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# Domestic violence against men

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## Summary

This article reviews the literature relating to domestic violence against men and examines some of the reasons why men are reluctant to report violent episodes. The article focuses on men as the victims and women as the perpetrators of domestic violence and identifies gaps in service provision. The role of the nurse in supporting male victims is also discussed.

## Author

Christopher F Barber is an agency nurse and NVQ assessor, Birmingham City Council. Email: [chrisjeanfred@hotmail.com](mailto:chrisjeanfred@hotmail.com)

## Keywords

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INFORMATION RELATING to domestic violence has largely focused on women as the victims and men as the perpetrators. Domestic violence against men tends to go unrecognised since men are less likely to admit to or report such incidents because of embarrassment, fear of ridicule and lack of support services. It is a taboo subject that is often ignored or trivialised by society, which means that the extent of the problem remains unknown. As a result, male victims of domestic violence may not have their health and social care needs met by healthcare professionals (Du Plat-Jones 2006).

## Defining domestic violence

A battered spouse or co-habitant is defined as an individual subjected to physical violence by a husband, wife or co-habitant (Martin and Law 2006). Battery is defined as the intentional

application of physical force to an individual without their consent (Martin and Law 2006). The term battered spouse implies a physical event – the battery. In recent years the term ‘battered spouse’ has no longer been widely accepted as abuse takes on many forms aside from physical violence and occurs between different groups of individuals in all social and sexual groups, not just between those who are married. The terms domestic violence and abuse can go beyond these parameters and include couples who are not married but are living together, and also couples who are in same-sex relationships. Lawrence (2003) defined domestic violence as verbal, sexual and emotional intimidation or financial abuse. A similar definition was provided by Kelly (1999) who defined it as the emotional, physical, sexual, psychological or economic abuse of power. Domestic violence can also be viewed as an abusive exercise of power and control over others, which leaves individuals feeling scared and intimidated.

The Home Office (Undated) defines domestic violence as: ‘any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together, or between family members, regardless of gender or sexuality... it is a pattern of abusive and controlling behaviour through which the abuser seeks power over their victim.’

There is a distinction between domestic violence and domestic abuse. Domestic violence suggests physical aggression, while domestic abuse encompasses a far wider range of behaviours including financial, sexual, emotional and psychological abuse based on power structures. However, some authors use the term ‘domestic violence’ to encompass a wide range of abusive behaviours. For example, Sniechowski and Sherven (2004) define domestic violence as that which relates to verbal, physical, sexual and emotional intimidation or financial abuse.

Despite the various definitions, domestic

violence encompasses unwanted violence, aggression, humiliation and intimidation. It is interesting to note that contemporary definitions of domestic violence use gender inclusive or gender neutral language to address the changing dynamics of domestic violence, which can occur between all social and sexual groups (Hester and Westmarland 2005, Du Plat-Jones 2006).

### Prevalence of male victims

Leonard (2003) suggests that it is difficult to establish reliable estimates of male victims of domestic violence because few men are willing to admit that they are being abused and therefore do not seek professional help. The 2001/02 British Crime Survey found that 19% of domestic violence incidents affected male victims, and that about half of these incidents were committed by women (BBC 2005). The 2004/05 British Crime Survey found that partner abuse was the most common form of intimate violence; 28% of women and 18% of men had experienced one or more forms of partner abuse (Finney 2006).

Using time as a marker, Fontes (1999) suggested that while men abuse their female partner every 15 seconds in the United States (US), females abuse their male partner every 14.6 seconds. This male/female equality is supported by Gelles (1999), suggesting that violence between genders is equal. The figures surrounding the occurrence of domestic abuse in men vary and this may be exacerbated by researchers and practitioners who use different definitions or criteria to measure the problem.

Despite the acknowledged prevalence and growing numbers of male victims of domestic violence, Lawrence (2003) suggests the evidence surrounding domestic violence indicates that there may still be many male victims who do not report such incidents because of the fear of ridicule, social isolation and humiliation.

### Literature review

Although the author acknowledges that domestic violence occurs in all social and sexual groups, this article explores the issues surrounding domestic violence carried out by women against men. Search parameters for the literature review included a time frame of 15 years. Search engines such as Google were used and literature databases included the British Nursing Index (BNI) and Ovid. The following

keywords were used: domestic abuse, domestic violence, male victims of domestic abuse/violence and domestic abuse/violence against men. Where the use of these keywords directed the author to references and websites relating to domestic violence against women, the information was disregarded unless it provided basic statistics with which to compare figures relating to male victims of domestic violence. For the purpose of this article the term 'domestic violence' is used to encompass physical, emotional, sexual and financial abuse.

Because of the lack of information available relating to domestic violence against men, web-based information was used as part of the literature review. Although the authenticity and accuracy of the material may be questionable, Coad *et al* (2006) suggest that the use of 'grey literature' (unpublished or internet material) can be a source of useful information.

### Forms of violence and the post-abuse experience

George and Yarwood (2004) and Du Plat-Jones (2006) focused on the forms of violence experienced by men (Table 1 and Box 1) and police response (Table 2). Men experienced similar types of physical abuse as women.

Although George and Yarwood (2004) highlighted the physical violence that men experienced, little attention was given to the

TABLE 1

#### Frequency and forms of domestic physical abuse against men (n=100)

	Percentage of male victims
Assaulted once a month or more frequently	75
Assaulted more than ten times	More than 66
Threatened with a weapon	50
Received severe bruising	40
Kicked in the genitals	33
Burnt or scalded	16
Stabbed	10
(George and Yarwood 2004)	

BOX 1

#### Forms of domestic violence experienced by men

- ▶ Stabbing.
- ▶ Teeth knocked out.
- ▶ Injuries to the genitals.
- ▶ Verbal, emotional and psychological cruelty.

(Du Plat-Jones 2006)

emotional, financial, sexual and psychological abuse associated with domestic violence. It may be that these forms of abuse are more difficult to identify and quantify in comparison to physical violence.

It has been suggested that the effects of domestic violence are the same for both male and female victims (BBC 2005, Du Plat-Jones 2006, Hidden Hurt (undated). Common anecdotal experiences include feelings of shame, fear, isolation, guilt, confusion and a loss of self-worth and confidence.

Dewar (2008) found that male victims of domestic abuse were less likely than females to report violence or abuse and that many were either arrested or threatened with arrest, so perpetuating a culture of blaming the victim. In some cases, male victims were ignored by the police. Also when they did report domestic violence they often experienced discrimination or prejudice. Few female perpetrators of domestic violence were arrested and even fewer were charged or convicted (Dewar 2008).

**Reluctance to report** *Social prejudices* There are many reasons why domestic violence against men may go unrecognised and why men may be reluctant to report such incidents. Much of the literature relating to domestic violence focuses on women as the victims of abuse and does not address domestic violence against men. Cook (1997) and Lewis and Sarantakos (2001) suggested that female violence directed against male victims was largely ignored by society and the media because it is a taboo subject. A UK government resource manual on domestic violence made little reference to men as potential victims of domestic violence and instead focused on the experience of women (Department of Health (DH) 2005). The Royal College of Nursing's (2000) guidance on domestic violence only briefly mentions men as potential victims of such violence. This attitude towards domestic violence may perpetuate the common assumption that women are the victims and men are the perpetrators of such violence.

Men are traditionally viewed as being physically stronger than women. Consequently, male abuse victims may not report incidents of domestic violence or seek help because of the fear of being perceived as weak and subjected to ridicule (Du Plat-Jones 2006, Hidden Hurt undated). Men feel unable to define their experiences of domestic violence because of the perception that society has of men as being physically and emotionally stronger than women (Hidden Hurt undated). Society perceives male victims as 'wimps', who are not believed and refused the status of victim. Men who attempt to report incidents of domestic violence are often met with discrimination and

TABLE 2

Police response to domestic abuse (n=100)

	Percentage of male victims
Threatened with arrest	47
Ignored by the police	35
Arrested	21
Reported that the violent female partner had been arrested	3
(George and Yarwood 2004)	

disbelief by health professionals and society in general (Men Cry Too 2006).

Staffordshire Police (2008) suggest that men often find it hard to admit to themselves that they are being abused. Gelles (1999) suggests that male victims may not seek help because care agencies often deny the existence of violence against men where the wife or female partner is the perpetrator. It is suggested that men are not encouraged to report abuse, they are conditioned not to ask for help and may feel disempowered by those in authority and are therefore less likely to report incidents of domestic violence (Cook 1997, Du Plat-Jones 2006). Disbelief by the victim, a culture of victim blaming and the reluctance of the police to produce and action crime reports on domestic violence against men contribute to the unwillingness of men to report abusive episodes (Lawrence 2003).

**Inadequate support networks** Lawrence (2003) suggests that support resources and networks that are available for female victims of domestic violence are not available for male victims. For example, there are shelters and safe homes to assist in protecting women from violent partners, but these are not available for men. There are, however, a limited number of resources and support networks available to male victims of domestic violence as highlighted in Box 2.

### The nurse's role

Male victims of domestic violence need to be supported and encouraged to seek help and report incidents of violence. Gelles (1999) highlights the importance of recognising that men can be victims of domestic violence and that health professionals, including nurses, must demonstrate an understanding of, and sensitivity towards, the experience of male victims. Violence against men, whether physical or psychological, should not be dismissed. Domestic violence covers a range of behaviours which may include physical, emotional, sexual or financial abuse.

Male victims may experience broken limbs, bruising, knife wounds, teeth marks, deep scratches and lacerations, inappropriate comments, fear and intimidation, tearfulness and refuse to be physically examined by nurses, particularly female nurses.

Male victims of domestic abuse often do not seek help from support services or health professionals because they fear that they will not be believed (Gelles 1999, Men Cry Too 2006). Lawrence (2003) suggests that health professionals are not sensitive enough in dealing with male victims. Health professionals need to show humility, compassion and sensitivity when addressing male victims of domestic violence to encourage them to discuss their situation. It is important to listen to the victim and offer reassurance rather than ignoring or dismissing the problem. Male victims of domestic violence may be too nervous, afraid or embarrassed to talk about what is happening to them. Sensitive communication on the part of healthcare professionals is crucial in eliciting information from male victims (James-Hanman 1998, Campbell-Bliss *et al* 2000, Du Plat-Jones 2006). Healthcare professionals also need to be supportive, non-judgemental and address issues of dignity, privacy and confidentiality.

Just as it is helpful for nurses to have access to best practice and up-to-date evidence relating to domestic violence against women, it is equally important and valuable for staff to have access to best practice and up-to-date material relating to domestic violence against men.

Nurses are often the first health professional with whom male victims of domestic violence come into contact. As well as providing treatment the nurse may be able to provide helpful information regarding where the individual can go to for further help and support. Nurses could help to organise practical help such as housing for male victims who need a safe place to stay after leaving their partners. Sensitive provision of appropriate information and advice on self-advocacy groups, welfare benefits, the courts and child access issues in collaboration with social services would also be helpful for male victims.

In the handbook *Responding to Domestic Abuse*, the DH (2005) summarises the nurse's role in responding to women who have experienced domestic abuse. This information can also be applied to caring for men in similar situations and includes:

- ▶ Maintaining the safety of the person involved.

- ▶ Providing appropriate information and referral.
- ▶ Promoting an opportunity to speak about the experience.
- ▶ Offering support and reassurance.
- ▶ Being non-judgemental.

The DH (2005) also points out that nursing staff should adhere to their NHS trust's domestic policy and provides an overview of some of the practical things nurses can do to assist those who have experienced domestic violence (Box 3).

To enable nurses to engage successfully in these activities, they should become involved in multi-agency working with other care professionals in social services, schools (when there are children involved), GP practices and

## BOX 2

### Resources and support networks for male victims of domestic violence

- ▶ **Men's Advice Line:** 0808 801 0327
  - ▶ **UK National Domestic Violence Helpline:** 0808 2000 247
  - ▶ **Male Advice and Enquiry Line:** 0845 064 6800
  - ▶ **Hidden Hurt:** [www.hiddenhurt.co.uk/](http://www.hiddenhurt.co.uk/)
  - ▶ **BBC website Hitting Home:** [www.bbc.co.uk/relationships/domestic\\_violence/menhh\\_index.shtml](http://www.bbc.co.uk/relationships/domestic_violence/menhh_index.shtml)
  - ▶ **Men Cry Too:** <http://mencrytoo.homestead.com>
  - ▶ **MPower:** [www.male-rape.org.uk/](http://www.male-rape.org.uk/)
- (Information correct at time of going to press)

## BOX 3

### Key areas nurses need to consider when dealing with domestic abuse

- ▶ Be aware of local support services.
- ▶ Create a supportive environment in which the person can talk.
- ▶ Be aware of the signs that could indicate domestic abuse.
- ▶ Know what questions to ask to encourage the person to feel safe to confide in you.
- ▶ Validate and support the person who reveals abuse.
- ▶ Provide information about the relevant support agencies.
- ▶ Maintain detailed and accurate records but do not write this information in hand-held records.
- ▶ Ensure confidentiality and if you need to share information follow trust guidelines.
- ▶ Address any health needs.

(Department of Health 2005)

also the police (Mirrlees-Black 1999). Creating such links with various care professionals will help to raise awareness of domestic violence against men and encourage the development of support services.

It may also be helpful to create a clinical nurse specialist or consultant nurse role specialising in working with male victims of domestic abuse. The nurse in this role would have an awareness of local, regional and national trends relating to domestic violence, and provide appropriate training for all care, nursing, medical and social service staff on how to support and deal with victims of domestic violence.

## Conclusion

Male victims of domestic violence, where women are the perpetrators of such violence,

are neglected and often ignored by society. Because of the taboo nature of violence against men, victims may be reluctant to report incidents of domestic violence for fear of being rejected, humiliated and ridiculed by care professionals, including nurses who often do not have the training to deal with or support male victims appropriately.

There is a lack of information and a lack of support services available for male victims of domestic violence. Although it would be valid to call for more thorough and in-depth research to be carried out into domestic violence against men, there is a need to go much further than this. To bring about a change in attitudes and approaches to male victims and to improve service provision, society needs to increase its awareness of domestic violence against men and encourage and support men to report such violence **NS**

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