Research summary on male victims of domestic abuse

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Aims of the Talk

- Review some of the existing literature on male victims' experiences of IPV
- Needs of male victims
- Post separation abuse
- Fathers and parental alienation
- Victim services and findings from DHR project

Emergence of Male Victims

- Early models of Domestic Violence (e.g., Duluth)
- Early research using Conflict Tactic Scale
- Criticisms of this research and claims about prevalence of male victims
- Over last 15 years there has been an in depth exploration of men's experiences and needs

Physical Abuse

- Hines et al. (2007) – 190 male callers to DAHM
  - 52.4% of callers indicated that they were fearful that their female partners would cause a serious injury
  - Most common types were slapped/hit (42.7%), pushed (41.8%), kicked (39.2%) punched (24.7%)
- Bates (e.g., 2020)
  - *. . . throwing anything she could get her hands on from tv remotes to ornaments. I used to get punched, slapped and kicked as well.*
  - *The worst example was a night when she doused the bed in paraffin, set fire to it with me asleep, turned the power off and waited by the switch with a hammer*
  - *She also had a habit of attacking me later when I was sleeping, which meant that sleep was hard as I couldn't relax at all.*
  - *Broke her hand punching me to the rear of the head. . . . Attempted to stab me with a kitchen knife.*

Sexual Abuse

- Prevalence
  - NIPSV Survey in the US, 8.2% of men experienced "contact sexual violence" (a term which includes rape, FTP cases, sexual coercion, and/or unwanted sexual contact) from an intimate partner during their lifetime (Smith et al., 2018, p. 9).
  - ONS (2018) 39% of men reported experiencing rape or assault by penetration (including attempts) from a partner or ex-partner
- Bates and Weare (2020)
  - *She started trying to have sex with me and I told her I did not want to as I was drunk and very tired and felt sick. She didn't take that as an answer and started hurting me, forcing herself on me, hands around my neck, telling me I would do it or she would kill me*
  - *I went to bed early telling her I was going to take a sleeping tablet while she stayed up and drank, then about 2am, I woke, she was on top of me, raping me. After that I was destroyed. I didn't go home unless I could avoid it, I was scared*
  - *At a work meeting I opened my diary and she had placed a letter in it stating that she was pregnant and had come off the pill deliberately . . . I felt totally violated*

Psychological/Emotional Abuse and Control

- Hines et al. (2007)
  - 94.8% said control including coercion and threats (77.6%), emotional abuse (74.1%), intimidation (63.3%)
- Graham-Kevan, Powney & ManKind Initiative (2021) N = 538 UK men from international survey
  - Experiences of threats, intimidation, emotional abuse, isolation, economic abuse,
- Bates (2020)
  - *I'd have to bring proof of purchase for milk when she would send me to the shops and ring her when in the shops to prove that I was there and only there.*
  - *Threatened to slit her throat and daughters if I didn't come back*
  - *She controlled my friendships and controlled my contact with my family as best she could. This would include logging onto my emails and sending emails to my family pretending to be me*

Impact of experiences

- Men suffer physical health problems and many are severely injured (e.g., Hines & Douglas, 2010)
- Men too suffer the mental health problems that are associated with IPV (e.g., Próspero & Kim, 2009; Hines & Douglas, 2011).
- Comparison of abused men to abused women, rather than non abused men (e.g. Herzberger, 1996)

Impact of their experiences (Bates, 2020b)

- "I tried to kill myself…I ate all the sleeping pills I could find, drank a bit, and was happy that it was over. I woke up next to her, It was the worst moment in my life, I was still in hell" (P141)

- "It is over and has been for 18 years but I live it as if it happens everyday due to my PTSD…I am disabled by my mental illnesses now and I am housebound. It destroyed my life and robbed me of a future. That is how it impacted me, I fear." (P8)

- "I feel alone. I have little to no friends left" (P75)

Needs of male victims

- Examination and comparative analysis of large-scale client data
- Data from 34,815 clients (858 men and 33,957 women) engaging with services between 2007 and 2017
- Provided by a specialist service which collects national data from frontline services

- PRESENTATION TO SERVICES – probability not frequency

- Average age was 33 years old – men older than women
- 90% White

Findings

- Referral
  - Similar routes of referral – women more likely through MARAC and CYPS
  - Women more ticks on DASH (1) and more likely to be 'high risk'
- Context
  - Men more likely to report a vulnerability and to be full-time employed
  - 2/3 clients had children regularly in the home
  - 2/3 abuser as ex-partner, men more likely to say current and to still be living with them
- Abuse Profile
  - Men > Physical Abuse
  - Women > Sexual and Harassment/Stalking
  - No difference in Jealous and Controlling Behaviours

Findings

- Outcomes of Abuse and Risk Factors
  - ¾ had attempted to leave in last 3 months, women more likely to have done so
  - No differences in A&E trips
  - Women more likely to have called the police, and have visited GP
  - Men more likely to report issues with drugs and alcohol
  - Women more likely to report mental health issues
  - Similar mental health rating, but men gave worse physical health ratings

  - NB: All effect sizes were small

Findings

- EXIT FROM SERVICES
- Context of abuse
  - 85% no longer living with perpetrator, men more likely to report still doing so
  - Men more likely to report ongoing contact if not living together also (e.g., children, legal proceedings, financial arrangements etc.)
- Profile of abuse
  - Much lower frequency of abuse upon exit (for both men and women)
  - Men still more likely to report physical
  - Men > jealous/controlling behaviour
  - No difference in sexual abuse or harassment/stalking
- Outcomes of abuse
  - Reduction in harm, increase in client safety and quality of life all greater for women than men
  - Both felt confident accessing further support

Post-Separation Abuse

- Evidence of continued abuse and harassment of women (e.g., Jaffe, et al., 2003).
- Custody dispute and divorce
- Social Survey data revealed that of those who had identified they had experienced IPV in their relationship, 40% of women and 32% of men reported that some violence occurred after the end of the relationship (see Hotton, 2001).
  - For 24% of those reporting this post-separation experience, the violence had escalated and for 39% the violence had only begun after the end of the relationship.
- Domestic stalking by a partner/ ex-partner was 0.6% (111,000) men and 1.7% of women (279,000) - for every 4 victims of stalking, three will be female and one male (ONS, 2019)

Post-Separation Physical Violence and Control

- “She punched, punched and scratched me while I was holding my children after we broke up.” (Participant 60)
- “It got worse. I had petrol poured through my letterbox, non-stop threats, knocked concussed and hospitalised. Stabbed.” (Participant 84)

- “I moved into a separate part of the house, (large enough house to do that). We crossed on the stairs and she stopped me and said, "I wonder what the police will say if I fall down the stairs and hurt myself and tell them you assaulted me?".” (Participant 45)
- “Since she moved out she has continued to stalk me (obtained passwords and login information for my phone and Google account somehow)” (Participant 16)

Impact

- “I tried to kill myself twice.” (Participant 9)
- “I worry about picking up my phone. Worried it’s her.” (Participant 111)
- “…generally okay. However, the pain of not seeing my children is unbearable” (Participant 4)

- “I miss both my step kids deeply.” (Participant 116)
- “My family have gone through a lot of pain and are also victims of the alienation (cousins, uncles, grandparents, friends).” (Participant 36)

Experiences of Fathers

- The traditional family structure has not always facilitated or encouraged father involvement (McBride et al., 2005); this perception may have informed a stereotype that fathers feel less invested or experience less involvement in the parental role.
- Research has demonstrated that the importance of the father identity to individual men has predicted future levels of fathers' involvement (Goldberg, 2015), but where this identity is central to men, this may create an opportunity to be manipulated.
- Non-resident male parents have described the loss of their partner and their access to their children as leaving them at a loss and feeling unsure in their identity (Corcoran, 2005).
- Estrangement reduces levels of psychological well-being and increases experiences of loss and perceptions of stigma (Blake, 2017).

Control of contact (Bates & Hine, 2021)

- During relationship:
  - *"I was also told when I could hold, talk with or kiss our daughter. I wasn't allowed on my own with my daughter."*
  - *"Of course. She was the only one who could read bedtime stories. If one of our two children and if pick them up to comfort them, she would take them out of my arms as if she was the only one who could make them feel better."*
- After separation
  - *"she continues to control everything , even though there is now a shared residence order she continually books the children into activities that clash with my time with them , I have to agree otherwise contact stops"*
  - *"I haven't seen my children for almost 9 years."*

Manipulation through systems

- False allegations:
  - *"Since separation there have been a number of false allegations about abuse and neglect. I feel like I am constantly defending myself."*
- Breach court orders:
  - *"she regularly disobeys court orders over contact and her and her partner make regular threats to my safety in front of the children. the police do nothing the court orders are not enforced by social services etc"*
- Using schools:
  - *"Not providing [name]'s new school with ANY of my details i.e.. I didn't exist until I approached them"*

Manipulation of children

- Changing names: (including maiden name)
  - *"Her manipulation of her friends and our children against me increased over time. Most notably she stopped calling me Daddy in front of the children - they now call me by my first name as she has done because they are so brainwashed by her."*
- Denigration of father:
  - *"She refers to me as a "sperm donor"."*
- Lying:
  - *"Towards the end of our relationship she was telling the children that I spent time at work to get away from them…"*

Review of Services in UK (and US)

- Review conducted by myself and Prof Emily Douglas (US)
- Published in Partner Abuse
- Bates, E. A., & Douglas, E. M. (2020). Services for domestic violence victims in the United Kingdom and United States: where are we today?. *Partner Abuse, 11(3)*, 350-382.
- Built on Eckhardt et al.'s (2013) review
  - Part of PASK - https://domesticviolenceresearch.org/
  - Identified a number of limitations within existing literature e.g., lack of long term follow ups, lack of exploration of victim's own aggression, lack of exploration of interventions for male victims and female perpetrator

Helplines and Other services – Underserved

- ManKind Initiative – approx. 2000 calls a year, Oakbook, advocacy, anonymous. Data from 2018-19 revealed that 59% of the men who had called had never disclosed before and 70% of callers would not have called if the helpline was not anonymous
- Also AMIS, Dyn in Wales, Men's Advisory Project in NI
- Respect Men's Advice Line
  - In a satisfaction score, they averaged 8 out of 10 by the 30 men interviewed (Burrell & Westmarland, 2019)
  - Authors stated challenges in working with male victims "given the possibility that some callers may in fact be perpetrators of abuse, and could be using the call as an attempt to legitimise the idea that they are the 'real' victim" (Burrell & Westmarland, 2019; p10).

Victim Advocacy

- First developed in the US, to provide alternative options for women IPV victims, who did not want to leave their home but were still in need of additional support (Howarth & Robinson, 2016)
- IDVA in first developed in UK in 2005 working with high risk victims (14+ in DASH) around crisis and safety planning – represent the victim at MARAC
- Safelives Insights data (ONS, 2018) report showed only 4% of victims accessing IDVA services were men.
- Only 5% of the cases discussed at MARAC, were men, and less than 1% of referrals to MARAC are men and women from same-sex relationships (Donovan, 2010).
- ONS (2019b) revealed that clients working with an IDVA service were overwhelmingly women (96%) and White British or Irish (87%), heterosexual (94%) and did not have a disability (85%).
- Both the IDVA and MARAC figures reflect an under representation of male and LGBT victims, BAME victims, and disabled victims – compared to prevalence figures

Barriers to Help-seeking

- Routes into services: Health professionals can be key in identifying where women may have experienced IPV and so need referring to a specialist DV agency (Malpass et al., 2014).
- For men, their first point of call in disclosure is often informal, for example through friends and family (e.g., Machado et al., 2016) or through searching online (e.g., Tsui et al., 2010).
- Morgan et al. (2014) explored perpetration and victimisation of men attending GP practices in the South West of England. Men were most likely to speak to friends or family, but their next most common choice was the family doctor. Only 1.6% of respondents to their survey had ever been asked by a health care professional if they had experienced any abuse
- IRIS - indeed their referral to advisor are only available for women with only signposting available for men: "every practice that is IRIS trained is given a male patient referral pathway so that they will be signposted towards services that support male survivors" (Bolchover, 2018, p.5).

Barriers to Help-seeking

- Men are less likely to seek help
  - Stereotypes, labelling and stigma around domestic violence/IPV. "Stigmatized identity"
  - Women are victims and men perpetrators
  - Powerful and longstanding gendered discourse influences policy, practice and funding.
- These factors combined may serve to trebly stigmatise help seeking for men victimised by women.
- Sources of help were unhelpful (Machado, Hines & Matos, 2016).
- Gender stereotyped treatment (Machado, Santos, Graham-Kevan & Matos, 2017) potential for secondary victimisation (see Campbell, 2005).
- Accused of being perpetrators and referred to batterer programmes (Cook, 2009).

Taylor et al. (2021)

- *"I didn't involve social services or police as I was told they will support the woman not the man…. It's is very lonely as a man who is being tortured at home"*
- *"Letting my children down. I tried so incredibly hard to make it work and be there for them. This is the number one reason why it took me so long to leave her"*
- *"I had both a fear of not seeing our son and for his safety"*
- *"People say men refuse to ask for help. But in my experience men do ask for help and are told to shut up"*

DHR review

- The data collected was DHRs of men who had been murdered by their female partner published between January 2015 and August 2020 - *N* = 22

Main theme	Sub-theme
1. Dismissal of men's injuries	1a) Lack of exploring injuries
	1b) Multiple Incidents
2. Women's abusive acts ignored or dismissed	2a) Ignoring risk
	2b) Failure to recognize abuse by friends and family
3. Male victims treated as offenders	3a) Men more likely to be arrested
	3b) Not being seen as a victim
4. Lack of support for male victims	4a) Lack of service provision and resources
	4b) Lack of attempts to engage with men

Lack of exploring men's injuries

- *"During the early hours of 25th June 2014 the ambulance service received a call that Bob M had been stabbed in the stomach. Having initially said he had been stabbed in town, en route to hospital, he said he had been angry with his girlfriend and had stabbed himself with a steak knife."…"Jane was interviewed and also stated Bob M did it to himself after an argument. Jane was released from custody with no further action"* (Taken from the DHR of "Bob M" who was fatally stabbed)

Multiple incidents

- 5 of the 22 men had been to hospital multiple times
- None of the men who went to hospital with injuries were questioned alone away from their partner. However, two of the women who accompanied them to hospital were talked to individually about whether there was domestic violence

- *"He presented at the Accident and Emergency Department at Wexham Park 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)

Men more likely to be arrested

- *"On police attendance both were believed to be under the influence of alcohol, and it was recorded that there had been a 'heated' verbal argument during which both parties had hit out at each other. Mark was arrested to prevent a breach of the peace."* (Taken from the DHR of "Mark" who died from a stab wound)

Not being seen as a victim

- *"Opportunities were missed in relation to Mr Cooper. He was never seen as a victim of domestic abuse even when he made clear that he too had been assaulted or threatened. He was only ever treated as an offender."* (Taken from the DHR of "Mr Cooper")

Lack of provision and resources

- Within the DHRs there was an explicit acknowledgement of a lack of provision to support male victims:

- *"…no local agencies were known that deal solely in supporting male victims of domestic abuse"* (Taken from the DHR of "Mark")
- *"…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")

Recognising men as victims

- Men were not treated as women would have ben presenting the same risk and experience - missed opportunities for risk assessments (e.g., DASH)
- Stereotypes and gendered perceptions – affected treatment of men from criminal justices, health care and service staff
- Khurana et al. (in press)
  - 17.2% of IPV injuries presented were men
  - Most likely causes of injury for male IPV patients were being struck, followed by being cut/pierced, (with men being significantly more likely than women to have experienced the latter)
  - Although each represented less than 6% of injuries for men, men were also significantly more likely to have the following causes of injury: bitten, pedestrian, fire/burn, and firearm/GSW
  - More lacerations – injury due to cuts was 7x higher in men and the most likely location of their injuries was the head/neck, followed by upper extremity.
- Missed opportunities to talk to men - direct questioning is crucial for many abuse victims regarding disclosure (Jahanfar & Malekzadegan, 2007; Taket, 2003)

Implications and final thoughts

- Training – gender inclusive and explicitly challenging existing stereotypes
- Development of services e.g. IRISi
- Bates and Douglas (2020) identified the need for policy and legislation that was inclusive "in name and spirit" – challenging VAWG/developing a parallel strategy
- We need to ensure the same level of professional curiosity and application of safeguarding procedures are applied equally - indeed, professionals working within public services are under legal obligations to ensure men are treated in the same way as women (e.g., see Care Act 2014), and to treat men and women of the same risk differently would be a breach of equality legislation (e.g., Equality Act, 2010).
- Targeted awareness raising - engagement of more men with MARAC, IDVAs
- Saxton et al. (2020) indicate that there is a narrative around being "lucky" in finding the "right" (p.2048) person to speak to having a significant impact in terms of an effective and helpful response

Thank you!

- Thank you to collaborators – Dr Julie Taylor at UoC, Katie Hope, Dr Ben Hine and Dr Jenny Mackay

- Any questions?

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- Please feel free to email to request any of the papers I've discussed today