



Male Victims of Intimate Partner Violence: A Challenge to the Gendered Paradigm

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Intimate Partner Violence (IPV) is defined as any behaviour within a current or previous intimate relationship that causes physical, psychological or sexual harm (WHO 2005). IPV is a global social health issue (Dutton and Corvo 2006; WHO 2005), resulting in negative physical effects such as injury; negative health-related behaviours such as substance misuse, psychological effects that include PTSD and depression (Lawrence et al. 2012), and economic effects such as homelessness (Roberts et al. 2017). Traditionally, this matter has been framed as violence against women, or ‘gendered violence,’ which the Home Office (2016) posits ‘should be understood as *a cause and consequence of gender inequality*, and as a result, impacts disproportionately on women and girls’ (Home Office 2016, 7). Despite evidence to the contrary (see below), two core assumptions here are: (1) violence towards women is gender based violence, i.e., it is because the victim is a woman that she is targeted; and (2) women are subject to ‘structural inequality’ in England and Wales, which in some unspecified way motivates men to use violence to women and girls.

The first assumption is that violence towards women is because they are women. As Felson and Lane (2010) explain, this translates to the idea that

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misogynist men assault their female partners to maintain their dominance, in contrast to violence committed by women which is understood as a reaction to the violent behaviour of their partner, and so is motivated by self-defence. The problem with this assumption is that empirically it is not supported. Not only is the majority of IPV bilateral (see below) but evidence indicates IPV is not gender driven. Evidence shows that typical motives are: to get the partner's attention, expression of negative emotions, jealousy and communication difficulties, and that these motives are reported equally by both male and female perpetrators (Elmquist et al. 2014; Langhinrichsen-Rohling and McCullars 2012). Additionally, contrary to the assumption, men typically inhibit their violence towards a female partner due to normative constraints against harming women (Felson et al. 2015).

The second assumption is that women are subject to structural inequality. No concrete examples are given to support this or any indication what may count as measurable evidence for evaluation. In England and Wales there is little evidence of structural inequality favouring men over women, indeed within family court and the criminal justice system (CJS) women are generally treated more favourably than men (MoJ 2014). In spite of this, the government and charities are very concerned about women within the CJS and are calling for a reduction in women's imprisonment, even though it is acknowledged by the Ministry of Justice (MoJ) that females are under-represented as offenders across all crimes (MoJ 2015, 10). It seems that women are treated more leniently than men throughout the CJS, enjoying a confluence of unequal relations in roles, functions, decisions, rights and opportunities within the CJS compared with men. This sexism is not only approved of, but also criticised for not going far enough.

The Development of the Gendered Paradigm

In the UK IPV is prevalent, with these types of crimes accounting for almost 16% of the caseload of the Crown Prosecution Service (CPS 2016), with an estimated 1.6 million incidents per year (ONS 2017). It is often reported by action groups and the media that over 4 million women experience IPV each year, accounting for 7.7% or 1 in 4 women. However, what is rarely discussed are the statistics from the same reports that estimate 4.4% of men in the UK were victims of IPV in that year (ONS 2016; Mankind Initiative Brooks 2016). This equates to one in three victims being male, with the Office of National Statistics (2016) estimating that 1 in 6 men will be a victim of IPV in their lifetime. Additionally, as men are three times less

likely to report incidents than women, in this already under-reported area (Mankind Initiative Brooks 2016), the estimate for male victims is probably conservative. Despite the evidence, victimisation of this type has been framed a characteristic of being female, with perpetrator programmes (Bates et al. 2017b), victim support (Mankind Initiative Brooks 2016), and political policy (Women's Aid 2018) being led by the patriarchal narrative, leaving male victims very much under supported.

Since the 1970s, there has been debate between theoretical and scientific communities regarding the causes of IPV (Graham-Kevan 2011; Straus 2009a; Whitaker and Lutzker 2009). Although evidence-based theories have been put forward, feminist ideology has dominated the field. This is due in part to sustained feminist campaigning bringing domestic violence against women into the public domain (Straus 2009b), thereby securing public and institutional support to help female victims and stop heterosexual male perpetrators (Graham-Kevan 2011). From this feminist stance, 'patriarchy' is viewed as the single, direct cause of IPV (Bell and Naugle 2008; Dixon and Graham-Kevan 2011) (see Chapter 5 by Seager and Barry for a description of patriarchy theory). While this theoretical principle has been heavily criticised (Cook 1997; Dutton et al. 2009; Dutton 2011; Straus et al. 1988; Straus 2009b), it has been instrumental in shaping the responses of law enforcement, public offices and societal opinion and is clearly the foundation for the government's approach to intervention.

The most prolific and influential programme developed to counter IPV is the feminist-centric Duluth Domestic Abuse Intervention Project (Bates et al. 2017b; Graham-Kevan 2017), colloquially known as the Duluth model. Although commonly understood as a male perpetrator educational course, the main aim of the project was to develop a wide-reaching strategy of synchronised policies and practices that integrated law enforcement, the judiciary and service providers (Graham-Kevan 2007). The programme curriculum was developed in conjunction with female victims, shelter workers and activists from the battered women's movement with the purpose of using community institutions to diminish the believed power batterers had over their victims (Pence and Paymar 1993). It is therefore unsurprising that the premise of the programme is that of a gendered perspective, grounded in patriarchal feminist theory (Graham-Kevan 2017; Dobash and Dobash 1979; Pence and Paymar 1993). With the primary or even exclusive cause of IPV believed to be the 'Power and Control' of women by men; instigated, developed and supported by the patriarchy. No other explanation of the cause of IPV is acknowledged and any other possible cause, such as psychological issues and emotional dysregulation, is admonished and attributed to the patriarchy (Dutton and Corvo 2006).

As a core belief of the Duluth model, this stance is monolithic and unwavering (Dutton and Corvo 2006, 2007; Dutton 2006, 2012; Dutton and Nicholls 2005), and forms the absolute centre of the Duluth Model. Based on theory, Duluth is a psychoeducational (Dutton 2006) perpetrator programme intended to ensure the safety of women by holding men accountable for the abuse they have committed (Shepard and Pence 1999). The model is a court mandated 26-week group programme that aims to educate men to change their behaviour from those represented on a 'power and control' wheel to those which are described on an 'equality' wheel, terms which have become synonymous with the Duluth model. These behaviours were defined by female victims of IPV and are split into eight themes, each being explored over a 3-week period. It is believed that this process will move relationships from authoritarian and destructive to egalitarian (Pence and Paymar 1993).

Key to the implementation of the Duluth plan is the requirement for all agencies that are involved in IPV cases to be fully coordinated in the Duluth philosophy. As well as providing sanctions and rehabilitation for abusers via probation services, strategies are developed and implemented to coordinate action by the police, the court, child protection services and shelters, thereby, covering all possible contact points. A tracking system is applied with the intention of '*preventing community collusion with abusers*'... Ensuring '*that individual police officers, probation officers, therapists, prosecutors, judges, advocates, and jailers are not screening cases out of the systems based on misinformation*' (Pence and Paymar 1993, 19). Information is gathered at each stage of the process in a prescribed manner in order to guarantee that the different agencies adhere to the Duluth way of reading and interpreting, and those individuals within the institutions involved that fail to meet the required standards are held personally accountable. Controlling all elements of the process (including: beliefs regarding domestic abuse, agency responses, information processing and overall compliance) ensures that everyone involved is obedient to the philosophy of the Duluth model. This level of integration and control has ripple effects throughout the system (Dutton and Corvo 2006). Men who are experiencing abuse from a female partner may not perceive themselves to be a victim of abuse, as the establishment normalises the Duluth patriarchal concept. Shelters will be set up for female victims, and law enforcement may not take men's victimisation seriously (Douglas and Hines 2011).

Those that present challenges to the Duluth model are seen as detractors (Shepard and Pence 1999), dismissed as anti-feminist (DeKeseredy and Dragieicz 2007; Gondolf 2007) or accused of endangering the lives of women (Campbell 1997 in Shepard and Pence 1999). The main challenge

to the Duluth philosophy is the growing body of evidence regarding female perpetrators and male victims, which is dismissed as ‘backlash’. Robust scientific method is criticised on the grounds that the context of the violence is not considered when examining female perpetrators. Although for male perpetrators one of the core requirements is to agree that the ‘*act of violence must be made the sole responsibility of the person using it*’ (Pence and Paymar 1993, 17), it is asserted that female perpetrated violence is committed in self-defence or retaliation for abuse by a male partner. Additionally, it is claimed that female abuse is less serious than male violence and does not cause fear in the male victims. These conclusions are based on research carried out by the originators of the Duluth model, with women who had either self-referred, been arrested or court-ordered to an abuser programme for acts of IPV against a male partner (Shepard and Pence 1999). In some cases, self-defence and retaliation were given as the motivation behind the violence. However, other reasons given include: *I wanted him to pay attention to me, I wanted to get some control over the situation, I wanted him to take responsibility, and I wanted him to respect me*. Furthermore, it was reported that the female perpetrators did not feel that their male victims were fearful of the violence inflicted on them, regardless of the degree of force the women used, unless she used weapons such as knives or guns, in which case it was felt that the male victim may have felt fear but only temporarily. For each and every reason given by these female perpetrators the creators of the Duluth model not only continually dismissed female perpetrated violence, but attributed the abuse to the behaviour of the male victim. It would seem that the standards and expectations of ownership of violent acts, and cessation of victim blaming, only apply if those involved fit with the prescribed template of feminist theory.

The Duluth model was created over three decades ago. Since that time numerous studies have shown gender symmetry regarding perpetration of IPV (Archer 2000, 2006; Langhinrichsen-Rohling et al. 2012; Straus et al. 1980; Straus 1979, 2009b; Straus and Ramirez 2007; Whitaker et al. 2007). These studies also demonstrate evidence against adopting a single cause, gendered perspective approach to domestic violence (Bates 2016; Bates et al. 2014; Dutton 2006; Dutton and Corvo 2006; Dutton and Nicholls 2005; Graham-Kevan 2017). Despite this, development of perpetrator programmes have been heavily influenced by the Duluth model (Bates et al. 2017b). The UK’s government funded charity Respect, which accredits domestic violence prevention programmes, mirrors the feminist beliefs enshrined in the Duluth model, with the accreditation framework based on the premise that domestic violence is a gendered issue (Dixon and Graham-Kevan 2011).

To attain accreditation, prospective members must demonstrate that the survivor experience is placed at the centre of all work carried out with perpetrators (Sarah Newton MP in *The Respect Standards* 2017), in the same manner as the Duluth model. Furthermore, the Respect standards call for an integrated agency approach and national strategies to address Violence Against Women and Girls (VAWG), which could be compared to the coordinated agency response within the Duluth model. In order to retain accreditation, organisations are subject to a ‘robust and thorough full scrutiny audit, carried out by expert assessors’, and includes desktop reviews, site visits, sampling of client videos and interviews with staff (Respect 2017). This tracking and monitoring ensures that all services meet or exceed the quality standards. In the same vein as the Duluth model, prescribed procedures, policies and ways of working are closely controlled to ensure that each accredited organisation follows the feminist doctrine of Respects’ standards.

It is informative that there are a number of professional endorsements published along with the 3rd (latest) edition of the Respect accreditation standards. Here we see key influencers such as the Minister for Crime, Her Majesty’s Inspectorate of Constabulary and Fire and Rescue Services (HMICFRS) lead on domestic abuse, various prominent academics whose research is gender focused, and even the Children and Family Court Advisory Support Service (CAFCASS), paying homage to the standards introduced. Women’s Aid praised Respect for recognising that domestic abuse is far from gender neutral and that women’s inequality is both a root cause and consequence of domestic abuse (Katie Ghose in *The Respect Standards* 2017). From government departments, police forces, academia, through to children’s social workers, these testimonials demonstrate the institutional pervasiveness of feminist theory, that requires strict adherence to the principles of patriarchy as the exclusive reason for IPV. Evidently, Respect not only has the same ethos as the Duluth model, but has an almost identical framework. Based on what academics call ‘feminist dogma’ (Dutton and Corvo 2006; Dutton et al. 2009), both organisations believe the single issue of patriarchy as the cause of IPV.

When examining the gendered theoretical stance of IPV prevention in the UK, it would be remiss not to consider Women’s Aid, the charity widely acknowledged for raising awareness, and heralded by feminists as the experts within the field of IPV (Eadie and Knight 2002). Women’s Aid is a federation of women’s aid support groups that coordinates local services to support women and children that are victims of domestic violence. However, like the Duluth model proponents, they lobby government, consult with social agencies and campaign for changes within the police and the judiciary to bring

about changes in policies and procedures. As expected Women's Aid is a support group for women, helping thousands of women each year; this in itself is to be praised but does not qualify them to dictate interventions (Graham-Kevan 2017). The reach achieved by Women's Aid is problematic when we consider the impact the views of such an influential organisation have on wider perceptions of IPV (e.g. in the courts, media, general public etc).

In line with both Duluth and Respect, Women's Aid perpetuate the claim that 'domestic abuse is a gendered crime which is deeply rooted in the societal inequalities between women and men' (Women's Aid 2018). Women's Aid also affirms that women are the 'overwhelming majority of victims of domestic abuse' and that 'domestic abuse is a violation of women and their children's human rights'. Any reference to female perpetrated violence is moderated as not as harmful or frequent as male violence, and claims not to cause fear in male victims (Hester 2013). The avoidance of acknowledging male victimisation is common in all communication from Women's Aid. It has been suggested that the type of social marketing utilised by some charities to gain funding and disseminate their message could be described as propaganda, defined as 'the deliberate and systematic attempt to shape perceptions, manipulate cognitions, and direct behaviour to achieve a response that furthers the desired intent of the propagandist' (Shaughnessy 1996). Data regarding female victims appears to be repeatedly stated as a method of propaganda (Gambrell 2010) to support the extent to which women are affected, while data regarding male victimisation is completely ignored even when its reported from the same sources (Cook 1997). In addition to using externally sourced data from academics who specialise in researching IPV from a gendered perspective, Women's Aid carry out internal research involving women in their shelters that is used to inform external agency policy and practice. This poses methodological issues that are typical for organisations with a vested interest in finding high rates of male to female violence only (Dixon and Graham-Kevan 2011; Dutton 2011). Most obvious among these issues, using a sample recruited from Women's Aid shelters will undoubtedly show high levels of male to female perpetrated violence, but such levels cannot be applied to the general population (Cook 1997; Dutton 2006).

A tactic of the Duluth model is to work with influential agencies to ensure interventions conform to the Duluth philosophy (Graham-Kevan 2007), and the same strategy is being applied by Women's Aid. Section 2 of Women's Aid's latest Trustees' Report sets out the strategy for influencing legislation and policy to protect survivors and their children, including a list of the groups Women's Aid was involved with in the past year.

These include: the Inter-Ministerial Group on VAWG, the Home Office Stakeholder group which is responsible for the way domestic abuse is handled as a crime, The Crown Prosecution Service (CPS) VAWG consultation group, the National Oversight Group on police response to domestic violence, Police Regional Leads and Stakeholders for domestic abuse group, and the Domestic Abuse Statistics Steering Group set up by the Office for National Statistics. As a key stakeholder in each of these groups, Women's Aid can influence every agency that sets national policy and procedure for dealing with IPV. The government and CPS now refer to violence against women and children when debating decisions regarding IPV. Women's Aid even has influence over the way in which national statistics are being reported; being a member of the steering group set up by the Office of National Statistics to review the way domestic abuse statistics are produced and published. Additionally, Women's Aid collaborated with CAFCASS to produce a report into family cases in the courts, claiming that in 62% of child contact cases the father was accused of domestic abuse. Following widespread criticism (Men's Aid 2017) regarding a government agency being influenced by a politically driven feminist group, CAFCASS removed the report and it is no longer available (contact Author for a copy). Once again, the Duluth model is echoed in the strategy of a highly influential feminist group, meaning national decisions and policies will be led by the belief that the patriarchy is the singular cause of IPV, where exclusively men are the perpetrators and women are the victims.

From the Duluth perspective, preventing IPV would require overturning the deep entrenched social structure of patriarchy, which many feminists believe is the root cause not just of IPV but of the inequality of women across the whole of society (Dutton 2006). It has been suggested that for feminists, IPV represents a visible example or 'poster child' of the harm caused to women by a patriarchal system (Straus 2009b), making IPV a tool for propaganda that could potentially distort our perceptions (Gambrell 2010). Consequently, the existence of male victims of IPV represent a threat towards the central philosophy of feminism (Whitaker and Lutzker 2009). As well as concerns that acknowledgment of male victims impact the judiciary's view of IPV (Bates 2016), anxieties are exacerbated by the fear that recognition of male victims would result in cuts to funding for female-focused support (Cook 1997). For these reasons, information regarding male victimisation is routinely ignored or removed from the public eye and met persistently with unsubstantiated claims regarding female victims (Straus 2010). Moreover, feminist supporters typically become combative (Cook 1997)

when presented with research findings that don't fit the Duluth view, including smear campaigns and punishment of well-respected researchers who had previously been heralded by the feminist movement, to the point where in the US tenure has been denied (Straus 2010).

These politically persuasive organisations appear to be motivated to ensure that their message is dominant, not only inside government and community agencies but also for the general public. As governmental and public funding will be acquired on the basis of the message provided, the very existence of these organisations is dependent on wholesale belief in feminist view of IPV. Gambrell (2010) investigated the concern that propaganda is affecting the quality of practices and policies in the helping professions. Gambrell posits that the use of propaganda, using theory rather than evidence-based practice, may lead to the helping professions inflicting harm upon those they are claiming to support, because a categorical commitment to dogma prevents in-depth investigation and a full view of the available data, thereby preventing development of a robust and effective approach (Dixon and Graham-Kevan 2011; Dutton and Nicholls 2005; Graham-Kevan 2017; Straus 2009a).

Gender Symmetry and Male Victims of Female Perpetrated IPV

Within a feminist paradigm, acknowledgement of the male IPV victim is a direct threat as this also requires recognition that women can be perpetrators. From the gendered perspective, this acceptance removes women from the carefully choreographed stereotype of victim, and catapults them into the area exclusively reserved for men. It is also at odds with feminist-informed research using selected samples that are so often used to investigate IPV (Archer 2000; Cook 1997; Graham-Kevan 2007; Straus 2010). However, there are hundreds of gender-inclusive studies that show the symmetry of aggression across the genders. Martin Fiebert began collating references for peer-reviewed research and as of 2012 lists a bibliography examining 286 scholarly investigations, 221 empirical studies and 65 reviews and/or analyses, which demonstrate that women are as physically aggressive, or more aggressive, than men in their relationships with their spouses or male partners. The aggregate sample size in the reviewed studies exceeds 371,600. As mentioned previously, awareness of a lack of sex-differences in men's and women's use of IPV in western nations began in the

1970s (Straus 2009a; Graham-Kevan 2017), from research led by academics that were respected by feminist activists, but who were consequently excommunicated (Cook 1997). Straus et al. (1980), in the first ever population IPV survey in the world, reporting on findings from a community study of 2143 husbands and wives, found that of those who reported incidents of violence, 49% reported bilateral violence (violence by both partners), 27% reported that only the husband was violent, and 24% reporting that only the wife was violent.

This finding was repeated with a similar, though larger ($N=5531$) sample (Stets and Straus 1989). Of this sample, 825 respondents reported experiencing one or more incidents of IPV, with again 49% of the abuse being bilateral, 23% with the only the husband being abusive towards the wife, and 28% where only the wife was the perpetrator of IPV. Thus the most common type of violence is bilateral IPV engaged in by both men and women. The second most common type of violence was by women, perpetrated against men that either use minor or no violence. The least common type was male perpetrated violence, against a female who engages in minimal or no violence. This directly challenged the stereotypical understanding of IPV presented by the feminist ideology (Dutton and Corvo 2006). The findings were consistent with a systematic review (Langhinrichsen-Rohling et al. 2012), which also found the same pattern for lesbian and gay couples, and further undermines the typical gendered understanding of IPV.

Stets and Straus (1989) also found that women reported they were more likely than their male partner to instigate violence by striking the first blow (52.7% vs 42.6%). As it has been shown that women are more likely to get injured by physical conflict, it would appear that by not addressing the overall issue of IPV, including treatment for female perpetrated violence, the gender paradigm is inadvertently contributing to the harm experienced by women (Archer 2000; Bates et al. 2017b; Felson 1996; Gelles and Straus 1992; Graham-Kevan 2017; Straus et al. 1988; Straus and Ramirez 2007). It is of note that this data has been available for as long as the women's movement has been actively promoting the gender paradigm, yet due to concealment and denial, most organisations and individuals are unaware of these findings (Graham-Kevan 2007; Straus 2009a).

Considered to be of 'gold standard' in studies of gender violence (Dutton 2006), Archer (2000) carried out a meta-analysis of 82 independent studies, resulting in a combined sample of size of 64,487 (men $n=30,434$, women $n=34,053$). The study aimed to investigate rates of perpetration and the physical consequences of physical aggression between heterosexual partners. Results showed that women were slightly more likely to be

injured by men ($d = +0.15$), which can be explained by differences in size and strength (Felson 1996). Crucially, it was found that women are slightly more likely than men to use physical violence against a partner. In a similar vein, Whitaker et al. (2007) analysed data regarding partner violence and injury in heterosexual relationships ($n = 18,761$) of adults aged 18–28 ($n = 11,370$). The data was taken from a National Longitudinal Study where IPV was reported in 23.9% of relationships, with women reporting more violent relationships than men (28.4% vs 19.3%). Among relationships that engaged in IPV, 49.7% were bidirectional, with incidents of injury that were more frequent within this type of violent relationship, than unilateral (only one violent partner). In relationships where the violence was unilateral, women were reported by both women (67.7%) and men (74.9%) to be the perpetrator in most cases. Whitaker et al. (2007) concluded they were not surprised that reciprocal violence was at such a high level, as previous studies had indicated this pattern, but they were surprised that women were the primary perpetrator in the majority of cases. They conclude that reciprocal violence is injurious regardless of gender, although women tend to be injured more severely. These findings support those reported by Stets and Straus (1992), that women are equally engaged in IPV, but are directly opposed to the claims held by those supporting the gender paradigm, who have ignored such results.

Despite belief to the contrary, the research evidence showing bilateral and female-only IPV is large, and the number of studies and participants involved have compelled a response from the feminist community (Graham-Kevan 2007). Unsurprisingly responses attempt to explain women's use of violence as self-defence against the control motivated abuse from men (Pence and Paymar 1993; Dobash and Dobash 2004; Walker 1980). Even when female perpetrators quite clearly state that they have used violence against their male partners, feminist theorists appear unable to accept any reason other than self-defence (Shepard and Pence 1999).

A systematic review of literature by Langhinrichsen-Rohling and McCullars (2012) found little support for a self-defence motive. They found that men's and women's IPV was perpetrated for similar motives, which were primarily: to get back at their partner for emotional hurt, due to perpetrators' feelings of stress or jealousy, in order to express anger and other negative emotions that they found hard to articulate and/or communicate to their partners, or to get their partner's attention. Within their review, eight studies directly compared men's and women's power/control motivations and largely found no significant gender differences. There were ten papers that allow analysis of self-defence motivations. Half found women more

likely to give this as a reason, four found no statistically significant difference between men and women and one paper found men more likely to report this motive than women. Authors point out however that self-defence is rarely endorsed for men and women. More frequently endorsed were the motivations of anger and/or retaliation, and jealousy, which were equally likely to be motivating IPV for men and women. Again, these findings present a challenge to the gender paradigm. More importantly, interventions need to consider the motivations that are specific to the individual, and not based on gender stereotypes (Carney et al. 2007; Dixon et al. 2012; O'leary et al. 2007).

The gendered view of IPV insists that where men are abused by women, there is no fear, or any immediate or long-lasting negative effects, and only minor injury. For women, not only is there expectation of serious injury, but also there is a large body of evidence that shows life altering psychological effects including PTSD, depression, anxiety, substance dependency and suicide ideation (Campbell 2002; Gelles and Straus 1988; Golding 1999; Goodman et al. 1993). However, despite being subjected to the same actions as female victims, the same consequences are deemed not pertinent for men, with the connotation that men need not have access to the support services or treatment they need (Douglas and Hines 2011). Nevertheless, although relatively under-researched, there is evidence showing that consequences for men are almost identical (Dutton 2011).

Hines et al. (2007) examined the experience of domestic violence of men ($n=190$) who had contacted the first helpline dedicated for men in the US. The men ranged in age from 19 to 64 years, with a third of the victims between 40 and 49 years. Female perpetrators ranged in age from 17 to 59, with a third falling into the 30 to 39 years bracket. The men had a variety of professions including frontline services such as police, firemen and military (13.7%), construction (4.2%), manual labour (11.6%), doctors, lawyers or professionals, or engineers or architects (3.25%). Others were either unemployed (9.5%) or disabled (17.9%). This shows that men from any background, including those that are stereotypically tough men, can be victims of abuse by a woman. Minor violence such as slapping and grabbing had been experienced along with more serious assaults such as choking and stabbing. Additionally, almost 95% of the men said that their female partner had tried to control them via threats, emotional abuse, intimidation and isolation. Many (64.5%) disclosed that often children were used to control them, and 50% said that their partner used manipulation of the system, such as obtain a restraining order or sole custody of the children. 52.4% of the men were fearful of their partner and believed that she would harm them if they found

out the man had contacted the helpline. This was echoed in a subsequent study by Hines and Douglas (2010), who examined why men stay in abusive relationships: almost 25% of the male victims said they feared their partner would kill them or someone they loved. The most common reasons for not leaving were: concerns about the safety of the children, commitment to marriage and love, and fear that he may never see his children again.

Hines et al. (2007) also examined the types of physical violence men endured. The acts most reported were being slapped or hit, pushed, grabbed or punched. However, some men described severe IPV such as attack to the groin area, having a knife held against their genitals and threatened with castration, having knives pulled on them, and being raped. Similar experiences were found by Mechem et al. (1999), who investigated male injuries as a result of female perpetrated IPV over a 13-week period, in an Emergency Department of the Hospital of the University of Pennsylvania. A previous study (Dearwater et al. 1998) had shown that 14.4% of women that used community emergency rooms had been abused by their partner within the preceding 12 months. Mechem et al. (1999) found that of the 866 male patients interviewed, 12.6% (109) had been abused by a female partner in the same time frame. Comparable to Douglas and Hines (2011), the most common forms of abuse included slapping, shoving and grabbing (60.6%), followed by choking, kicking, biting and punching (48.6%). However, 37% of cases involved the use of a weapon and 7% of victims were forced to have sex. Despite this, only 16 victims (14%) had contacted the police.

In a re-examination of the data from the National Violence Against Women telephone survey, conducted by Tjaden and Thoennes (2000), Coker et al. (2002) investigated the physical and mental health effects of experiencing IPV, including depressive symptoms, substance abuse, chronic disease and chronic mental illness. They found that physical and psychological violence affected the mental health of female and male victims, with 14% of women and 18% of men reporting that they were victims of psychological abuse alone, during their lifetime. Psychological abuse includes behaviours now recognised as coercive control in Section 76 of the Serious Crimes Act 2015, such as bullying, intimidation, isolation, humiliation and monitoring activities (CPS 2015). Within the feminist paradigm, control has historically been associated with male perpetrated abuse (Dobash and Dobash 1979; Pence and Paymar 1993; Respect 2018; Women's Aid 2018), yet in this study 78% of that experienced by men was psychological abuse, which was associated with chronic illness, depression and substance abuse. Despite the limitation that the original survey was framed as a gendered issue, results showed that both types of IPV were associated with significant

physical and mental health consequences in both female and male victims. In a subsequent study from the same data, Coker et al. (2005) reported that 24% of women and 20% of men who had suffered IPV had moderate to severe PTSD symptoms.

Implications for Male Victims and Female Perpetrators

The above evidence suggests that the need of support in male victims of IPV is equal to that required by female victims. However, due to the gendered view of IPV, men may not recognise that they are being abused (Dutton 2011; Dutton and White 2013; Gelles and Straus 1992), or they may feel shame due to societal stigma and fear of ridicule (Steinmetz 1977). This means that men may not reach out to formal support organisations (Barber 2008; Drijber et al. 2013) without campaigns similar to that which have been used for decades to encourage women to recognise their partners' IPV, and more recently coercive control, as problematic and criminal. Truthful campaigns are now needed to raise awareness among male victims so that men can (a) identify that they are being criminally victimised, (b) that society can understand that there should be no stigma attached to being a victim of this crime, and (c) that law enforcement and support agencies are ready and willing to provide support for male victims and their children. Currently there has been no such campaign in any nation in the world. Indeed men are worse than invisible, in that they are actually regarded with scorn (George 2016) and/or suspicion (Dixon and Graham-Kevan 2011) by the very agencies that should be there to help them. Not surprisingly therefore, in their study of US help-seeking male victims, Douglas and Hines (2011), found that men tended to use informal types of support such as friends, neighbours and family. Frontline services that are instrumental to the domestic violence support system such as the police, hotlines and domestic violence agencies were reported as being not helpful to male victims. Men accessing these services were told that they only helped women, and 95% of men felt that the agencies were biased against them, with some men being accused of being the perpetrator rather than victim. Additionally, 16% of men contacting a hotline and 15% of men that contacted domestic violence agencies had been ridiculed. For those men who contacted the police, 21% said the police refused to arrest the female partner and 38.7% reported that the police said there was nothing they could do. The social support that victims receive after sustaining IPV has been shown to be

negatively correlated with post-traumatic stressors and positively correlated with adaptation (Anderson et al. 2012; Canady and Babcock 2009; Cobb et al. 2006; Jose and Novaco 2016). Conversely, if victims are subjected to secondary victimisation, for example victim blaming, ridicule and dismissal, and not given the support they require, male victims are at increased risk of anxiety, depression and PTSD (Campbell and Raja 1999, 2005).

Evidently, the feminist assertions that women do not perpetrate violence at the same rate as men, that when they do it is in self-defence, and that men are not fearful or harmed by female perpetrated violence, do not hold. Men are abused at similar rates as women (Archer 2000, 2006; Stets and Straus 1989), they feel fear (Hines et al. 2007), they sustain physical injuries and experience psychological effects that have devastating consequences (Coker et al. 2005), in the same way as female victims. In addition, there is a substantial lack of support available which may result in under-reporting or secondary victimisation leading to an increase in mental health issues (Campbell and Raja 1999). Unfortunately, the actions of the women's movement, intended to provide safety and freedom for female victims, appear to have become a justification for biased social control (Dutton and Corvo 2006) and the dismissal of male victims. Likewise, focusing on a small area of IPV, unilaterally male-on-female, not only means that male victims are ignored, but that the overall issue of IPV is not addressed. Evidence shows that women engage in the same—or slightly higher—levels of IPV, are more likely to instigate violence, and more likely to be physically injured. Having a singular theory of patriarchy as the cause of IPV means that feminist theorists may actually be putting women at risk of harm. Appropriate prevention programmes and treatment will not be available for women who abuse, preventing them from gaining the skills they require to enable effective conflict management without violence. Current policies are putting women at greater risk of being physically harmed (Archer 2000; Swan et al. 2008) and re-victimisation (Kuijpers et al. 2012) that may lead to increased negative outcomes such as injuries, fear, mental health issues and PTSD (Caldwell et al. 2012; Zacarias 2012), demonstrating that feminist theory is contributing to the harm it proposes to combat.

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