



Gender-Based Violence against Men and Women

Warsiti¹✉, Luluk Rosida², Intan Mutiara Putri², Nurbita Fajarini³

¹Nursing Study Program Faculty of Health Sciences Universitas 'Aisyiyah Yogyakarta Indonesia

²Midwifery Study Program Faculty of Health Sciences Universitas 'Aisyiyah Yogyakarta Indonesia

³Midwifery Study Program Brebes School of Health Sciences

Article Info

Article History:

Submitted September 2024

Accepted May 2025

Published July 2025

Keywords:

Gender-based violence; Victims of GBV; Reporting of GBV

DOI

<https://doi.org/10.15294/kemas.v21i1.13707>

Abstract

Based on data from the Indonesian National Commission on Violence Against Women from 2007 to 2019, there was a very significant increase in cases of Gender-Based Violence (GBV), reaching eightfold (792%). The majority of GBV victims are women, but men can also be potential victims. However, most research on GBV focuses only on women. Gender-based violence has short-term and long-term impacts on physical and mental health. Female victims of GBV usually experience anxiety, depression, post-traumatic stress disorder (PTSD), and even suicidal thoughts. This study aims to provide an overview of GBV that occurs in both men and women. This study is based on data on reported cases of violence obtained from the Women's Empowerment and Child Protection Service of Sleman Regency, Yogyakarta, for the period 2020-2024. Of the 1,001 reported GBV cases, 817 (81.6%) victims were women and 184 (18.4%) were men. The majority of female victims of GBV are of reproductive age (19- 44 years), while the majority of male victims are adolescents (11-18 years). There is a significant relationship between gender, location of the incident, and the type of violence experienced. Currently, both men and women experience violence in the public sphere (50.5% and 53.2%, respectively). Psychological violence is the most common experience for both sexes. Men mostly experience neglect, exploitation, and other forms of violence. Meanwhile, women mostly experience physical, sexual, and human trafficking violence. Innovation in reporting forms that are easily accessible to the public is also needed to facilitate victims seeking help.

Introduction

Globally, gender-based violence remains a serious public health and human rights issue and requires special attention (Bhattacharjee *et al.*, 2020; Nguefack-Tsague *et al.*, 2024). Unequal gender power dynamics in relationships, male control over women, including decision-making, rigid gender roles, and weak negotiation skills in girls and women, as well as gender inequality and social norms, are some of the factors associated with gender-based violence (GBV) (Bhattacharjee *et al.*, 2020). Given women's vulnerability to GBV, GBV is often referred to as violence against

women and girls, although GBV can also occur

in men. According to the World Bank (2019), approximately 200 million women experience the painful practice of female genital mutilation/cutting. Globally, approximately 35% of women have been victims of physical and/or sexual violence, and 38% of female homicides worldwide are perpetrated by intimate partners (World Bank, 2019). In developing countries, the prevalence of domestic violence (DV) remains slightly high, ranging from 29.4% to 73.78% (Christaki *et al.*, 2023).

According to data from the National Commission on Violence Against Women

✉ Correspondence Address:
Nursing Study Program Faculty of Health Sciences Universitas 'Aisyiyah
Yogyakarta Indonesia
Email: warsitirishadi@unisayogya.ac.id

in Indonesia, between 2007 and 2019 (12 years), there was a very significant increase in GBV cases, reaching eightfold (792%) (National Commission on Violence Against Women, 2020). In 2022, there were 339,782 reports of GBV cases against women, with 336,804 cases (99%) being violence in the personal sphere (National Commission on Violence Against Women, 2023). The actual number of cases in the field is likely much higher than reported. Based on complaints received by Indonesian National Commission on Violence Against Women, the most dominant type of violence experienced by women in 2022 was sexual violence (38.21%), followed by psychological violence (35.72%) (National Commission on Violence Against Women, 2023). Violence in any form has serious health consequences. Gender-based violence impacts physical and mental health, both in the short and long term. Female victims of GBV often experience anxiety, depression, post-traumatic stress disorder (PTSD), and even suicidal ideation (Hossain *et al.*, 2021; Patel *et al.*, 2021). Women who previously had no mental health problems showed increased rates of general mental disorders and suicidal tendencies within one and five years. The onset of PTSD is very common in the early years following the incident.

Poor health status, risk of injury and disability, chronic pain, substance abuse, various health problems such as reproductive disorders, urinary tract infections, cardiovascular problems, chronic pelvic pain, and sleep disorders are also some of the impacts associated with GBV (Chandan *et al.*, 2020; El-Serag & Thurston, 2020), and in some cases, violence has even resulted in the death of the victims (Tobin-Tyler, 2023). Children exposed to domestic violence have physical and mental health problems that are difficult to recover from (Doroudchi *et al.*, 2023). Impaired memory development, behavior, cognitive function, and verbal skills have also been reported in children exposed to domestic violence. Impaired memory development, behavior, cognitive function, and verbal skills have also been reported in children exposed to domestic violence (Berthelon *et al.*, 2020; Mueller and Tronick, 2019). The significant impact of violence on victims is inversely proportional to the limited access to

assistance and reporting of the violence they experience. Access to timely GBV services is crucial in addressing GBV. But unfortunately, these services are not fully utilized by victims. Research in 24 countries shows that of all female victims of GBV who reported to official sources, in Somalia, only 53.6% accessed GBV services (Muuo *et al.*, 2020). Even in Uganda, only 31.9% of female victims of GBV accessed GBV services (Ssanyu *et al.*, 2022). Negative stigma within the family and community, victims' fear that the perpetrator will commit further violence, feelings of insecurity and helplessness, and rejection by service providers are barriers to accessing GBV services (Muuo *et al.*, 2020). Although several previous studies have described the characteristics of victims of violence (Bhattacharjee *et al.*, 2020; Mingude & Dejene, 2021; Murphy *et al.*, 2021; Workye *et al.*, 2023), the majority of these studies focused only on women and did not include victims who reported to official institutions. Several other similar studies have focused more on domestic violence and sexual violence. Therefore, this research aims to provide an overview of gender-based violence incidents that occur against both men and women, in both the public and domestic spheres.

Method

This research is a secondary study based on reported cases of violence from the Women's Empowerment and Child Protection Service (WECPS) of Sleman Regency, Yogyakarta Special Region, from 2020 to 2024. The study is a descriptive design by analyzing secondary data from the WECPS of Sleman Regency, Yogyakarta, from 2020 to 2024. The population in this study was 1,001 victims of violence from 2020 to 2024. The research sample was selected using total sampling. The analysis test used frequency distribution to describe five-year trends, regional distribution, and characteristics of victims by gender. Bivariate correlation tests were conducted using the chi-square and Spearman Rank. This research has received an ethics letter from the Ethics Committee of Aisyiyah University of Yogyakarta, number 2870/KEP-UNISA/V/2023.

Results And Discussions

The research team analyzed 1,001 cases of gender-based violence reported to the (WECPS) of Sleman Regency, Yogyakarta Special Region, between 2020 and 2024. We categorized all reporting characteristics from different gender perspectives, namely male and female. The trend in the incidence of violence cases is shown in Figure 1, where during the 2020- 2024 period, there was a decrease in reported GBV cases from 120 to 119 cases. However, throughout the 2021-2024 period, there was a very significant increase in reported cases, reaching 63.86%, from 119 cases to 297 cases in 2024. There are several possible reasons. It could be due to the increasing number of GBV cases, or it could also be due to increased public awareness of GBV, so that they are brave enough

to report these GBV cases.

The distribution of violence cases in Sleman Regency by sub-district is presented in Figure 2. Over the past five years, the highest number of cases occurred in Depok sub-district with 129 cases (12.8%), followed by Mlati sub-district with 124 cases (12.3%). It could be because the Depok sub-district has the highest population density, with 3,699 people per square kilometer in 2022. Areas with high population density tend to experience more intense social interactions between individuals. Conflicts between individuals or groups can occur more frequently due to limited physical distance and greater social contact. Furthermore, denser areas often have higher crime rates. Factors such as inadequate social oversight and economic inequality can exacerbate the situation.

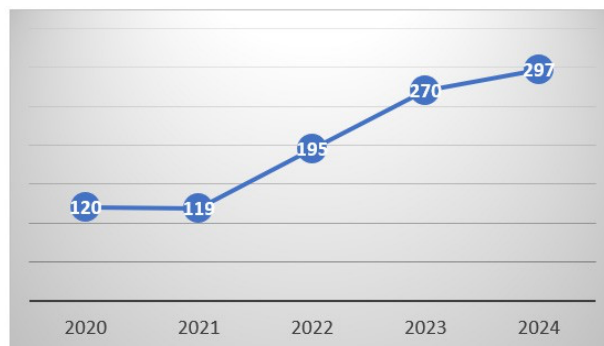


Image 1. Incidents of Violence in Sleman Regency during the 2020-2024 period



Image 2. Data on the Distribution of Violence Cases in Sleman Regency

Documenting, reporting, preventing, and addressing gender-based violence (GBV) are primary challenges today. The number of reported GBV cases in developing countries is like the “tip of the iceberg,” not yet reflecting the full number of cases of violence that occur in the field Govender, (2023). Violence is difficult to uncover because it is difficult to get victims to talk or report the violence they have experienced. Cases of domestic violence in some countries are even considered a domestic matter that must be covered up (Arisukwu *et al.*, 2021).

Research in Uganda shows that only 31.9% of victims report GBV (Ssanyu *et al.*, 2022). Financial dependence on the perpetrator, feelings of low self-esteem and shame, negative stigma in society, ignorance about services and access to them, a culture that normalizes violence, lack of social support, fear of retaliation from the perpetrator, threats of losing children, and distrust of health care professionals are some of the barriers to reporting GBV cases (Heron and Eisma, 2021; Ssanyu *et al.*, 2022). These barriers make it difficult to find appropriate treatment for

victims and minimize their risks. In Indonesia, where patriarchal norms are strong, incidents of violence, especially domestic violence, are often considered taboo to share with others. Consequently, many victims of domestic violence choose not to report their experiences and receive help late. Given this phenomenon, it is not surprising that domestic violence is often considered a “silent killer,” especially for women (Arisukwu *et al.*, 2021; Tobin-Tyler, 2023). Although both men and women have the potential to become victims of GBV, in fact, women are more often victims of GBV. Data from the Indonesian Child Protection Agency (ICPA) shows that GBV is experienced more often by women than by men, at 81.6% and 18.4%, respectively. The tendency for women to become victims of violence occurs due to several factors, including social and cultural support. The beliefs and actions of people in society are influenced by their culture (Saaida, 2023). Therefore, a culture that supports, legalizes, and perpetuates violence against women and girls can be an obstacle to eradicating violence or harassment perpetrated by men in soci

Table 1. Overview of Gender-Based Violence Incidents Against Men and Women

Characteristics	Man		Woman	
	n	%	n	%
Type of Violence				
Psychic	61	33,2	277	33,9
Physique	59	32,1	260	31,8
Sexual	19	10,3	201	24,6
Neglect	24	13,0	44	5,4
Exploitation	14	7,6	19	2,3
Human Trafficking	1	0,5	2	0,2
Other Violence	6	3,3	14	1,7
Total	184	100	817	100
Age				
1-5 years	23	12,5	25	3,1
6-10 years	66	35,9	84	10,3
11-18 years	94	51,1	193	23,6
19-44 years	1	0,5	415	50,8
45-59 years	0	0	90	11,0
65-74 years	0	0	10	1,2

Characteristics	Man		Woman	
	n	%	n	%
Total	184	100	817	100
Scene				
Domestic	91	49,5	382	46,8
Non Domestic	93	50,5	435	53,2
Total	184	100	817	100
Disability Status				
Non-disabled	181	98,4	797	97,6
Mental Retardation	2	1,1	9	1,1
Speech impaired	0	0	1	0,1
Deaf	0	0	2	0,2
Deaf and Speech Impaired	1	0,5	4	0,5
Blind, Deaf, and Speech Impaired	0	0	1	0,1
Physical and mental disabilities	0	0	3	0,4
Total	184	100	817	100

Source: Secondary Data 2020-2024

Table 2. Correlation Test of Types of Gender-Based Violence

Gender	Type of Violence								Total	P-value
	Psychic		Physique		Sexual		Others			
	n	%	n	%	n	%	n	%		
Man	23	2.4	51	5.4	15	1.6	42	4.4	131	0,000
Woman	<u>173</u>	<u>18.2</u>	<u>362</u>	<u>38.2</u>		<u>21.1</u>	<u>82</u>	<u>8.6</u>	<u>817</u>	
	196	20.7	413	43.6		22.7	124	13.1	948	

Source: Secondary Data 2020-2024

Table 3. Correlation test of locations of gender-based violence incidents

Gender	Location				Total	P-Value
	Domestic violence		Non Domestic Violence			
	n	%	n	%		
Man	53	5.6	78	8.2	131 (13.8)	0,000
Woman	387	40.8	430	45.4	817 (86.2)	
Total	440	46.4	508	53.6	948 (100)	

Source: Secondary Data 2020-2024

Violence against women is an actualization of long-standing gender inequality between men and women, giving rise to discrimination and male domination of women. Patriarchal culture supports male domination over women in society and is a contributing factor to gender-based violence (Mshweshwe, 2020; Sikweyiya *et al.*, 2020). This

culture creates the subordination of women, forcing women to accept their position as always being below men, which is considered normal. Therefore, women are educated to be fearful, shy, unable to make their own decisions, and inferior to men, especially husbands (Arisukwu *et al.*, 2021; Sultana *et al.*, 2023).

In addition to patriarchy, male

masculinity is also considered a contributing factor to GBV. Men control and subjugate women using their masculinity. Men objectify women sexually to serve themselves, without considering women's needs and desires as human beings (Arisukwu *et al.*, 2021). Traditionalist societies largely accept violence as a means to maintain men's superior position in marriage, while pragmatists view violence as undesirable but sometimes necessary to improve women's behavior. Research in Uganda shows that nearly half of female victims of domestic violence (48.1%) consider wife beating to be normal under certain circumstances (Ssanyu *et al.*, 2022).

Based on Table 1, the types of violence experienced by both male and female victims varied, including physical violence, psychological violence, sexual violence, neglect, exploitation, human trafficking, and other forms of violence. Psychological violence was the most common form of violence experienced by both male (33.2%) and female (33.9%). In this study, no male reported cases of human trafficking. Males experienced more violence in the form of neglect, exploitation, and other forms of violence. This picture is reinforced by the results of the correlation test in Table 2, which found a significant relationship between gender and the type of violence experienced.

Data from the National Commission on Violence Against Women, during 2022, showed that the type of violence against women in the personal sphere was mostly psychological violence (35.72%), while in the public sphere, the majority was sexual violence (38.21%) (National Commission on Violence Against Women, 2023). According to the National Commission on Violence Against Women (2023) several forms of psychological violence that are often reported are: 1) coercion and pressure (threats of being hurt, threats of murder); 2) Emotional violence (infidelity, verbal violence, neglect, specifically violence in dating, emotional violence in the form of broken marriage promises); 3) isolation (cutting off communication). Physical violence that is often experienced is in the form of being slapped, abused, having objects thrown at them, being hit, choked, kicked, hair pulled,

punched, pushed, and injuries to body parts (National Commission on Violence Against Women, 2023).

The development of information and communication technology has resulted in sexual violence not only occurring offline (rape, verbal and physical sexual harassment, including forced abortion), but also online, better known as technology-facilitated sexual violence (TFSV). Some reported forms of TFSV include online sexual harassment, receiving sexually explicit images, comments, emails/text messages, threats, or the distribution of sexually explicit photos/videos, and cyberstalking (Powell and Henry, 2019; Snaychuk and O'Neill, 2020; Zagloul *et al.*, 2022). Several platforms frequently used to perpetrate TFSV include social media and messaging apps (Facebook, YouTube, Twitter, Instagram, Snapchat, WhatsApp) Several platforms frequently used to perpetrate TFSV include social media and messaging apps (Facebook, YouTube, Twitter, Instagram, Snapchat, WhatsApp) (Salerno-Ferraro *et al.*, 2021; Zagloul *et al.*, 2022). The impact of psychological violence differs from other forms of violence because its impact is often less visible to the naked eye, unlike sexual and physical violence. However, the handling of psychological violence requires special attention, because physical violence, especially sexual violence, also impacts the victim's psyche. Several previous studies have shown that the psychological impacts of GBV include: loss of interest, anxiety, sadness, restlessness, hopelessness, depression, feelings of worthlessness, sometimes accompanied by somatic symptoms such as headaches, insomnia (Rikhotso *et al.*, 2023; Sewalem and Molla, 2022), and sometimes even suicidal thoughts and behaviors in some GBV victims (Patel *et al.*, 2024; Rasmussen *et al.*, 2023).

In terms of age, both genders (men and women) experience violence from infancy through adulthood. The majority of female GBV victims are of reproductive age (19-44 years), while the majority of male GBV victims are adolescents (11-18 years), at 50.8% and 51.1%, respectively. An interesting finding is that violence against the elderly was only reported by women; no male elderly person reported experiencing violence. It suggests that

throughout the life cycle, women are more likely to be victims of violence than men. Violence experienced throughout a woman's life cycle can be seen starting from: 1). the prenatal life cycle in the form of sex-selective abortion (Channon *et al.*, 2021; Regmi *et al.*, 2024), violence during pregnancy (Maciel *et al.*, 2019; Román-Gálvez *et al.*, 2021), forced pregnancy (Ameyaw *et al.*, 2019; Keegan *et al.*, 2023); 2). the life cycle of babies and toddlers in the form of acts of violence such as infanticide and neonaticide (Greenwood *et al.*, 2023; Milia and Noonan, 2022); 3). the life cycle of childhood in the form of child marriage (Lami *et al.*, 2023; Pourtaheri *et al.*, 2023); 4). adolescent life cycle in the form of dating violence (Redondo *et al.*, 2024; Villanueva-Blasco *et al.*, 2023), sexual violence and assault (Banvard *et al.*, 2020; Bentivegna and Patalay, 2022), prostitution and trafficking of adolescent girls (Lindahl *et al.*, 2023), sexual harassment (Bonsaksen *et al.*, 2024; Norcott *et al.*, 2021); 5). The life cycle of adulthood/reproductive age in the form of domestic violence (Rashedi *et al.*, 2019; Sardinha *et al.*, 2022), marital rape (Agarwal *et al.*, 2022; Ogunwale and Afolabi, 2022), sexual harassment in the work environment (Hardies, 2023; Mohammed *et al.*, 2024); 6). the life cycle of the elderly in the form of neglect (Dasbas and Isikhan, 2019), and domestic violence (Meyer *et al.*, 2020).

Based on the location of the violence in Table 1, we found that both genders, both men and women, experienced violence in the domestic/personal (household) sphere, amounting to 49.5% and 46.8%, respectively. According to the National Commission on Violence Against Women (2023), during 2022, violence against women in the domestic sphere consisted of Violence Against Ex-Boyfriends (34%), Violence Against Wives (30%), and Violence in Dating (20%). A strong patriarchal culture and a lack of socialization of policies on domestic violence have resulted in attitudes that legalize violence and consider it normal as a form of education, especially for women. The negative stigma from society that considers domestic conflict as inappropriate, shameful, and private, and does not require outside intervention (Svegel, 2023) further exacerbates

this condition. The majority of Indonesians strongly believe this stigma, resulting in many cases of domestic violence going unreported, perhaps even unknown to the victim's relatives. Domestic violence is something that is very close or covered up, because it is considered shameful or taboo.

In addition to the domestic sphere, public spaces such as schools, public places, workplaces, and the homes of perpetrators and victims, as well as boarding houses, have not been safe spaces, especially for women. Data from the National Commission on Violence Against Women (National Commission on Violence Against Women, 2024). Based on the correlation test results in Table 3, a significant relationship was found between gender and the location of the incident. However, our findings indicate that men and women currently experience more violence in the public sphere, at 50.5% and 53.2%, respectively. Patriarchal culture, masculinity, and negative stigma about violence likely contribute to this condition. The high number of GBV cases against men in public spaces is likely also influenced by men's greater activity in public spaces. Men tend to be bolder in public spaces than women. Erkan & Sevin Topçu, (2021) found that women tend to limit their time in public spaces due to fear of crime. Fear of being in dark, lonely places, and fear of verbal and physical harassment also contribute to women feeling unsafe in public spaces. The less women spend time in public spaces, the lower their risk of violence.

Gender-based violence does not only occur to those without disabilities. Double discrimination occurs against people with disabilities, especially women and girls, due to gender inequality and their disabilities. The dependence of people with disabilities on others for assistance in their daily lives makes them more vulnerable to GBV (Namatovu *et al.*, 2019). Women with disabilities report fear of being targets of violence, tend to tolerate violence, and rarely report the violence they experience. (Namatovu *et al.*, 2019). We found that 21 women with disabilities experienced violence, the majority experiencing physical violence (44.4%), psychological and sexual violence (22.2% each), and other violence (11.1%). Women with intellectual disability

were the group most frequently experiencing violence, with 66.7% of the violence being sexual. Research in Uganda and Bangladesh shows that compared to women without disabilities, women with disabilities are at higher risk of experiencing physical, sexual, and emotional violence (Valentine *et al.*, 2019). In Indonesia, in 2023, cases of violence against women with disabilities were in the domestic/personal sphere, including violence against wives, children, and girlfriends (National Commission on Violence Against Women, 2023).

Given the enormous impact of GBV, GBV is no longer considered a personal issue but has become a public health issue. The Indonesian government has issued several regulations that can serve as a legal umbrella for GBV victims and witnesses who report it, including: Law No. 23/2004 concerning the Elimination of Domestic Violence; Law No. 13/2006 concerning Protection of Witnesses and Victims; Law No. 21/2007 concerning the Crime of Human Trafficking; Law No. 35 of 2014 concerning Amendments to Law No. 23 of 2002 concerning Child Protection; Regulation of the Minister of Education, Culture, Research, and Technology No. 30 of 2021 concerning the Prevention and Handling of Sexual Violence in Higher Education Environments; Law No. 12 of 2022 concerning Criminal Acts of Sexual Violence. The existence of these regulations is expected to increase the public's courage to report acts of GBV to the authorities. In addition, socialization and campaigns about GBV need to be carried out on various platforms, especially social media, to increase public awareness in order to prevent and handle GBV.

Conclusions

Women and men have the same potential to become victims of violence, but the number of cases of violence against women is higher than that of men. Women experience more violence throughout their life cycle, from childhood to old age. Most female victims of GBV are of reproductive age (19-44 years), while the majority of men are in adolescence (11-18 years). Currently, both men and women experience violence in the public sphere. Psychological violence is the most common

violence experienced by both sexes. Neglect, exploitation, and other violence are often experienced by men. Women experience more physical violence, sexual violence, and human trafficking. Women with disabilities are at risk of experiencing sexual violence, although not many report incidents. The majority of perpetrators of violence are people close to the victim, such as husbands and parents.

This research encourages policymakers to conduct various outreach and education programs about GBV, particularly through digital platforms, which can encourage victims to report and access assistance, as well as increase the utilization of available support services. Community leaders, such as religious and community leaders, must be empowered with information and resources to effectively support GBV survivors in their communities, as they are often the first point of contact for survivors. Innovation in reporting forms that are easily accessible to the public is also needed to make it easier for victims to seek help.

Acknowledgement

We would like to acknowledge Aisyiyah University for supporting the research team through internal research funding. We appreciate Women's Empowerment and Child Protection Service Sleman as a research partner.

References

- Agarwal, N., Abdalla, S.M., & Cohen, G.H., 2022. Marital Rape and Its Impact on the Mental Health of Women in India: A Systematic Review. *PLOS Global Public Health*, 2, pp.e0000601.
- Ameyaw, E.K., Budu, E., Sambah, F., Baatiema, L., Appiah, F., Seidu, A.-A., & Ahinkorah, B.O., 2019. Prevalence and Determinants of Unintended Pregnancy in Sub-Saharan Africa: A Multi-Country Analysis of Demographic and Health Surveys. *Plos One*, 14, pp.e0220970.
- Arisukwu, O., Igbolekwu, C., Adebisi, T., & Akindele, F., 2021. Perception of Domestic Violence Among Rural Women in Kuje. *Heliyon*, 7, pp.e06303.
- Banvard, C., Linger, M., Paulson, D., & Davidov, D., 2020. Sexual Assault in Adolescents. *Primary Care: Clinics in Office Practice*, 47.
- Bentivegna, F., & Patalay, P., 2022. The Impact of Sexual Violence in Mid-Adolescence on Mental Health: a UK Population-Based

- Longitudinal Study. *Lancet Psychiatry*, 9, pp.874–883.
- Berthelon, M., Contreras, D., Kruger, D., & Palma, M.I., 2020. Harsh Parenting During Early Childhood and Child Development. *Economics & Human Biology*, 36, pp.100831.
- Bhattacharjee, P., Ma, H., Musyoki, H., Cheuk, E., Isac, S., Njiraini, M., Gichangi, P., Mishra, S., Becker, M., & Pickles, M., 2020. Prevalence and Patterns of Gender-Based Violence Across Adolescent Girls and Young Women in Mombasa, Kenya. *BMC Women's Health*, 20, pp.229.
- Bonsaksen, T., Steigen, A.M., Granrud, M.D., Dangmann, C.R., & Stea, T.H., 2024. Sexual Harassment Exposure Among Junior High School Students in Norway: Prevalence and Associated Factors. *Front. Public Health*, 12.
- Both, L.M., Favaretto, T.C., Freitas, L.H.M., Benetti, S.P. da C., & Crempien, C., 2020. Intimate Partner Violence Against Women: Operationalized Psychodynamic Diagnosis (OPD-2). *Plos One*, 15, pp.e0239708.
- Brown, C.L., Yilanli, M., & Rabbitt, A.L., 2024. *Child Physical Abuse and Neglect*. StatPearls. StatPearls Publishing, Treasure Island (FL).
- Catone, G., Signoriello, S., Pisano, S., Siciliano, M., Russo, K., Marotta, R., Carotenuto, M., Broome, M.R., Gritti, A., Senese, V.P., & Pascotto, A., 2019. Epidemiological Pattern of Bullying Using A Multi-Assessment Approach: Results from the Bullying and Youth Mental Health Naples Study (BYMHNS). *Child Abuse Negl*, 89, pp.18–28.
- Channon, M.D., Puri, M., Gietel-Basten, S., Stone, L.W., & Channon, A., 2021. Prevalence and Correlates of Sex-Selective Abortions and Missing Girls in Nepal: Evidence from the 2011 Population Census and 2016 Demographic and Health Survey. *BMJ Open*, 11, pp.e042542.
- Christaki, C., Orovou, O., Dagla, D., Sarantaki, S., Moriati, M., Kirkou, K., & Antoniou, A., 2023. Domestic Violence During Women's Life in Developing Countries. *Mater Sociomed*, 35, pp.58–64.
- Dasbas, S., & Isikhan, V., 2019. Elder Abuse in Turkey and Associated Risk Factors. *Journal of Social Service Research*, 45, pp.739–749.
- Doroudchi, A., Zarenezhad, M., Hosseini-zhad, H., Malekpour, A., Ehsaei, Z., Kaboodkhani, R., & Valiei, M., 2023. Psychological Complications of the Children Exposed to Domestic Violence: A Systematic Review. *Egypt J Forensic Sci*, 13, pp.26.
- Erkan, N.Ç., & Sevin, T.B., 2021. Gender-Based Differences in Fear of Crime in Public Spaces: An Investigation of a Safe District in Istanbul. *Urbani Izziv*, 32, pp.87–97.
- Forster, M., Rogers, C.J., Rainisch, B., Grigsby, T., De La Torre, C., Albers, L., & Unger, J.B., 2022. Adverse Childhood Experiences and Intimate Partner Violence; Findings From a Community Sample of Hispanic Young Adults. *J Interpers Violence*, 37.
- Govender, I., 2023. Gender-Based Violence – An Increasing Epidemic in South Africa. *S Afr Fam Pract*, 65, pp.5729.
- Greene, C.A., Chan, G., McCarthy, K.J., Wakschlag, L.S., & Briggs-Gowan, M.J., 2018. Psychological and Physical Intimate Partner Violence and Young Children's Mental Health: The Role of Maternal Posttraumatic Stress Symptoms and Parenting Behaviors. *Child Abuse Negl*, 77, pp.168–179.
- Greenwood, K., Synnott, J., & Ioannou, M., 2023. Content Analysis of Infanticide and Neonaticide Cases in the UK. *Journal of Investigative Psychology and Offender Profiling*, 20, pp.121–134.
- Hardies, K., 2023. Prevalence and Correlates of Sexual Harassment in Professional Service Firms. *Front. Public Health*, 10.
- Heron, R.L., & Eisma, M.C., 2021. Barriers and Facilitators of Disclosing Domestic Violence to the Healthcare Service: A Systematic Review of Qualitative Research. *Health Soc Care Community*, 29, pp.612–630.
- Hossain, M., Pearson, R.J., McAlpine, A., Bacchus, L.J., Spangaro, J., Muthuri, S., Muuo, S., Franchi, G., Hess, T., Bangha, M., & Izugbara, C., 2021. Gender-Based Violence and Its Association with Mental Health Among Somali Women in a Kenyan Refugee Camp: A Latent Class Analysis. *J Epidemiol Community Health*, 75, pp.327–334.
- Keegan, G., Francis, M., Chalmers, K., Hoofnagle, M., Noory, M., Essig, R., Hoefer, L., Bhardwaj, N., Kaufman, E., Crandall, M.L., Zaidi, M., Koch, V., McLaren, H., Henry, M., Dorsey, C., Zakrison, T., & Chor, J., 2023. Trauma of Abortion Restrictions and Forced Pregnancy: Urgent Implications for Acute Care Surgeons. *Trauma Surg Acute Care Open*, 8, pp.e001067.
- National Commission on Violence Against Women, 2024. *Momentum Perubahan: Peluang Penguatan Sistem Penyikapan di Tengah Peningkatan Kompleksitas Kekerasan terhadap Perempuan*.
- National Commission on Violence Against Women, 2023. *Kekerasan terhadap Perempuan di Ranah Publik dan Negara: Minimnya*

- perlindungan dan Pemulihan Jakarta*.
- National Commission on Violence Against Women, 2020. *Kebijakan Penghapusan Kekerasan Seksual untuk Membangun Ruang Aman Bagi Perempuan dan Anak Perempuan*. Komnas Perempuan, Jakarta.
- Lami, M., Negash, A., Eyeberu, A., Birhanu, A., Debella, A., Getachew, T., Berhanu, B., Balis, B., Bete, T., Abdeta, T., Nigussie, S., Bogale, K., Bekele Dechasa, D., Sertsu, A., Gemechu, K., Wodaje, D., Nigussie, K., Alemu, Ayichew, Kibret, H., Bayu, K., Meseret, F., Abinew, Y., Wondimneh, F., Dirirsa, G., Gobena, A., Husen, J., Alemu, Addisu, & Dessie, Y., 2023. Prevalence of Child Marriage and Associated Factors Among Reproductive Age Women in Harari Regional State, Eastern Ethiopia, 2022: A Community-Based Study. *BMC Women's Health*, 23, pp.267.
- Lindahl, J., Riese, A., Tanzer, J.R., & Goldberg, A., 2023. Clinical Psychosocial Risk Factors for Sex Trafficking Involvement Among Adolescent Girls. *Journal of Adolescent Health*, 73, pp.903–909.
- Maciel, M.N.A., Blondel, B., & Saurel-Cubizolles, M.-J., 2019. Physical Violence During Pregnancy in France: Frequency and Impact on the Health of Expectant Mothers and New-Borns. *Matern Child Health J*, 23, pp.1108–1116.
- Meyer, S.R., Lasater, M.E., & García-Moreno, C., 2020. Violence Against Older Women: A Systematic Review of Qualitative Literature. *PLoS One*, 15, pp.e0239560.
- Milia, G., & Noonan, M., 2022. Experiences and Perspectives of Women who Have Committed Neonaticide, Infanticide and Filicide: A Systematic Review and Qualitative Evidence Synthesis. *Journal of Psychiatric and Mental Health Nursing*, 29, pp.813–828.
- Mohammed, A., Ansah, E.W., & Apaak, D., 2024. Prevalence and Predictors of Workplace Sexual Harassment of Nurses in the Central Region of Ghana: a Cross-Sectional Online Survey. *BMJ Open*, 14, pp.e077711.
- Mshweshwe, L., 2020. Understanding Domestic Violence: Masculinity, Culture, Traditions. *Heliyon*, 6, pp.e05334.
- Mueller, I., & Tronick, E., 2019. Early Life Exposure to Violence: Developmental Consequences on Brain and Behavior. *Front. Behav. Neurosci.*, 13.
- Murphy, M., Ellsberg, M., Balogun, A., & Garcia-Moreno, C. (2021). Risk and protective factors for GBV among women and girls living in humanitarian setting: Systematic review protocol. *Systematic Reviews*, 10(1), 238. <https://doi.org/10.1186/s13643-021-01795-2>
- Muuu, S., Muthuri, S.K., Mutua, M.K., McAlpine, A., Bacchus, L.J., Ogego, H., Bangha, M., Hossain, M., & Izugbara, C., 2020. Barriers and Facilitators to Care-Seeking Among Survivors of Gender-Based Violence in the Dadaab Refugee Complex. *Sex Reprod Health Matters*, 28, pp.1722404.
- Namatovu, F., Preet, R., & Goicolea, I., 2019. Gender-Based Violence Among People with Disabilities is a Neglected Public Health Topic. *Glob Health Action*, 11, pp.1694758.
- Nguefack-Tsague, G., Amani, A., Dadjie, V.D., Koyalta, D., Carole, D.N., Dissak-Delon, F.N., Cheuyem, F.Z.L., Dongmo, G.P.L., Anastasie, C.M., Mviena, J.L.M., Kibu, O., Ngoufack, M.N., Sida, M.B., Juillard, C., & Chichom-Mefire, A., 2024. Gender-Based Violence and Its Health Risks on Women in Yaoundé, Cameroon. *Archives of Public Health*, 82, pp.90.
- Norcott, C., Keenan, K., Wroblewski, K., Hipwell, A., & Stepp, S., 2021. The Impact of Adolescent Sexual Harassment Experiences in Predicting Sexual Risk-Taking in Young Women. *J Interpers Violence*, 36, pp.NP8961–NP8973.
- Ogunwale, A.O., & Afolabi, R.F., 2022. Prevalence, Determinants and Coercive Strategies Relating to Marital Rape Among Women in Oyo State, Nigeria. *Ghana Med J*, 56, pp.117–126.
- Patel, A., Dixon, K.E., Rojas, S., Gopalakrishnan, L., & Carmio, N., 2024. Explaining Suicide Among Indian Women: Applying the Cultural Theory of Suicide to Indian Survivors of Gender-Based Violence Reporting Suicidal Ideation. *J Interpers Violence*, 40(3-4).
- Patel, A.R., Prabhu, S., Sciarrino, N.A., Presseau, C., Smith, N.B., & Rozek, D.C., 2021. Gender-Based Violence and Suicidal Ideation Among Indian Women from Slums: An Examination of Direct and Indirect Effects of Depression, Anxiety, and PTSD Symptoms. *Psychol Trauma*, 13, pp.694–702.
- Pourtaheri, A., Sany, S.B.T., Aghaee, M.A., Ahangari, H., & Peyman, N., 2023. Prevalence and Factors Associated with Child Marriage, A Systematic Review. *BMC Women's Health*, 23, pp.531.
- Powell, A., & Henry, N., 2019. Technology-Facilitated Sexual Violence Victimization: Results From an Online Survey of Australian Adults. *J Interpers Violence*, 34, pp.3637–3665.
- Rashedi, V., Asadi-Lari, M., Foroughan, M., & Rudnik, A., 2019. Prevalence of and Demographic Factors Associated with Domestic Violence Among Iranian Older Adults: The Results of Urban HEART-2.

- Health Psychology Report*, 7(1), pp.81-85.
- Rasmussen, V., Spangaro, J., Steel, Z., Briggs, N., & Torok, M., 2023. Trajectories to Suicide Following Intimate Partner Violence Victimization: Using Structural Equation Modelling to Examine Suicide and PTSD in Female Emergency Department Users. *J Fam Viol.*, 40, pp.811–825.
- Redondo, N., Ronzón-Tirado, R., & Muñoz-Rivas, M.J., 2024. Teen Dating Violence from an Environmental Approach: The Interaction of Family and Community-Related Risk Factors. *Journal of Aggression, Maltreatment & Trauma*, 33, pp.607–623.
- Regmi, K., Shrestha, B., Shakya, S., & Lamichhane, P., 2024. Attitudes and Practices Toward Sex-Selective Abortion in an Urban District of Nepal: Findings From a Cross-Sectional Study. *Asia Pac J Public Health*, 36, pp.51–58.
- Rikhotso, R., Netangaheni, T.R., & Mhlanga, N.L., 2023. Psychosocial Effects of Gender-Based Violence Among Women in Vhembe District: A Qualitative Study. *S Afr J Psychiatr*, 29, pp.2012.
- Rivas-Rivero, E., & Bonilla-Algovia, E., 2022. Stressful Life Events: Typology of Aggression and Mistreatment in Male Perpetrators of Gender-Based Violence. *Scandinavian Journal of Psychology*, 63, pp.705–714.
- Román-Gálvez, R.M., Martín-Peláez, S., Fernández-Félix, B.M., Zamora, J., Khan, K.S., & Bueno-Cavanillas, A., 2021. Worldwide Prevalence of Intimate Partner Violence in Pregnancy. A Systematic Review and Meta-Analysis. *Front Public Health*, 9, pp.,738459.
- Rosida, L., Putri, I.M., Komarudin, K., Fajarini, N., & Suryaningsih, E.K., 2021. The Domestic Violence during the COVID-19 Pandemic: Scoping Review. *Open Access Macedonian Journal of Medical Sciences*, 9.
- Saaida, M., 2023. Cultural Studies: Unraveling the Influence of Culture on Society. *Zenodo*, 1, pp.1–15.
- Salerno-Ferraro, A.C., Erentzen, C., & Schuller, R.A., 2021. Young Women's Experiences With Technology-Facilitated Sexual Violence From Male Strangers. *J Interpers Violence*, 37(19-20).
- Sardinha, L., Maheu-Giroux, M., Stöckl, H., Meyer, S.R., & García-Moreno, C., 2022. Global, Regional, and National Prevalence Estimates of Physical or Sexual, or Both, Intimate Partner Violence Against Women in 2018. *The Lancet*, 399, pp.803–813.
- Schwartz, J.A., Wright, E.M., & Valgardson, B.A., 2019. Adverse Childhood Experiences and Deleterious Outcomes in Adulthood: A Consideration of the Simultaneous Role of Genetic and Environmental Influences in Two Independent Samples from the United World Bank, 2019. Gender-Based Violence (Violence Against Women and Girls) [WWW Document]. World Bank. URL <https://www.worldbank.org/en/topic/socialsustainability/brief/violence-against-women-and-girls> (accessed 7.3.24).
- Zaghloul, N.M., Farghaly, R.M., ELKhatib, H., Issa, S.Y., El-Zoghby, S.M., 2022. Technology facilitated sexual violence: a comparative study between working and non-working females in Egypt before and during the COVID-19 pandemic. *Egypt J Forensic Sci* 12, 1–11