

**Written Evidence submitted by Dr Elizabeth A. Bates CPsychol CSci AFBPsS  
SFHEA**

*Principal Lecturer in Psychology and Psychological Therapies at the University of Cumbria*

**Executive Summary**

**Violence Against Women and Girls (VAWG) strategy 2021-2024: call for evidence**

- 1) I am a Principal Lecturer in Psychology and Psychological Therapies at the University of Cumbria. I have been actively researching in the area of domestic abuse for the last 13 years, my doctoral work focused on exploring the prevalence of men's and women's domestic abuse and focusing on how it related to personality and psychopathology. Since then, I have specialised in working with male victims of female-perpetrated domestic abuse, and have several papers, an edited book and a number of conference presentations available to read<sup>1</sup>. I am also a trustee of the ManKind Initiative, albeit this submission is solely based on my academic research and study is not a submission on their behalf.
- 2) In my most recent work I have explored men's experience of domestic abuse, their post-separation ongoing abuse, as well as the barriers they face in help-seeking. This has provided evidence of the serious physical, verbal, psychological and emotional abuse that men can experience in relationships. Whilst the literature suggests fewer men overall are injured compared to women, many individual men are injured as severely as women – including losing their life. Overall, as a gender, they still experience significant physical and mental health outcomes, and these are often exacerbated by not being able to access the same resources and support that are available to women.
- 3) My submission to the consultation in response to the Call for Evidence will reference the findings of my research and comment on how public policy has an impact on male victims of domestic abuse. I will argue that there is a need to ensure domestic abuse policy and practice in the UK is inclusive to all genders and sexualities, ensuring there is then equitable support, based on risk and need, available for women, men and people within LGBTQ+ populations. Domestic abuse affects relationships regardless of gender or sexuality, I strongly believe the evidence supports that it is **not a gendered crime** and that men and boys need to have a separate, dedicated strategy to ensure equitable provision is seen.

---

<sup>1</sup> Please find a list of my available work [here](#)

## Issues with including men and boys under the VAWG strategy

- 4) From my experience of working with male victims of domestic abuse, I believe firmly that including them in a strategy that is targeting Violence Against Women and Girls is **not** appropriate and is in fact ineffective and increases risk to this group.

Including domestic abuse and other crimes that affect men and boys under this strategy affects the perceptions of men's experience of these crimes and reinforces society's perception about who are the only victims of these crimes. For example, it affects the narrative in society about domestic abuse and feeds into stereotypes that have existed for decades, it therefore also affects the perceptions of people working within the sector, and ultimately impacts on men who are experiencing violence who then either do not recognise their experience or fear not being believed.

As I concluded in a recent review of UK and US victim services: "there is a need for policies and legislation that are inclusive in both "name and spirit." (Bates & Douglas, 2020).

- 5) Defining domestic abuse as a gendered crime means: "gender-based violence against women shall mean violence that is directed against a woman because she is a woman or that affects women disproportionately" (European Institute for Gender Equality, 2018). Not only does this disregard the 757,000 men who were recorded as victims of domestic abuse in the 2020 ONS report, but it suggests gender is the reason that women are victims. Whilst gender is an important factor, their gender is not the reason women are victims within relationships, in fact the nature of intimate relationship means a high level of dependency which increase the risk of conflict, and so increases the risk of abuse. Women (and men, as well as others who do not identify in this way) become victims because they are partners/spouses not because they are women.
- 6) The effect of framing domestic abuse under this gendered "VAWG" framework and as a gendered crime that is experienced overwhelmingly by women, is to marginalise victim groups; specifically, male victims, and those within the LGBTQ+ community. These groups already face a significant number of barriers in accessing help and support, and the same recent review referenced above (Bates & Douglas, 2020) highlighted "a number of barriers that some underserved victim groups face in accessing help and support, with evidence seen both in the academic literature, and in these groups' lesser presentation to services (e.g., IDVAs, MARAC)". This latter point is reflective of the service based perception of the risk, severity and needs of these victim groups. Where risk of male victims in particular is underestimated due to these perceptions, it means they do not have access to the same levels of support (e.g. IDVAs).
- 7) The framing of these crimes under the VAWG umbrella also affects how men and boys see their experiences; indeed, many men do not identify their experiences as those of a domestic abuse victim despite the behaviours described including those we would understand to be. For example in a recent paper exploring barriers to help-seeking, one man said "*I didn't realise men went through it; I*

*thought only women were victims” (see Taylor, Bates, Colosi & Creer, 2021).*

These experiences of male victims/survivors are also mirrored in the accounts of those working in services that specialise in supporting this group. For example, Hines, Bates and Wallace (2020) in their study working with call handlers of a male victims helpline, one participant said: *“I have guys that call me and say “I can’t be a victim of domestic abuse. How would I be a victim I am a police officer, I’m a judge, I’m a solicitor, I work in the field, I can’t be a victim.” Even though they know what is going on it’s like “I can’t talk to anyone, I can’t talk to anyone local” they say “I can’t engage with the service.”*

It creates a barrier that means men are not sure where to go to seek help, with many reporting obstacles to help-seeking being the fear of not being believed, of being laughed at, being blamed, or of being accused of being a perpetrator. For example one man in my research said *“I reported her to the Police on one occasion and was asked what I had done to deserve the beating, I told them I had done nothing at all, to which they told me that was unlikely and it was probably something I had done or said.” (see Bates, 2020, p6)*

- 8) Framing these crimes under a gendered umbrella also serves to create an invisibility of services which is placing men at a greater risk. Services that do support men are often not fully advertising this fact and so appropriate and available services still remain invisible. For example, in a recent study with call handlers on a male victims helpline, one call handler said *“Even the services that help men don’t always advertise that they help men so they are quite surprised when I say to them, if I signpost them to local service they go “oh I saw them but they only support women aren’t they?” and you explain “no they are not they support men as well.” But they [services] don’t make it clear that they support men as well.” (see Hine, Bates & Wallace, 2020)*
- 9) I fully support the VAWG strategy, and the work this has done to help women escape from many kinds of abuse. However, I feel there should be a parallel strategy for ending abuse against men and boys, rather than having male victims fit within the current VAWG strategy. This would allow a strategy that was focused on addressing the needs and gender specific issues of the 700K+ which represents over a third of all victims of domestic abuse.

This parallel strategy should reinforce existing work done (e.g., the CPS Male Victims Position Statement) and then expand to fully address the range of barriers that both male victims/survivor face and the services who wish to support them.

### **Culture change across the Domestic Abuse sector**

- 10) Alongside the recommendation to have a parallel strategy to support men and boys, there is a further need for a wider culture change across the Domestic Violence and Abuse sector. Many barriers that men and those from the LGBTQ+ community report in help-seeking stem from a lack of knowledge, understanding and inclusivity within this sector.

The gendered framing of domestic violence and abuse creates the stereotypes and narratives within the sector that the majority of victims are women and men are perpetrators. This creates gendered "lenses" by which all perpetrator and victim groups are viewed through.

11) I fully support the need for training that recognises group specific differences, especially around health services and the police to help recognise domestic abuse. My work with male victims has revealed that they experience significant barriers in asking for help and support, and to reporting their abusive experiences. Whilst women also experience barriers, there are thought to be some that are unique to men; for example, personal barriers (e.g., related to the male gender role and need to be self-reliant), social barriers (e.g., feeling they would not be believed), and structural barriers (e.g., not being aware of where they can get help and support). Training that helps services recognise these issues will inevitably help these men and ensure service response is always appropriate. For some of the male victims I've worked with in my research, one of the barriers they have to help-seeking has been the response of services, for example: *"I was transferred to a bigger hospital after my first week of stabbing recovery. Straight back into the ICU. A young doctor ask me as they wheeled me in 'So tell me, did you deserve it or is she just a crazy bitch?'"* (See Bates, 2020)

12) Indeed, the existing gendered culture within domestic violence and abuse services creates a forum for some partners to use legal and administrative systems as a further mechanism for control. Indeed, Prof Denise Hines and colleagues suggest that *"- in addition, male victims have unique experiences in that their female abusers are able to use a system that is designed to aide female victims of domestic violence. Thus, some female perpetrators of IPV [Intimate Partner Violence] manipulate their husbands because they know that the system is designed without the abused male's experiences in mind, and that more often than not people will not believe or take seriously these men's victimisation."*

This specific type of abuse was also found within my own research, one participant said *"she once injured her hand... she punched me in the face too hard...and then the doctor offered for her to press charges against me, and she made sure that I knew about that when we got in the car. She said that the doctor has gave her his card, and that anytime that she wants all she has to do is call this doctor and the doctor will help her press charges against me for assault...and she used that as a threat all the time, she said 'all I have to do is call the doctor'."*

13) The awareness of these potential biases within the systems also serve as a barrier for men. Indeed, in my 2020 paper ("No one would believe me...") participants described this creating a fear that prevented them escaping the abuse: *"I was scared to leave because I did not want to leave my son alone with her and she threatened to keep him from me and I worried the courts might enable that"* where as for other men, it was specifically linked to a fear of false allegations and not being able to see their children: *"The constant threats of*

*never seeing my children again and not having anywhere to go made me stay longer than I should have."*

- 14) I would like to recommend this training encompass ways to encourage practitioners to ask men more directly when they have concerns about possible domestic abuse. These are questions that are already asked within women's services. My work with men who have experienced domestic abuse revealed that in many cases they only disclosed their experiences once someone had asked this question directly. For many men, the barriers they face in disclosing are significant and so the importance of asking directly when there are suspicions of abuse could be the difference between these men disclosing their experience or not. The responses men receive in this moment will dictate their decision to pursue reporting or formal help-seeking.

In the previously referenced review, Bates and Douglas (2020) suggest that "Gender-responsive services would require gender-responsive training for staff; indeed, some of the research indicates that the number of staff with dedicated responsibility for specific victim groups are often lacking...this lack of specific training is often specific to these underserved groups; for example, some practitioners supporting men within the United Kingdom have reported they do not get the same training, support or caseloads as those who were supporting female victims"

- 15) A recent review of Domestic Homicide Reviews (where the victims was male and the perpetrator female) that I was involved with (Hope, Bates, Brooks & Taylor, 2021) revealed there were numerous missed opportunities to engage with men before their deaths where there was evidence of abuse. The themes identified within this review included that men's injuries were not explored by services, for example half of the men about whom the DHRs were written had presented injuries to either the police, hospital staff or a safeguarding service which were not investigated – this was often over multiple incidents. For example: *"When James attended MRI with a police officer for treatment of the stab wound, he was not asked any questions by attending professionals in relation to domestic abuse. There was no targeted enquiry and no apparent consideration that James may have been a victim of domestic abuse."* – (Taken from the DHR of "James" who was fatally stabbed)

Furthermore, similar incidents on a female victim were acknowledged to have been likely to be treated differently; for example, *"He presented at the Accident and Emergency Department at [name] Hospital with a cut to his head and was not given the opportunity to be seen without his partner to discuss how he received the injury as he was adamant he had caused it himself. Had Tracy presented with similar injuries, it is very likely that staff would have seen her alone"* (Taken from the DHR of "Adam" who was fatally stabbed)

Furthermore, women's acts of violence were often dismissed, risk was ignored, and men were in fact more likely to be arrested. There was explicit acknowledgement within a number of the DHRs that there was a lack of provision and resources for male victims for example *"...no local agencies were known that deal solely in supporting male victims of domestic abuse"* (Taken from the DHR of

"Mark") and "...the domestic abuse policy created by [name] NHS Foundation Trust also did not acknowledge well enough that men can be victims of domestic abuse too." (Taken from the DHR of "Mr D").

It is also important to highlight that one of the recommendations from this paper, with reference to future DHRs, there is a need to ensure that there are appropriate specialist representatives that work with male victims on the panel, as this is known to not always be the case (Snowball & Rowlands, 2019).

- 16) The recently developed Male Victims Service standards developed by ManKind Initiative and Hestia provide an excellent framework to govern good practice and training within this sector. These standards are informed by the experiences of victim/survivors, practitioners and the current research.

**Dr Elizabeth A. Bates CPsychol CSci AFBPsS SFHEA**

**17<sup>th</sup> February 2021**