaking countries.

Rates of partner abuse vary but overall are higher than rates in the United States and other industrialized English-speaking countries, especially rates of physical and sexual abuse. In addition, rates of PV in the rest of the world are not uniformly symmetrical across gender as they are in the United States. When all types of samples are considered, there is gender symmetry in rates of physical and psychological abuse (and, to a lesser extent, in rates of sexual abuse) in most countries.

Psychological partner abuse in its various forms (e.g., threats, verbal, isolating) is widespread, experienced at higher rates than physical abuse by both males and females (e.g., lifetime experienced by women 9.4%–70.7%, by men 8.6%–76.1%; previous year experienced by women 26.4%–86.7%, by men 42.3%–88.9%). Male (4.3%–76.5%) and female (4.2%–77.4%) perpetration upper bounds extend somewhat beyond the average perpetration rate for studies conducted in the United States and other industrialized English-speaking countries (Desmarais et al., 2012b). This corroborates that the psychological component of partner abuse affecting women *and* men is worthy of attention in primary and secondary prevention efforts.

Sexual abuse varied greatly in the countries reviewed. Women (3.8%–72.6%) generally experienced greater victimization than men (7.0%–57.2%). Most studies reported higher female and male victimization rates than estimates calculated for studies conducted in the United States and other industrialized English-speaking countries. The high rates of sexual abuse perpetration by females on males are not easily explained. The high rates in some samples may be caused by a broad definition of sexual coercion, or possibly because of cultural understandings of sexual relations and sexual abuse that may differ greatly from those in non-Western countries. There is a need for further research in this area as well.

Large community and national surveys may be more representative of the population as a whole when compared to studies based on samples of university students. University students are generally single and dating or perhaps cohabitating rather

than married with children, and their relationship dynamics may be very different, especially in Third World countries. In addition, university students are, by definition, a better educated and often more affluent group. When we looked specifically at these larger samples, we found additional countries where rates are *asymmetrical*, with significantly higher rates of violence against women.

This is not to imply that dating samples are not useful or that they do not generalize at all. In fact, evidence from the PASK manuscripts on rates of PV in the United States and other English-speaking industrialized countries, as discussed previously, indicates that PV rates obtained from dating surveys differ significantly from overall rates only when past year victimization is considered and not for lifetime victimization or for perpetration, however measured, and these differences are proportionately the same across gender. That is, there may be limitations to the use of dating surveys, but these are less germane to comparisons across gender; perhaps more important than the type of sample are the number of respondents. For instance, in our review of Europe, we were able to identify many well-conducted studies using community and other more representative samples; however, the only gender-inclusive samples available for most of the countries in that region came from the IDVS, some with samples of less than 100 respondents. Clearly, there is a need for well-funded studies that draw on representative national samples and include both male and female respondents. There is also a need for surveys that ask about PV in same-sex relationships.

Another possible limitation of our findings was the lack of uniformity in instruments used to measure partner abuse. Although many studies used some variation of the CTSs, they differed in many respects (time frame, definitions of abuse, length of questionnaire, etc.). Recently, attempts have been made to create more reliable and uniform instruments (e.g., Heyman, Slep, Erlanger, & Foran, 2012). Uniformity, however, may not lead to an increase in the *accuracy* of measurements. Given the wide differences across cultures in how abuse is understood, manifested, and defined, it would seem desirable that survey instruments include enough items to adequately capture the range of abuse for the population—the unique ways that abuse is manifested in particular cultures.

Throughout the reviewed studies, sociodemographic (e.g., low income, unemployment, poor education) and individual factors (alcohol and substance abuse, experienced or witnessed violence in family of origin) emerged as the most influential risk factors among a constellation of variables related to partner abuse, parallel to those found in the United States. Mental health adverse conditions linked to partner abuse were mostly investigated in women victimization studies. Less frequently mentioned was the victim living in a rural environment, but these findings were supported by the WHO multicountry study where, without exception, higher rates of PV were reported in rural areas compared to urban areas (findings that may relate to low SES and low education as risk factors). However, our analysis of the studies included in this review did not find, on a national level, a significant correlation between rates of PV and a country's general level of human development.

The impact of PV on women in the studies we reviewed was found to be similar to what has been found in the United States, with evidence of serious physical,

health, and psychological consequences. Female victims are repeatedly found to experience worse physical health problems than men, and these adverse conditions are related not only to physical injury but also to other conditions (e.g., longer periods of illness)—some of them associated specifically to women (e.g., pregnancy-related complication, induced abortions). This is consistent with studies conducted in the United States and other industrialized English-speaking nations (Hoare & Jansson, 2008; Stets & Straus, 1990; Straus, 2009). Only three studies compared the impact of PV across gender, and they yielded findings comparable to those found in the United States—that is, although there is no doubt that men are impacted by PV, women are significantly *more* impacted. Still, the number of available studies is small, and future studies ought not only to survey both males and females for rates of abuse prevalence but for their consequences as well.

A major limitation of our review was our inability to identify more than a very few studies that examined the *context* of abuse—the extent of bidirectionality, who initiates, and motivation, including the extent to which violence is committed in self-defense. We did identify several studies, mostly from the IDVS, indicating high rates of bidirectional violence, but these findings only tell us that in many relationships, both parties have been violent. They do not tell us whether or not the woman, for instance, is more likely to be hitting in self-defense. Research from the United States indicates that women are not much more likely than men to assault for reasons of self-defense, but it cannot be assumed that these findings hold in other countries.

We identified several studies in which traditional male attitudes about women predicted male-on-female assaults. Perhaps in countries where domestic violence laws either do not exist or are not enforced, and where violence by husbands is regarded as normal in many situations, women may resort to violence and take matters into their own hands simply because that is their only alternative. On the other hand, the evidence is mixed on the relationship between gender inequality and rates of male-on-female PV. Archer (2006) found that a nation's low score on measures of gender equality and empowerment correlated with higher rates of violence on women, but his analysis was restricted to female victimization only. In our analysis of gender-inclusive samples, we found a correlation for PV and a nation's level of gender inequality with the IDVS samples, but we failed to find such a correlation with the larger samples and the correlations found with the IDVS held for both male- and female-perpetrated PV.

Although many societies still hold patriarchal values and beliefs that can be found in various sociocultural premises, certain cultural shifts among some societies in a form of benevolent sexism may be acting as a risk factor in some nations for female partner abuse perpetration (Archer, 2006). This is further supported at the relationship level with dominance scores. Although own analysis of the IDVS found dominance scores predictive of both female and male partner abuse perpetration, it included several English-speaking industrialized nations (United States, Canada, New Zealand, Australia, and the United Kingdom). Our own regression analysis, restricted to all of the other countries from the IDVS (excluding the aforementioned English-speaking industrialized nations), found a correlation only for *female* perpetration,

suggesting that male dominance may not be a risk factor for male-perpetrated PV, at least among the dating samples included in the analysis.

Indeed, preliminary analyses (Esquivel-Santoveña et al., 2012) from dating samples in less developed nations indicate similar cultural shifts as reflected in higher acceptance of female aggression (over male aggression), and accompanying higher rates of physical aggression. Such trends may apply not only to highly developed or industrialized nations but also to more traditional societies, as evidenced by the advances of women in terms of gender equality and women's rights in virtually all societies around the globe (United Nations Development Programme, 2009). These trends warrant further research and examination.

The evidence would appear to suggest that in much of the world, partner abuse is caused by both individual and societal factors, with societal factors and, in particular, the relative empowerment of women—a more relevant factor outside of the United States and other English-speaking industrialized countries.

Given the high rates of abuse between intimate partners in every region of the world, their very serious consequences, and the extent to which prevailing cultural attitudes tolerate and even encourage abuse, there is a dire need for increased action. Clearly, there is a need for broader and more comprehensive efforts to educate people about the problem using government as well as private organizations and international organizations such as the United States, along with local groups. In light of our findings of high rates of abuse perpetrated by women as well as men, especially among younger populations, and given the existing lack of resources available to combat the problem, researchers, victim advocates, social service providers, and policymakers will need to work together and avoid the entanglements of gender politics if domestic violence is to be significantly reduced around the world.

It is to be expected that in many countries, domestic violence intervention and policy will, for practical reasons, remain tied in with broader modernization efforts, including efforts to improve the living standards of women and to empower them politically and socially. However, the results of this review suggest that partner abuse can no longer be conceived as merely a gender problem but also (and perhaps primarily) as a human and relational problem and should be framed as such by everyone concerned. Efforts to end genital mutilation, sex trafficking, and other crimes against women need not be diminished when we also strive to protect *all* victims of domestic violence and hold all perpetrators accountable, regardless of gender.

NOTES

1. One explanation for the much less divergent rates of past year versus lifetime rates of victimization for men compared to women (also see results from the National Violence Against Women Survey; Tjaden & Thoennes, 1998) is that men are less inclined than women to remember relationship events that occurred in the distant past.
2. The authors would like to acknowledge the assistance of other individuals who provided additional articles: Murray Straus, PhD; Javier López-Cepero Borrego, PhD,

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3. Additional information on these statistical analyses will be available in a separate paper.
4. The discrepancy between physical rates and overall rates is because of the high level of psychological abuse, as discussed earlier.
5. The Straus (2008) study differs from Lysova (2007) in that the former included data from a fourth Russian university (the Saint Petersburg University of Internal Affairs in Saint Petersburg [-A. Lysova, personal communication, October 14, 2012]).

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