

Rates of Male and Female Physical Victimization and Perpetration in Intimate Relationships: A Comprehensive Review

Journal:	<i>Partner Abuse</i>
Manuscript ID	PA-2024-0038
Manuscript Type:	Research
Keywords:	Partner abuse worldwide, Prevalence and Characteristics of Partner Abuse
Abstract:	This review updates the rates of male and female victimization and perpetration in intimate relationships, building on the comprehensive reviews conducted by Desmarais et al. (2012a, 2012b) over a decade ago. Intimate partner violence (IPV) remains a serious social, public health, and criminological issue in many countries worldwide. Moreover, the COVID-19 pandemic from 2020 to 2022 has exacerbated the matter further. Using a methodology similar to the 2012 reviews, this review reexamined the prevalence of male and female physical IPV in industrialized, English-speaking countries over the past 10 years. We also investigated whether study characteristics affected prevalence rates. In addition, our review compared IPV rates from 2000-2010 (Desmarais et al., 2012a, 2012b) with those from 2011-2022 (this review). Literature searches were extended to nine databases, including PubMed, PsycINFO, Web of Science, Google Scholar, and Academic Search Premier. We included 246 articles reporting 518 rates of physical IPV victimization and/or perpetration. Most studies were conducted in the United States (n=162, 65.9%) and used a Conflict Tactics Scale-based measurement tool (n=158, 64.2%). Across studies, approximately 1 in 7 women (14.6%) and 1 in 8 men (12.1%) experienced IPV victimization, with an overall prevalence of 13.9%. While the gender gap in victimization between men and women has narrowed slightly over time (from 3.8 percentage points to 2.5 percentage points), there has been a remarkable 37% decrease in victimization rates compared to those found in Desmarais et al. (2012a), which were 23.1% for women and 19.3% for men, with an overall pooled prevalence estimate of 22.4%. Conversely, we found that approximately 1 in 6 women (17.5%) and 1 in 8 men (11.8%) had perpetrated physical IPV, with an overall prevalence of 14.6%. Consistent with previous reviews, pooled prevalence was slightly greater for female- compared to male-perpetrated physical IPV. The gender gap in IPV perpetration has narrowed slightly from 6.7 percentage points in Desmarais et al. (2012b) to 5.7 percentage points in the current review. Additionally, there has been a substantial 41% decline in perpetration rates, including a 45% decline for men and a 38% decline for women, compared to the results of Desmarais et al. (2012b), which reported 28.3% for women and 21.6% for men, with an overall pooled prevalence estimate of 24.8%. Our findings indicate a notable improvement in addressing IPV in industrialized, English-speaking countries over the past 10 years, which is consistent with other studies.

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	However, there remains a continuing need to address and prevent IPV using evidence informed approaches that support all perpetrators and victims, regardless of gender.



Rates of Male and Female Physical Victimization and Perpetration in Intimate Relationships: A Comprehensive Review

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Abstract

This review updates the rates of male and female victimization and perpetration in intimate relationships, building on the comprehensive reviews conducted by Desmarais et al. (2012a, 2012b) over a decade ago. Intimate partner violence (IPV) remains a serious social, public health, and criminological issue in many countries worldwide. Moreover, the COVID-19 pandemic from 2020 to 2022 has exacerbated the matter further. Using a methodology similar to the 2012 reviews, this review reexamined the prevalence of male and female physical IPV in industrialized, English-speaking countries over the past 10 years. We also investigated whether study characteristics affected prevalence rates. In addition, our review compared IPV rates from 2000-2010 (Desmarais et al., 2012a, 2012b) with those from 2011-2022 (this review). Literature searches were extended to nine databases, including PubMed, PsycINFO, Web of Science, Google Scholar, and Academic Search Premier. We included 246 articles reporting 517 rates of physical IPV victimization and/or perpetration. Most studies were conducted in the United States (n=162, 65.9%) and used a Conflict Tactics Scale-based measurement tool (n=158, 64.2%). Across studies, approximately 1 in 7 women (14.6%) and 1 in 8 men (11.8%) experienced IPV victimization, with an overall prevalence of 13.9%. While the gender gap in victimization between men and women has narrowed slightly over time (from 3.8 percentage points to 3.0 percentage points), there has been a remarkable 38% decrease in victimization rates compared to those found in Desmarais et al. (2012a), which were 23.1% for women and 19.3% for men, with an overall pooled prevalence estimate of 22.4%. Conversely, we found that approximately 1 in 6 women (17.5%) and 1 in 9 men (10.6%) had perpetrated physical IPV, with an overall prevalence of 12.9%. Consistent with previous reviews, pooled prevalence was slightly greater for female- compared to male-perpetrated physical IPV. The gender gap in IPV perpetration has narrowed slightly from 6.7 percentage points in Desmarais et al. (2012b) to 4.9 percentage points in the current review. Additionally, there has been a substantial 48% decline in perpetration

rates, including a 51% decline for men and a 45% decline for women, compared to the results of Desmarais et al. (2012b), which reported 28.3% for women and 21.6% for men, with an overall pooled prevalence estimate of 24.8%. Our findings indicate a notable improvement in addressing IPV in industrialized, English-speaking countries over the past 10 years, which is consistent with other studies. However, there remains a continuing need to address and prevent IPV using evidence informed approaches that support all perpetrators and victims, regardless of gender.

Key Words: intimate partner violence; prevalence; victimization; perpetration; literature review; international.

INTRODUCTION

Physical intimate partner violence (IPV) is a globally recognized, ongoing social and public health problem (Leemis, 2022; Lysova et al., 2019; WHO, 2024). It has predominantly been positioned as behavior perpetrated by men and experienced by women (Dutton & Nicholls, 2005). IPV is discussed as part of the World Health Organization’s ‘Violence Against Women’ health topic (WHO, 2024), it is closely aligned to the United Kingdom’s (UK) ‘Violence Against Women and Girls’ strategy (HM Government, 2021), the United States’ Violence Against Women Act (VAWA Reauthorization Act, 2022), and the federal Gender-Based Violence strategy in Canada (Gov. of Canada, 2017). The negative impact of IPV on female victims is widely acknowledged and documented, for example on physical health and health-related behaviors (Stubbs & Szoeki, 2022), mental health and related risk behaviors (Bacchus et al., 2018), and on other outcomes such as educational well-being (Klenckova et al., 2023). Perpetration of IPV in most English-speaking, industrialized countries is widely condemned, with men who perpetrate IPV often vilified (Carlyle et al., 2014), and were convicted for IPV-related crime, are often mandated to interventions targeted at reducing this behavior (Walton et al., 2017; Cheng et al., 2021; Dalton, 2007).

Contrary to this position, it is clear from a significant body of evidence that both men and women are capable of being both perpetrators and victims of IPV (Langhinrichsen-Rohling et al., 2012; Leemis et al., 2022; Scott-Storey et al., 2022). Indeed, a wealth of literature now exists documenting the devastating impact of physical violence perpetrated by women against their male (ex-)partners (Entilli & Cipolleta, 2017; Hines & Douglas, 2015; Machado et al., 2020), with sometimes fatal consequences (Hope et al., 2021; Lysova, 2023; Lysova & Salas, 2020).

Despite a shift in narrative regarding physical IPV away from the traditional view of male perpetrator and female victim, the common rebuttal when highlighting men's victimization is that IPV disproportionately affects women and overwhelmingly remains a gendered issue (WHO, 2024). Consequently, this negates men's victimization experiences in heterosexual relationships (Tsang, 2015), and has led to very few services for men (Hines & Douglas, 2011; Lysova et al., 2022). Thus, a little over a decade ago, two narrative reviews were conducted with the specific aim of describing the prevalence of IPV victimization (Desmarais et al., 2021a) and IPV perpetration (Desmarais et al., 2012b) in industrialized, English-speaking nations. Each of these papers further aimed to explore the study and sample characteristics that affected the prevalence of both victimization and perpetration.

The existing reviews (Desmarais et al., 2012a; Desmarais et al., 2012b) both took the approach of conducting a more exploratory narrative review, rather than applying strict exclusion criteria of a traditional systematic review. Both reviews had three inclusion criteria. First, studies were included where they presented empirical data regarding the prevalence of physical IPV perpetration (from the perspective of the victim in the victimization review). Second, the IPV must have occurred within a heterosexual relationship. Third, articles were excluded where they sampled from either a) an identified victim population, such as within a shelter (Desmarais et al.,

2012a), or b) an identified perpetrator population, such as having been arrested (Desmarais et al., 2012b), as either of these sampling strategies would have skewed the reported prevalence of IPV victims or perpetrators. After search strategies were applied, 249 articles reporting 543 rates of physical IPV victimization were identified, and 111 articles reporting 272 rates of physical IPV perpetration were identified. In each review, calculates of prevalence estimates included all relevant prevalence rates reported for mutually exclusive groups in each article, hence the inclusion of more rates than articles.

Concerning victimization, across all studies, the first review found that 33.6% of participants reported experiencing physical IPV in their lifetime, and 19.2% reported it within the prior year, with a pooled prevalence estimate of 22.4%. The search strategy identified nearly three times the number of studies reporting women’s victimization compared to men’s. Approximately one in four women (23.1%) and one in five men (19.3%) reported having experienced physical violence in an intimate relationship. Across both men and women, the highest rates were found in university or college student samples (27.1%), and justice or legal samples (31.6%), with clinical samples yielding rates similar to the overall estimate (23.9%). In terms of measurement, the highest rates were found in studies that defined or measured physical IPV as a function of behaviors. Rates of victimization for women compared to men fluctuated depending on sample type, measurement time frame, and location. Rates were higher for women rather than men in large population studies (17.6% and 14.6%), community samples (24.4% and 22.1%), university or college samples (27.2% and 26.7%), clinical samples (24.5% and 16.6%), in lifetime rates (35.8% and 21.7%), and in the US (23.2% and 17.6%) and Canada (24.4.% and 21.5%). Victimization rates were higher for men rather than women in middle or high school students (19.5% and 18.1%), justice or legal samples (49% and 31.1%; although only one study

examined male victimization in this sample type), in past year prevalence (19.8% and 18.8%), and in the UK (25.1% and 18.2%), New Zealand (37.9% and 23.7%), and South Africa (60.2% and 36.5%; (Desmarais et al., 2012a).

For perpetration, across all studies, the second review found that 24.2% of participants reported perpetrating physical IPV in their lifetime, and 25.6% reported it within the prior year, with a pooled prevalence estimate of 24.8%. The search strategy identified only 11 fewer reported rates of female than male perpetration. More than one in four women (28.3%) and one in five men (21.6%) reported having perpetrated physical violence in an intimate relationship. Across both men and women, the highest rates were found in clinical samples (35.7%), with other samples yielding rates similar to the overall estimate. There was greater consistency with measurement instruments in this second review, as almost three-quarters of studies used a CTS-based measure. Rates of perpetration for women compared to men were higher by sample type, measurement time frame, and most locations. Rates were higher for women rather than men in large population studies (24.1% and 18%), community samples (29.7% and 22.4%), university or college samples (27.5% and 20%), middle or high school students (27.9% and 16.2%), clinical samples (41.7% and 32.9%), in lifetime rates (31.5% and 18.4%), in past year prevalence (28.7% and 22.3%) and the US (28.3% and 21.4%), Canada (32.1% and 19.6%), NZ (34.2% and 26.6%), Australia (16.5% and 11.8%) and UK (23.9% and 14.9%). Perpetration rates were higher for men rather than women in South Africa (37.4% and 26.2%; Desmarais et al., 2012b).

THE PRESENT REVIEW

The current paper aims to update the two 2012 reviews originally conducted by Desmarais and colleagues (Desmarais et al., 2012a; Desmarais et al., 2012b), continuing the aim to systematically synthesize research findings and provide comparisons of study results.

Following the methodology of the original reviews, our update will maintain the same inclusion criteria. Specifically, we will include studies that present empirical data on the prevalence of physical IPV perpetration and victimization, excluding those that sample from identified victim or perpetrator populations to prevent skewing prevalence rates. In alignment with the previous reviews, our search strategies will aim to identify relevant studies, with a meticulous examination of articles to extract prevalence rates across mutually exclusive groups.

The forthcoming update will build upon the findings of the original reviews, providing insights into any changes in prevalence rates over the past decade. By adhering to the same methodology and aims, we aim to offer continuity in the exploration of IPV prevalence and to facilitate comparisons between past and present data to inform interventions, policies, and further research in this critical area. Specifically, we aim to a) describe the prevalence of physical IPV victimization and perpetration among women and men in English-speaking nations in the last 10 years, and b) explore study and sample characteristics that may affect prevalence rates.

METHODS

Eligibility Criteria

Following the approach taken by Desmarais et al. (2012a, 2012b), we opted for a comprehensive methodology to encompass a diverse range of studies. Given the varying quality and measurement techniques across the literature on IPV, this decision aimed to optimize our capacity to gather and analyze all accessible data on IPV rates. Our review included studies based on four inclusion criteria. Firstly, the articles were required to contain prevalence data regarding primarily physical perpetration by and/or victimization of an intimate partner. Some studies did combine physical and sexual-based abuse but were included to maximize available

rates. This decision implies that female victimization and male perpetration may be emphasized among some rates due to the often gendered nature of sexual abuse.

Second, the IPV must have occurred within a heterosexual relationship. The literature suggests that the dynamics within LGBTQ+ relationships differ from those in heterosexual relationships (Rollè et al., 2018). Therefore, this review opts not to include LGBTQ+ relationships to respect and acknowledge the intricate and distinct nature of that specific population (this will be a separate review published in a later issue). Third, studies were omitted if they focused on a particular subset of individuals who had all experienced or perpetrated IPV, as this could unduly skew the findings. For instance, this could involve samples obtained from domestic violence shelters or court-ordered batterers programs, leading to a 100% incidence rate of victimization and/or perpetration. Finally, we prioritized selecting studies that featured nationally representative samples or had larger sample sizes of approximately 1,000 participants. This approach was intended to provide a more robust and accurate representation of IPV prevalence within larger communities.

Search Procedure

The systematic search of published studies was conducted using Rayyan, a software designed for systematic literature reviews. Literature searches used eight databases, including PubMed, PsycINFO, Web of Science (Social Science Database), Google Scholar, Academic Search Premier, Education Resources Information Center, Cumulated Index to Nursing and Allied Health Literature (CINAHL), and Biomedical Reference Collection. Although utilizing multiple search portals may result in gathering duplicate articles, the search was conducted extensively to encompass as many studies as feasible. The search employed various keywords, both individually and in combination, including: date; dating; partner*; domestic; spous*;

marital; wife; husband; intimate partner; batter*; violen*; abus*; aggress*. Only articles from peer-reviewed journals were included, with some exceptions made for unpublished material, such as graduate-level theses, if available and having been reviewed by an academic committee. Moreover, participants in the studies were required to be over the age of 13 and the studies must have been conducted in industrialized, English-speaking countries, with a focus on the US Canada, UK, Australia, and New Zealand, following the same methodology as the original reviews. The initial search yielded 237,386 articles, of which 38,112 duplicates were eliminated, and 137,195 were excluded based on country criteria. Following the initial screening process, 62,079 articles remained for further review.

Review Process

The eligibility assessment of 62,078 article abstracts, conducted in Rayyan by the second author and a team of researcher assistants, reduced the number of articles to 2,408. Following this, manual removal of additional duplicates and a second review of study abstracts by the authors and research assistants resulted in the selection of 1,816 articles for further full-text analysis.

Data Synthesis

Out of the 1,816 full-text articles reviewed for further inclusion, 246 met the criteria for data extraction. Data extraction was conducted according to a full-text examination protocol involving a minimum of two researchers (protocol specifics available upon request). We followed a similar variable design as Desmarais et al. (2012a, 2012b), which included using variables such as measurement instruments, to facilitate extraction. However, we did not impose strict limitations on variables to accommodate the emergence of new information in the literature.

To calculate the prevalence estimates, rates were pooled depending on group membership (male or female; victim or perpetrator) and averaged. Several articles report multiple rates based on differences within the sample, which has resulted in more rates reported than articles in the sample. For example, an article that reports male and female victimization would have two rates reported. Prevalence estimates are presented according to overall rates, sample type, measurement time frame, measurement approach, and country. The sample types, detailed in the results section, include large population, community, adolescent, clinical, and justice/legal groups. The measurement time frame includes the past year (from the study period), lifetime, and ‘other’. ‘Other’ periods of measurement range from 2 weeks to 21 years. Studies that measured ‘within current relationship’ victimization or perpetration were also categorized as ‘other’ due to the varying measurement periods. The measurement approach was separated into either CTS-based or ‘other’. The ‘other’ category includes a variety of diverse, but not prevalent, measurement approaches, such as the Conflict in Adolescent Dating Relationships Inventory (CADRI). The countries included in the analysis include the US, Canada, the UK, Australia, and New Zealand.

Table 1. Summary of Characteristics, n

Characteristic	Number of Articles	Number of Rates Reported*
Victims (Gender in Sample)	221	401
Women Only / Women Rates	122	277
Men Only / Men Rates	8	124
Women and Men	91	-
Perpetrators (Gender in Sample)	25	116
Women Only / Women Rates	2	57
Men Only / Men Rates	7	59
Women and Men	16	-
Sample Type		
Large Population	93	214
Community	33	80
Adolescent	30	82
Clinical	77	114
Justice or Legal	13	27

Measurement Time Frame		
Past Year	101	232
Lifetime	66	108
Other	79	177
Measurement Approach		
Conflict Tactic Scale	158	351
Other	88	166
Country		
USA	162	326
Canada	23	55
UK	26	51
Australia	25	47
NZ	10	38
TOTAL	246	517

* The number of victim and perpetrator articles exceeds the total number of articles as some articles report both victim and perpetrator rates and may be counted multiple times.

RESULTS

The following sections summarize the findings across the six sample types, with each section disaggregating the rates by gender and by perpetration or victimization pooled prevalences (%). The characteristics of the articles, and their respective rates, are detailed in Table 1. Most rates were from large populations (41.4%), reported within the ‘last year’ (45.1%), measured using the CTS (67.9%), and were conducted in the US (63.1%).

Overall Rates of Intimate Partner Violence Victimization and Perpetration

Considering all gathered data, around % of participants indicated or were indicated to have *experienced* physical violence, while % have reported *perpetrating* physical violence in a heterosexual intimate relationship. Table 2 includes the pooled prevalence (%) rates of men and women (overall) and between differing rate characteristics.

Table 2. Pooled prevalence estimates as a function of study characteristics, % (n)

Sample Type	Victimization, % (n)			Perpetration, % (n)		
	Overall	Women	Men	Overall	Women	Men
Total	13.9 (401)	14.8 (277)	11.8 (124)	12.9 (116)	15.5 (57)	10.6 (59)

Large						
Population	13.2(161)	14.5(102)	10.8(59)	11.7(53)	13.8(26)	9.5(27)
Community	18.5(58)	20.1(43)	12.6(15)	22.2(22)	26.3(11)	18.8(11)
Adolescent	14.6(61)	14.6(28)	14.6(33)	11.5(21)	15.5(10)	7.9(11)
Clinical	13.1(106)	13.5(95)	11.8(11)	9.1(8)	12.6(4)	5.7(4)
Justice or						
Legal	20.7(15)	30.2(9)	6.4(6)	8.5(12)	6.4(6)	10.5(6)
Measurement						
Time Frame						
Past Year	10.6(180)	10.3(124)	11.3(56)	14.7(52)	18.6(25)	11.1(27)
Lifetime	20.2(90)	22.3(64)	14.8(26)	12.1(18)	12.7(9)	11.5(9)
Other	14.0(131)	15.2(89)	11.5(42)	15.4(46)	18.1(23)	12.8(23)
Measurement						
Approach						
Conflict						
Tactic Scale	13.6(263)	14.3(171)	12.1(92)	15.7(88)	18.9(44)	12.6(44)
Other	14.4(138)	15.2(106)	11.7(32)	11.0(28)	12.6(13)	9.6(15)
Country						
USA	14.7(247)	15.5(172)	12.8(75)	15.0(79)	18.5(37)	11.8(42)
Canada	7.5(43)	7.9(28)	6.7(15)	8.5(12)	6.0(6)	11.1(6)
UK	12.3(40)	14.3(22)	9.9(18)	6.2(11)	6.9(5)	5.7(6)
Australia	14.6(45)	14.3(34)	15.5(11)	18.9(2)	13.2(1)	24.6(1)
NZ	17.7(26)	17.7(21)	17.9(5)	25.1(12)	28.3(8)	18.6(4)

Overall Female and Male Victimization

Across the articles reporting rates, the overall average prevalence of female IPV physical victimization was 14.8%, while for male victimization, it was 11.8%. When considering the measurement period, the average prevalence of female victimization was 22.3% over a lifetime, 10.3% for the past year, and 15.2% for other measurement periods. For male victimization, the average prevalence was 14.8% over a lifetime, 11.3% for the past year, and 11.5% for other measurement periods.

For measurement tools, female victimization averaged 14.3% when measured using the CTS and 17.5% when using other tools. Male victimization averaged 12.1% when measured with the CTS and 12.1% with 'other' tools. Regarding country-specific rates, female victimization averaged 15.5% in the US, 7.9% in Canada, 14.3% in the UK, 14.3% in Australia, and 17.7% in

New Zealand. Male victimization averaged 12.8% in the US, 6.7% in Canada, 9.9% in the UK, 15.5% in Australia, and 17.9% in New Zealand.

Overall Female and Male Perpetration

Across articles reporting rates, the overall average female IPV physical perpetration rate was 15.5%, while the average male perpetration rate was 10.6%. When considering the measurement period, the average prevalence of female perpetration was 12.7% over a lifetime, 18.6% for the past year, and 18.1% for other measurement periods. For male perpetration, the average prevalence was 11.5% over a lifetime, 11.1% for the past year, and 12.8% for other measurement periods.

For measurement tools, female perpetration averaged 18.9% when measured using the CTS and 11.2% with other tools. Male perpetration averaged 12.6% with the CTS and 7.2% with ‘other’ tools. Regarding country-specific rates, female perpetration averaged 18.5% in the US, 6.0% in Canada, 6.9% in the UK, 13.2% in Australia, and 28.3% in New Zealand. Male perpetration averaged 11.8% in the US, 11.1% in Canada, 5.7% in the UK, 24.6% in Australia, and 18.6% in New Zealand.

Large Population Studies

Articles included in this category include those that were sampled from large, representative, and typically non-specified samples. Sample sizes typically surpass 1,000 participants, though they may also incorporate smaller samples extrapolated from larger populations.

Male and female victimization

In total, we identified 82 studies reporting 102 rates of female victimization and 49 studies reporting 59 rates of male victimization. The pooled prevalence for female victimization

was 14.5%, slightly higher than the overall rate of 13.9%, while male victimization was lower at 9.6%. In these large population studies, the past-year prevalence averaged 8.6% for female victimization and 5.9% for male victimization. The lifetime prevalence of female victimization averaged 20.3%, while the lifetime prevalence of male victimization averaged 12.3%.

We further examined the prevalence of female and male victimization in large population studies by country and measurement instrument. For female victimization, the highest average prevalence was reported in Australian studies (19.3%) and the lowest in Canadian studies (8.0%). For male victimization, the highest average was in New Zealand (14.7%), while the lowest was again in Canada (9.2%). Regarding measurement instruments, the average prevalence of female victimization was lower when using the CTS compared to other instruments (13.3% vs. 18.4%). In contrast, for male victimization, the average prevalence was higher with the CTS (10.2%) compared to other instruments (6.4%).

Male and female perpetration

In total, we identified 24 studies reporting 26 rates of female perpetration and 24 articles reporting 27 rates of male perpetration. The pooled prevalence rate for female and male perpetration was lower than the overall average (14.6%), at 13.8% and 9.5%, respectively. Over the past year, the average female perpetration rate of 12.4% is only slightly lower than the lifetime prevalence of 13.6%, whereas for men, the past year prevalence of 7.0% is lower than the lifetime prevalence of 11.5%.

With further exploration of rates by country, the highest average rate of female perpetration was found in the US at 16.2%, while the lowest was observed in Canada at 5.8%. Regarding male perpetration, the highest average rate was reported in an Australian study at 16.7% (MacIsaac et al., 2018), with the second highest rate from US studies at 10.2%. The

lowest average rate of male perpetration, at 3.6%, was found in Canadian studies. In terms of measurement, when using the CTS, both male and female perpetration had higher average prevalence rates (10.1% and 14.4%, respectively) compared to when measured with 'other' methods (7.7% and 11.5%, respectively).

Community Samples

This category encompassed specified samples such as those drawn from rural and urban populations, military cohorts, and specific ethnic or racial groups. The common characteristic of studies within this category was that they did not necessarily represent the broader population's demographics and characteristics but were conducted in community settings.

Male and female victimization

In this category, we identified 28 articles reporting 43 rates of female victimization, and 12 articles reporting 15 rates of male victimization. The pooled prevalence for female and male victimization was higher than that found for the large population studies at 20.1% and 12.6%, respectively. The higher prevalence of victimization rates may be attributed to the specific samples examined, which may be more likely to experience IPV due to specific risk factors within these communities, such as IPV risk among substance users. In contrast, large population rates may be influenced by general protective factors, leading to a diffusion of the overall prevalence. The pooled past year prevalence rate was slightly higher than in large population samples for females at 13.6%, and even higher still for male victimization at 12.9%. However, at 26.9%, the lifetime prevalence rate for female victimization was higher than that found for large population samples but similar for male victimization at 12.4%.

For female victimization, the highest average was found in the US at 22.6%. The lowest average rate came from Canada with 6.5%. For male victimization, the highest average

prevalence was in Australia (14.4%) and the lowest in the UK (11.0%). Of note, New Zealand did not have any male victimization rates reported and Canada only had one. By measurement instrument, the average prevalence of female and male victimization as captured by the CTS was moderately different at 20.4% compared to 14.4% respectively, but for 'other' measurements, the difference was large at 18.7% for female victimization compared to 4.9% for male victimization.

Male and female perpetration

In total within this category, we identified eight articles reporting 11 rates of female perpetration and eight articles reporting 11 rates of male perpetration. Analysis revealed an average prevalence of 26.3% for female perpetration compared to a lower average prevalence of 18.8% for male perpetration, both higher than the overall perpetration average of 14.6%. The pooled past-year prevalence across studies of female perpetration was 25.7%, higher than for male perpetration at 21.5%. We found no studies reporting rates of lifetime female perpetration of IPV in community samples, but the pooled prevalence for lifetime perpetration in males was 17.8%. However, when studies reported time frames other than past year or lifetime, the average prevalence rate for female perpetration is considerably higher than for males, at 26.7% compared to 15.9%.

We found no studies conducted in Australia in this category of community samples and only one study conducted in Canada and the UK, where the prevalence of female perpetration was reported as only slightly higher at 7.8% than male perpetration at 7.1% in Canada, and 2.8% vs. 2.7% in the UK. Otherwise, for female perpetration, the pooled prevalence in the US for community samples was 25.7% and in New Zealand was 35.1%, this being higher in both countries than that found for males, at 20.4% in the US and 25.3% in New Zealand. All studies in this category used the CTS as the measurement tool.

Clinical Samples

This category included studies where participants were recruited from any type of clinical or treatment setting, such as emergency rooms, primary health care settings, medical maternity settings, inpatient units, or outpatient clinics.

Male and female victimization

In this category, we identified the second-highest number of articles addressing female victimization, with 73 articles reporting 95 rates. However, for male victimization, we found considerably fewer rates, with only 10 articles reporting 11 rates. This discrepancy is largely due to the majority of studies being from maternity samples. Across studies exploring female victimization, the pooled prevalence was 13.5%, which is lower than the overall pooled prevalence. This rate is higher than the average rate for male victimization, which analysis revealed to be 11.8%. The pooled prevalence for studies reporting past-year victimization rates was 9.6% for women and 9.1% for men, while the rates were higher for studies reporting lifetime rates, at 22.3% for female victimization and 12.2% for male victimization.

On examination of the findings concerning the country, the highest average prevalence rate for female victimization was identified in the US, at 14.2%, and the lowest was identified in the UK at 8.7%. No articles from New Zealand were identified. For male victimization, no articles from either New Zealand or Canada were identified. The highest average prevalence rate for male victimization came from the US (10.7%) and the lowest from the UK (5.1%). Regarding the measurement instrument used, female victimization when assessed by the CTS was found to be an average rate of 14.6%, and when assessed using an ‘other’ measurement was at 12.7%, whereas for male victimization, when assessed by the CTS was an average rate of 9.3% compared to 15.8% when assessed by an ‘other’ measurement. Interestingly, many non-CTS-

based measures measuring male victimization rates were medical/legal professional designations of IPV.

Male and female perpetration

In this category, we identified only a few articles; there were eight articles and seven rates found for both female and male perpetration of physical IPV, six of which overlap (Brown et al., 2015; Clark et al, 2016; Cunradi, Dellor, et al., 2020; Cunradi, Ponicki, et al., 2020; Kivisto & Watson, 2016; Smith et al., 2015). Based on those few articles, the pooled prevalence rate for female perpetration was 12.6% but was much less for male perpetration at 5.7%. As only past year was measured among both female and male perpetration, the rates mirror the overall averages.

In examining rates by country, with regards to female perpetration, all seven articles were based on samples from the US, thus the pooled rate is as above (12.6%), and similarly, for male perpetration, most articles derive from the US with a pooled rate of 6.4%, and one study was conducted in the UK and reports a prevalence rate of 1.3% (Hester et al., 2015). By measurement instrument, all articles have used the CTS, thus again the pooled rates are similar to those already reported (12.6% for female perpetration and 5.7% for male perpetration).

Adolescent Samples

This category of articles sampled from middle or high school-aged youth (13-17) but are not necessarily collected from school samples (e.g., minors who exchange sex/experience sexual trafficking; Franchino-Olsen et al., 2022).

Male and female victimization

In this category, we identified 25 articles reporting 28 rates addressing female victimization, with 25 articles reporting 33 rates for male victimization. Across studies exploring

female and male victimization, the pooled prevalence was 14.6% for both, slightly higher than the overall (13.9%) and the large population (13.2%) studies pooled prevalence. Pooled prevalence for the studies reporting past year victimization rates was 14.9% for females and 15.2% for males, whilst the rates were lower for studies reporting lifetime rates, at 13.9% for female victimization and 13.2% for male victimization.

Concerning study location, the highest average prevalence rate for female victimization was identified in the US, at 16.0%, and the lowest was identified in Canada at 8.6%. No articles from Australia or New Zealand were identified. In the UK, only one study was identified with an average of 12.4% (Couturiaux et al., 2021). For male victimization, no articles from both Australia and New Zealand were identified, and across the UK only one study was identified (18.5%; Couturiaux et al., 2021). The US and Canada averaged varying rates at 16.0% and 7.9%, respectively. For the measurement instrument used, female victimization, when assessed by the CTS, was found to be an average rate of 14.7%, and when assessed using an ‘other’ measurement was at 13.7%, whereas for male victimization, when assessed by the CTS, was an average rate of 14.8% compared to 13.3% when assessed by an ‘other’ measurement.

Male and female perpetration

For adolescent perpetration, we identified 11 articles with 11 rates for female perpetration and 12 articles with 12 rates for male perpetration. Concerning the overlap of rates and studies, all 11 articles reporting female perpetration also reported male perpetration, with one article only reporting male perpetration (McCauley et al., 2013). Female perpetration averaged 15.5%, while male perpetration averaged 7.9%. When only looking at the overlapping rates, the male perpetration rate still averaged lower, at 8.2%. For past year prevalence, female perpetration averaged 19.9%, while male perpetration rates were much lower at 9.1%. Lifetime rates were

more comparable, where lifetime female perpetration averaged 5.8%, while male perpetration averaged 5.3%.

By country, the US averaged the highest rates for both female and male perpetration (17.3% and 8.0%). Canada and the UK only included one article each reporting rates, which included rates of 6.8% for females and 7.1% for males (Canada; Exner-Cortens et al., 2021) and 8.2% for females and 7.8% for males (UK; Couturiaux et al., 2021). No articles were included from Australia or New Zealand. Concerning measurement tools, female perpetration measured by CTS averaged 13.3%, while male perpetration averaged 8.1%. For ‘other’ measurement tools, female and male perpetration averages vary widely, where female rates averaged 19.2% and male rates, 7.4%. Rates used for ‘other’ averages used the CADRI measurement tool.

Justice or Legal Samples

This category included studies from justice or legal samples, such as courts, homicide reviews, and police reports. However, studies that were sampled from identified samples of IPV victims or perpetrators, such as those from batterer programs, were excluded to prevent skewing of averages due to overly high rates.

Male and female victimization

In this category, we identified nine articles reporting nine rates for female victimization and six articles reporting six rates for male victimization. The average victimization rate for female and male samples varied greatly, with the average victimization rate for females being 30.2% and males 6.4%, compared to the overall rates of 13.9%. No past year or lifetime prevalence rates were available for either female or male victimization rates, with all rates being measured within an ‘other’ timeframe. As many rates came from samples examining homicides,

the most common types of timeframes were immediate IPV (e.g., intimate homicide occurred) or shortly before the incident occurred (between a few weeks to typically a month).

For study location, the average rates continue to vary widely. Most studies came from the US, with the average rate of female victimization being 28.5%, and male victimization being 3.9%. The only other country present among the studies was the UK, where both female (43.7%) and male (18.4%) victimization rates came from the same article (Skott, 2019). For measurement tools, all studies used ‘other’ methods, which primarily included designation by legal professionals, rather than a specific tool.

Male and female perpetration

For perpetration rates, we identified the same five articles reporting six rates for both female and male samples. The overall average for female perpetration is 6.4% and 10.5% for male perpetration, which is lower than the overall average of 14.6%. Concerning timeframe, no study measured past-year prevalence, but two studies measured female and male lifetime prevalence (9.6% and 6.0%, respectively; Millett et al., 2013; Williamson, 2021). Most studies used ‘other’ timeframes to examine perpetration, similar to those measuring victimization. For female perpetration, the average rate for ‘other’ time frames is 4.8% and 12.7% for male perpetration.

For countries, only the US and Canada have included studies. For female perpetration, the US had the highest average of 7.1%, with Canada having an average of 5.1%. For male perpetration, Canada averaged the highest rate at 22.7%, with the US having the lowest average at 4.4%. For measurement tools, IPV measured using CTS averaged the highest average for female samples (18%) but the lowest rates for male samples (7.4%). IPV measured using ‘other’

measures averaged the lowest for female samples (4.1%), but the highest rates for male samples (11.1%).

DISCUSSION

We conducted a review of 246 studies published between 2012 and 2022 to summarize the current state of knowledge regarding the prevalence of physical IPV victimization and perpetration in heterosexual relationships, in English-speaking, industrialized countries. Our review updated two earlier reviews conducted over a decade ago (Desmarais et al., 2012a; 2012b). In doing so, we aimed to estimate the prevalence of both victimization and perpetration of IPV across studies, explore study and sample characteristics that could affect reported rates, and compare these findings with the results found a decade ago.

The current comprehensive review reveals several key updates that evidence the prevalence of IPV victimization and perpetration over the past decade. Firstly, although our findings indicate that IPV remains a problem in heterosexual relationships, our analysis indicates a notable decline in the prevalence rates of both victimization and perpetration that is similar for both men and women over the last 10 years compared to the findings reported in the original Desmarais et al. (2012a, 2012b) reviews.

All studies cited in this review have been summarized and can be found in the tables available online at www.domesticviolence.org

Across all studies in our review, approximately one in seven women (14.6%) and one in eight men (12.1%) experienced physical IPV victimization, with an overall prevalence estimate of 13.9%. There has been a notable 37% reduction in victimization rates when compared to the figures reported by Desmarais et al. (2012a), which indicated rates of 23.1% for women and 19.3% for men, with an overall pooled prevalence estimate of 22.4%. For perpetration of

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physical IPV, across studies, approximately one in six women (17.5%) and one in eight men (11.8%), with an overall prevalence estimate of 14.6%. There has been a considerable 41% decline in perpetration rates, including a 45% decline for men and a 38% decline for women, compared to the results of Desmarais et al. (2012b), which reported 28.3% for women and 21.6% for men, with an overall pooled prevalence estimate of 24.8%.

Although the pattern holds that perpetration and victimization rates are slightly higher for women than men, it is encouraging to note that these rates have substantially declined, with the prevalence dropping from one in four women and one in five men experiencing and perpetrating physical violence in intimate relationships a decade ago. This pattern holds across all sample types that are present in the previous and current reviews, in that a decline is seen for both women and men, in rates of victimization and perpetration across all samples.

Positively, this general decrease in both victimization and perpetration of violence in relationships is likely a result of concerted efforts by governments, frontline practitioners, and academics, to tackle IPV in English-speaking, industrialized countries. The positive outcomes observed in our updated review may be attributed to increased funding allocations, research initiatives, community engagement, and improvements in criminal justice responses. Approaches to tackling violence in relationships will no doubt have been strengthened by the legal protections that have been formalized over the last two decades in such countries, more recently culminating in examples such as the Violence Against Women Act in the United States (VAWA Reauthorization Act, 2022), the Violence Against Women and Girls strategy in the UK (Home Office, 2021), and the Federal Gender-Based Violence strategy in Canada (Gov. of Canada, 2017). Importantly, this reduction cannot be solely attributed to changes in reporting measures, as we observe consistent declines across various measurement instruments utilized in the

reviewed studies. It is noteworthy that the decline in IPV found in this review is consistent with other IPV studies (Ma et al., 2023) and reflects trends of declining general violence in industrialized countries (e.g., van Dijk et al., 2021; Nelson, 2015; McGarrell et al., 2010).

Also, of note in our updated review, is that for clinical samples, this decline is particularly prominent; we see large declines in the pooled prevalence of victimization for women and men, dropping from 24.5% for women 10 years ago to 13.5%, and from 16.6% for men to now 11.8%. The pooled prevalence rate of perpetration has declined even further; from 41.7% for women's perpetration down to 12.6%, and then from 32.9% for men's perpetration to 5.7%. In contrast with the previous reviews, the pooled averages in this sample type were lower than the overall estimate, except for women's perpetration of IPV, which was slightly higher.

Although there was a reduction in the number of rates included in our review compared to the previous reviews, this would not explain such a large decline for the clinical samples compared to other sample categories. It is possible that the decline can be attributed to several factors. Firstly, clinical settings have increasingly implemented better screening and intervention programs for IPV (Miller et al., 2021), leading to early intervention and support. There has also been a rise in the availability and quality of support services for IPV victims within clinical settings, along with increased public health campaigns and educational initiatives within healthcare settings, thus leading to more proactive measures to prevent and address IPV (Kalra et al., 2021). The policy development described above is also likely to have impacted the development of effective protocols for handling IPV in clinical settings. This may have ensured that victims receive immediate and appropriate care, and perpetrators are identified and managed effectively, leading to a decrease in IPV prevalence. Overall, the concerted efforts of healthcare

systems to recognize, address, and prevent IPV through comprehensive care and support are likely contributing to the observed decline in IPV prevalence in clinical samples.

It is important to acknowledge that the observed reduction in the prevalence of IPV might not necessarily indicate an actual decline in incidents, but rather a shift in reporting practices. Changes in data collection methods, increased awareness, and evolving definitions of IPV may contribute to this apparent decrease (Rivara et al., 2009). Moreover, variations in the willingness of victims to report IPV due to social stigma, improved support systems, or legal changes could also influence these findings. For example, mandatory reporting laws, which have been steadily introduced over recent decades (Jordan & Pritchard, 2021), have been demonstrated to reduce help-seeking behaviors in IPV cases (Lippy et al., 2020), and therefore potentially impacting the reporting in the studies we reviewed. However, when reviewing studies that report on bidirectionality of IPV, it is noted that there is high consistency in reporting between men and women, across different sites, and using different measurement tools (see the separate Lysova et al., PASK review on bi-directionality in IPV), suggesting that gender is not a factor that influences reporting rates. Despite this, while our review suggests a positive trend, it is important to consider these factors when interpreting the data.

A second notable finding in the current review is that despite these encouraging trends, our findings underscore the persistent issue of gender symmetry in IPV rates. Women and men are experiencing and perpetrating physical IPV at similar rates. There is some difference between the pooled rates for women and men, which, similarly to the original reviews, depended on the sample type. For example, pooled victimization prevalence was higher among women than men in samples of large populations and clinical populations, following the same pattern as Desmarais et al. (2012a). However, this was also found in justice/legal populations in our review,

the opposite finding of the original review. This may be because the original review only found one study exploring male victimization in this sample type, compared to six studies in ours. In community and adolescent samples, the prevalence of pooled victimization rates was almost identical for women and men. For perpetration rates, our pooled averages followed a similar pattern to Desmarais et al.'s (2012b) paper, in that the rates for women were higher than for men in large population, community, clinical, and adolescent samples. In our review, pooled rates for women are only less than men's in justice/legal samples, no samples of which were found in the original review.

It is also of note that the gender gap in both victimization and perpetration has narrowed across the time period of these reviews. Specifically, the difference in victimization rates between men and women has slightly decreased, shrinking from 3.8 percentage points in Desmarais et al. (2012a) to 2.5 percentage points in our review, and the gender gap in IPV perpetration has narrowed slightly from 6.7 percentage points in Desmarais et al. (2012b) to 5.7 percentage points in the current review. Thus, while overall prevalence has decreased, and despite some differences in rates due to sample types, similarities in the rate at which men and women experience or perpetrate IPV remain evident.

Furthermore, our review highlights ongoing challenges related to the measurement and assessment of IPV across studies. Variability in methodologies, sampling techniques, and measurement instruments complicates comparisons and hinders the establishment of clear trends. For example, two-thirds of studies used a CTS-based approach as the standardized assessment instrument, with a considerable proportion using other non-standardized approaches to measure IPV victimization or perpetration. Non-standardized instruments included, for example, medical judgment about the presence of IPV, and thus suggests a lack of objectivity in its measurement.

This inconsistency in assessing IPV not only presents challenges for researchers, but also hinders efforts to formulate effective interventions and policies aimed at mitigating IPV.

Moving forward, standardization of measurement approaches is imperative to enhance the reliability and validity of findings in this field, enabling more accurate assessments of the prevalence and dynamics of physical IPV. This echoes a similar conclusion drawn in both Desmarais et al.'s 2012 papers, where they also noted their inability to disaggregate sexual IPV victimization for women in some of their included studies, a limitation we encountered as well. Furthermore, although many studies reported lifetime and past year prevalence rates, others utilized different time frames altogether, for example, by asking participants to report against their current or most recent partner, the timeframes of which ranged from two weeks to 21 years, thus making it difficult to make clear comparisons across studies. However, it is important to note that the variability in the analysis primarily stems from differences in samples rather than variations in measurement instruments and time frames.

Our findings document a narrowing of the gap between those studies examining prevalence rates of male and female victimization. In Desmarais et al. (2012a) there were almost three times as many studies on IPV victimization found reporting prevalence among women than men, whereas in our review, there were just over two times as many studies reporting women's victimization compared to men's. Indeed, the studies found in our review report on 124 men-only rates, compared to just eight men-only rates in 2012. This suggests that there is far more willingness to study men's experiences of female-perpetrated IPV over the last decade, but still demonstrates a bias toward researching women's victimization experiences.

We found fewer articles exploring perpetration rather than the victimization of physical IPV, although, within those articles, there were almost double the number of rates reported for

women and men as compared to Desmarais et al. (2012b). As discussed earlier, this again likely reflects the policy focus shift to understanding victimization experiences, and less appetite to publish articles exploring the perpetration of IPV. Historically, the emphasis on the needs of victims is driven by the desire to address the immediate consequences of violence, and thus there may be a reluctance among researchers to study perpetrators as a population. Additionally, funding agencies and organizations' priorities have likely shaped the research agenda in this area. For example, the introduction of VAWA and other similar law and policy developments have led to a victim-centered approach to policing, resulting in attitudinal change toward victims, and greater emphasis on interventions targeting victims of IPV, such as shelters, counseling, and legal assistance (Jennings et al., 2021). However, despite these positive shifts, addressing the gap in research on individuals who perpetrate IPV is crucial for developing comprehensive prevention and intervention strategies. By understanding the factors contributing to perpetration and identifying effective interventions, researchers can contribute to the prevention of IPV and the promotion of healthy, non-violent relationships.

The conclusions drawn from our review should be interpreted within the context of several inherent limitations in our approach. Firstly, our inclusive selection strategy and the absence of a systematic assessment of study quality may affect the robustness of our findings. Additionally, due to the variability in study quality, we chose to present descriptive rather than inferential statistics. While we observed differences in prevalence across countries, we did not consider potential cultural variations that could influence the interpretation of victimization. Furthermore, the lack of variables clarifying the context of victimization limits our ability to determine whether rates reflect unilateral or bidirectional abuse (though refer to the separate Lysova et al., PASK review). Moreover, our examination of victimization rates did not

encompass rates of injury, and we did not systematically evaluate severity across studies. Although we coded measurement instruments, we did not assess the mode of administration (e.g., telephone interview, face-to-face survey), which could impact reported rates. These limitations emphasize the need for cautious interpretation and highlight the methodological disparities and constraints within the existing literature.

Despite these limitations, the current review represents a comprehensive update of the state of knowledge regarding physical IPV perpetration and victimization among heterosexual men and women in English-speaking, industrialized nations. Our findings underscore that IPV remains a significant issue for individuals and families worldwide, despite efforts at local, national, and international levels to prevent it. However, this updated review does suggest that these efforts are having some impact, as rates have reduced over the last decade. Although rates varied across individual studies, our analysis suggests that approximately just over one in seven individuals—both men and women—in heterosexual relationships experience physical assault by their partners, and approximately just under one in seven individuals perpetrate physical violence against their partners. However, victim services are still oriented towards female victims (Hine et al., 2022; Lysova et al., 2022), and there is little provision available for women who perpetrate abuse in relationships (Barton-Crosby & Hudson, 2021).

This comprehensive review highlights the diverse nature of physical IPV victims and emphasizes the need for intervention strategies for victims and perpetrators to be gender-informed and gender-inclusive (Babcock et al., 2016). In summary, while progress has been made in addressing IPV, evidenced by declining prevalence rates, gender symmetry persists, and methodological inconsistencies pose ongoing challenges. Addressing these issues will require

continued collaboration and concerted efforts across research, practice, and policy domains to effectively combat IPV and promote healthier, safer intimate relationships.

Tables containing summaries all studies cited in this review can be found online at www.domesticviolenceresearch.org

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