

The Current Social Issue of Stigmatisation towards Male Victims of Intimate Partner  
Violence and the Proposed Solutions to Reduce the Stigmatisation

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Lydia Ellen Stoneman

**University of Birmingham**



## **The Current Problem of Stigmatisation towards Male Victims of Intimate Partner Violence and Proposed Solutions to Reduce the Stigmatisation**

### **i) Executive Summary**

Intimate Partner Violence (IPV) is a prominent social issue affecting people from all walks of life. Mankind Initiative poses a gendered-inclusive view of IPV to help reduce the stigma males victims feel when voicing their experiences of Domestic Abuse (DA). Empowerment has been applied as an intervention helping males construe their identity and disengage from the violent situation. Policies and interventions for IPV are informed by the gendered view. Although empirical research has revealed that males are at a similar risk of being a victim of IPV, further work is needed to reduce the stigmatisation towards male victims and reform policies.

### **ii) Description**

IPV has been a prominent social problem since the 1970's and can be understood as physical, psychological and sexual aggression (Dixon & Bowen, 2012). Currently there is much support (e.g. Women's Aid, Refuge) and acknowledgement for females victims of IPV, but far less for male victims.

ManKind Initiative is a charity that specifically aims to help male victims of IPV. They offer support and advice to males victims, in helping to coping with DA. Their focus is on helping males but also increasing society's awareness of males as victims of IPV (<http://www.mankind.org.uk/aboutus.html>). ManKind Initiative's chairman, Mark Brooks, recalls his greatest experience working with ManKind as the feedback from male victims once they have "turned their lives around", because of the support and guidance ManKind

offered when “they felt as though they had nowhere else to turn to” (Mark Brooks, personal communication, February 13, 2014).

### **iii) Diagnosis**

The theoretical perspectives used when researching IPV are important as they inform social policies and direct professionals on how to approach the social problem (Dixon & Graham-Kevan, 2011). Although the notion of ‘husband battering’ has been acknowledged for several years (Steinmetz, 1977), it is the gendered-approach that has driven research and social policy surrounding IPV. Patriarchal beliefs encourage males to exert their dominance over female victims. The gendered-approach has influenced how professionals have understood and addressed DA (Dixon, Archer & Graham-Kevan, 2013). Nonetheless, the approach is debatably based on ideological concepts as opposed to firm evidence. Current research is now fulfilling a gender-inclusive perspective when examining IPV.

Current services in place lack the provision to help males who report experiences of IPV. Media campaigns increasing awareness of IPV, such as MTV ‘Call it out’ (<http://www.mtv.co.uk/callitout>), focus on male-to-female violence and neglect educating society of female-to-male which is equally important. From current publically funded interventions, it is evident that the feminist perspective has been a dominant influence for the generation of policies, for example: “Ending violence against women and girls in the UK” (Home Office, 2014).

The Crime Survey for England and Wales states that 1.2 million females experienced DA in 2011/12, but 800,000 males also reported DA (Strickland, 2013). These figures do need to be interpreted with caution as victims have the tendency to under/over-report their experiences of IPV (Riggs, Murphy & O’Leary, 1989). To overcome this problem, effective

interventions need to be established at the microsystem to help empower male victims of DA to seek help and amend their lives. Additionally, exosystem level interventions need to be implemented to prevent males going as unseen victims of IPV within social policies and campaigns.

#### **iv) Literature Review**

Earlier literature biased males as being the perpetrators of IPV and females' being the victims and seeing female violence as self-defence (Henning, Jones & Holdford, 2003). This gendered-approach places male victims at an instant disadvantage of trying to acquire help. Recent research, adopting a gender-inclusive approach, advocates that many male victims feel ashamed when seeking help as their masculine identity is diminished (Drijber, Reijnders & Ceelen, 2013).

Social identity theory defines the function of our similarities and differences and proposes a shared identity with others to offer a foundation for social action (Reicher, Spears, & Haslam, 2010). Male's identify with being strong, self-assertive and intelligent (Steinmetz, 1977). The social identity of masculinity helps understand why abused males feel stigmatised by society when seeking support. Males tend to trivialise experiences of DA, possibly due to the pressures from society not recognising males as vulnerable victims (Dempsey, 2013). Although male victims' self-esteem and confidence inevitably, deteriorates due to their suffering, they still seek to appear 'manly' to society (Lambert, 2011). Mahalik, Good and Englar-Carlson (2003) suggest that for males, identifying with the status of a victim is 'unmanly'. However identifying with one's victimisation is critical for seeking support from services, such as ManKind Initiative.

Connell (1987, p.183) proposes the idea of ‘hegemonic masculinity’ which suggests men sustain their power by viewing women as subordinates. When males experience abuse they are unable to sustain ‘power’ and their internalised masculine identity is threatened due to the ambiguity of the proposed gender roles. This can account for the shame male victims report when voicing incidences to the authorities (Drijber, Reijnders & Ceelen, 2013), as the traditional ideological view of males is challenged. Connell and Messerschmidt (2005) suggest that to advance society norms, traditional one-dimensional gender hierarchies’ need discarding and a more complex model of hierarchy be introduced. Encompassing more complex views of gender roles within western society will allow males to feel less stigmatised when seeking help.

From statistics it is assumed that women experience more incidences of DA (Strickland, 2013), however this needs to be viewed with caution. Dempsey (2013) suggests that physical barriers, such as inadequate support services, and psychological barriers such as embarrassment can lead to under reporting. It is therefore critical to view how DA operates from an institutional level in regards to how men voice their victimisation to peers and within the court process. An institutional factor that can influence the reporting of the IPV is the set of legal requirements. The victim must convince the judge that the abuser has caused physical or sexual assault or injury (Dempsey, 2013, p. 42). Therefore, an initial obstacle for male victims is the gendered view current policies hold (Home Office, 2014). Community-led research revealed that within western cultures, female to male physical violence is slightly more prevalent (Archer, 2006). This poses implications for UK policy, as the current policy “Ending violence against women and girls in the UK” (Home Office, 2014), needs to be adapted to reflect the observed findings. Despite empirical evidence, ideological gender stereotypes are still imposed by some judges (Dempsey, 2013). The

ideology that females are the central victims of IPV creates complications when male victims present their case to the authorities who may be blinded by the gendered-approach.

From an individual perspective, many males consciously reject the label of ‘victim’ when referring to their experiences of IPV which can hinder access services (Dempsey, 2013). A common theme throughout victimisation literature is that experiences of abuse can result in depressive symptomology (Coker et al., 2002). Próspero (2007) examined the impact of both physical and psychological violence on mental health within a student sample, finding no difference in reported IPV experiences between genders. A significant relationship was found between higher reports of mental health symptoms, such as depression, with higher frequencies of IPV. Research using community samples, which represents situational couple violence, yielded results that suggested gender symmetry in reported mental health problems (Fergusson, Horwood & Ridder, 2005). As IPV can have such a detrimental impact on mental-health it is important that males can identify with being a victim of IPV so they can receive the help and support required.

Recent literature shows that acknowledgment is now being made towards male victims of domestic abuse. However, recognition alone will not motivate male victims to seek help. Changes within Social Policy need to be implemented to reduce stigmatisation towards male victims. ManKind Initiative offer solutions to diminish stigmatisation towards male victims of IPV and provide resources to assist male victims to empower their lives.

#### **v) Develop/Review Solutions**

Within community psychology, empowerment has been defined as “a process ... by which people, organizations and communities gain mastery over their affairs” (Rappaport, 1987, p.122). Empowerment defines both a perceived sense of control and an actual sense

of control over their affairs (Rappaport, 1987). Empowerment is an integral concept to the field of community psychology, as everyone has the required competencies to engage with empowerment. ManKind Initiative surmise empowerment to provide males victims with information and resources, having decision-making power, sense of belonging, overcoming stigma and achieving change in one's life (Chamberlin, 1997).

Based on prior research with female victims, empowerment has been appraised as a feasible solution. As empowerment gives control to the victim they become actively involved in the decision making process. Actively changing their own situation, allows the survivor to acknowledge they possess a sense of worth and hold the required competencies to implement change (Han, 2003). ManKind initiative offer reassurance and advice to males who experience abuse. Rather than a directive approach (Han, 2003), they enable male victims to consume the information and then choose their own solution. Mark Brooks stated that once the male victims have escaped the abuse and moved forward in life they contact ManKind thanking them for providing them with the help and resources to "turn their life around" (Mark Brooks, personal communication, February 13, 2014).

Conversely, it has been argued that empowerment alone may not be an adequate intervention for DA, as leaving the relationship does not mean the perpetrator will end the violence (Aiken & Goldwasser, 2010). This position reasons that social norm-changing strategies towards DA may prove a more effective approach. Education and training programmes are the most implemented approaches to address stigma (Cross, Heijnders, Dalal, Sermrittirong & Mak, 2011). Brown, Macintyre and Trujillo (2003) suggest that attacking myths about the issue and promoting empathy towards the stigmatised group are key components to addressing stigma. ManKind put forward the solution of 'Telling the Public the Story', to ensure that males victims are acknowledged in social policies and are recognised by society so sequentially stigmatisation is reduced (Dempsey, 2013). These

awareness campaigns have not yet been implemented by ManKind, but the provisions are there that acknowledge society needs informing.

One of ManKind's main solutions is to change the current gendered policies to recognise explicitly all victims. DA is not a gendered crime and therefore ideology has no place in helping victims of DA. However, focussing on solely changing Social Policies and interventions towards DA may not be a useful solution. Mills (2003) suggests that mandatory interventions imposed by the government, have the potential to disempower victims as they undermine their ability to make choices independently. Nevertheless, a change of current social policy (Home Office, 2014) is required to move on from the patriarchal view of DA as a gendered crime, but this needs to be implemented alongside additional solutions.

#### **vi) Implementation of Solutions**

For change to be implemented the current policies in place reducing DA need to deter the gendered-approach. ManKind suggest that either a separate policy should be created or the current policy be renamed, altering the strategies to account for all genders (Home Office, 2014).

Current proposed solutions, such as 'Telling the Public the Story' should be implemented at an exosystem level. Public health campaigns, educating society, would be successful at reducing stigmatisation towards male victims (Brown et al., 2003). Present media campaigns focus on male to female DA, although a prominent issue, other forms of DA should also be communicated to the public.

#### **vii) Evaluation**



Research offers empirical evidence that males are at similar risk to women of becoming a victim of DA (Strickland, 2013). However social policies still adhere to the gendered-approach. To evaluate the effectiveness of empowerment with male victims, qualitative and quantitative methodologies must be applied. Since 2004/05 there has been a significant reduction of 18% in levels of DA experienced (Strickland, 2013). However, statistics alone do not prove a useful measurement of intervention success due to males underreporting or trivialising the abuse they experience (Dempsey, 2013). Qualitative methods could use feedback that an individual provides once they have used the service. Feedback offers vital evidence to whether the service has proved useful and empowered the individual. Ultimately, solutions for IPV will always prove difficult to evaluate as many still perceive it as a private affair between the couple.

### References

- Aiken, J. H., & Goldwasser, K. (2010). The Perils of Empowerment. *Cornell Journal of Law and Public Policy*, 20. 139-180.
- Archer, J. (2006). Cross-cultural differences in physical aggression between partners: A social-structural analysis. *Personality and Social Psychology Review*, 10, 113-133.
- Brown L, Macintyre K, Trujillo L (2003). Interventions to reduce HIV/AIDS stigma: what have we learned? *AIDS Educ.Prev.*; 15: 49-69
- Chamberlin, J. (1997). A Working Definition of Empowerment. *Psychiatric Rehabilitation Journal*, 20. 1-8.
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., & Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventative Medicine*, 23. 260–268.
- Connell, R. (1987). *Gender and power*. Sydney, Australia: Allen and Unwin.
- Connell, R. W., & Messerschmidt, J. W. (2005). Hegemonic Masculinity: Rethinking the Concept. *Gender & Society*, 19. 829-859.
- Cross, H. A., Heijnders, M., Dalal, A., Sermrittirong, S., & Mak, S. (2011). Interventions for Stigma Reductions – Part 2: Practical Applications. *Disability, CBR and Inclusive Development*, 22. 71-20.
- Dempsey, B. (2013). Men’s Experience of Domestic Abuse: What We Know and How We Can Know More. School of Law, University of Dundee.
- Dixon, L. & Graham-Kevan, N. (2011). Understanding the nature and aetiology of intimate partner violence and implications for practice: A review of the evidence base. *Clinical Psychology Review*, 31, 1145-1155.
- Dixon, L., & Bowen, E. (2012). Intimate Partner Violence and Stalking. In Davies, G., & Beech, A. (Eds.). *Forensic Psychology* (2<sup>nd</sup> ed.). Leicester, UK: BPS Blackwell.

- Dixon, L., Archer, J., & Graham-Kevan, N. (2013). Perpetrator Programmes for Partner Violence: Are They Based on Ideology or Evidence? *Legal and Criminological Psychology, 17*. 196-215.
- Drijber, B. C., Reijnders, U. J. L., & Ceelen, M. (2013). Male Victims of Domestic Violence. *J Fam Viol, 28*. 173-178.
- Fergusson, D. M., Horwood, L. J., & Ridder, E. M. (2005). Partner violence and mental health outcomes in a New Zealand birth cohort. *Journal of Marriage and Family, 67*, 1103-1119.
- Han, E. L. (2003). Mandatory Arrest and No-Drop Policies: Victim Empowerment in Domestic Violence Cases. *Boston College Third World Law Journal, 23*. 159-191.
- Henning, K., Jones, A., & Holdford, R. (2003). Treatment Needs of Women Arrested for Domestic Violence: A Comparison with Male Offenders. *Journal of Interpersonal Violence, 18*. 839-856.
- Home Office, (2014). *Ending Violence Against Women and Girls: Policy*. HM Government: London [accessed 6<sup>th</sup> Feb, 2014: <https://www.gov.uk/government/policies/ending-violence-against-women-and-girls-in-the-uk>]
- Lambert, K. (2011). *Broken Men Break Their Silence: Male Domestic Violence Victims and their Struggle to be Heard*. Retrieved from ManKind Initiative.
- Mahalik, J. R., Good, G. E., & Englar-Carlson, M. (2003). Masculinity Scripts, Presenting Concerns, and Help-Seeking: Implications for Practice and Training. *Professional Psychology: Research and Practice, 34*. 123-131.
- Mills, L. G. (2003). *Insult to Injury: Rethinking our Responses to Intimate Abuse*. Oxfordshire, UK: Princeton University Press.
- Próspero, M. (2007). Mental Health Symptoms Among Male Victims of Partner Violence. *American Journal of Men's Health, 1*. 269-277.

- Rappaport, J. (1987). Terms of Empowerment/Exemplars of Prevention Toward a Theory for Community Psychology. *American Journal of Community Psychology*, 15. 121-148.
- Reicher, S., Spears, R., & Haslam, S. A. (2010). *The Social Identity Approach in Social Psychology*. In M. S. Wetherell & C. T. Mohanty (Eds.) *Sage Identities Handbook*. London: Sage.
- Riggs, D. S., Murphy, C. M. & O'Leary, K. D. (1989). Intentional Falsification in Reports of Interpartner Aggression. *Journal of Interpersonal Violence*, 4. 220-232.
- Steinmetz, S. K. (1977). The Battered Husband Syndrome. *Victimology: An International Journal*, 2. 499-509.
- Strickland, P. (2013). *Domestic Violence*. (Home Affairs Section, SN/HA/6337). London, UK: House of Commons Library.