

## **Adding Insult to Injury: men as victims of domestic abuse**

*This paper was authored in response to the question of context of, and potential actions to address, a public health issue of free choice. The paper was written for the course 'PUBH7614 Health Systems', as part of a Masters of Public Health at University of Queensland, Australia in 2011.*

### **1. Context**

Despite its considerable complexity, Australia has one of the best functioning health systems in the world, however this does not mean that there are not problems which require urgent attention. Since the 1980s the Australian health system has worked hard to address the problem of domestic abuse against women with Government-funded campaigns to raise awareness of the issue and services offering support to women who are, or have been, victims of domestic abuse. This began formally in 1986 with the National Agenda for Women consultations initiated by the Commonwealth government, and followed by the 1992 National Strategy on Violence against Women; the 1997 Partnerships against Domestic Violence; the 2001 National Initiative to Combat Sexual Assault (NICSA); and the 2005 Women's Safety Agenda<sup>1</sup>. In the 2004-05 budget, \$6.7million was given to NICSA to launch the National Elimination of Violence Campaign, commonly known as the "Violence against women - Australia Says No" campaign<sup>1</sup>, due to the slogan publicised by NICSA. In 2005, the government announced that the Partnerships Against Domestic Violence program would be replaced by the four-year Women's Safety Agenda<sup>1</sup>. Federal funding is now supporting the 2010-2022 National Plan to Reduce Violence Against Women and their Children<sup>2</sup>.

State and territory governments (in future, referred to as 'state governments' in this report) have carried on the work of the Commonwealth government by providing the health services necessary to back-up these campaigns and agendas. In 2009, the Western Australian government launched a four-year program titled 'WA Strategic Plan for Domestic and Family Violence' aiming to "provide better integrated service

responses to families who find themselves victims of domestic and family violence”<sup>3</sup>. The plan aims to raise community awareness of the issue; more effectively focus practical initiatives; provide round-the-clock response services; and provide intervention programs for perpetrators of domestic abuse<sup>3</sup>. During 2004-05 NSW Health introduced an active screening program for domestic abuse, to complement the services offered to victims and perpetrators<sup>4</sup>. Queensland Health also provides in-home care and support for families experiencing domestic abuse<sup>5</sup>. Other state governments have initiated their own programs and services relating to domestic abuse. In addition to this, private providers offer services on a fee-for-service or charity basis. Unfortunately male victims of domestic abuse have been largely overlooked in policy practice and service implementation to date<sup>7</sup>. This report seeks to provide direction for addressing this imbalance. In this report, the term ‘domestic abuse’ will be used to cover the range of physical, emotional, sexual, financial, spiritual and other forms of abuse perpetrated by one intimate partner against another intimate partner and, in some instances, children in the family.

## **2. Problem Definition**

Although significant progress has been made, in the last thirty years, to support women who are victims of domestic abuse, men suffering domestic abuse have been largely forgotten<sup>7</sup>. From the previously mentioned titles of Commonwealth government programs and agendas alone (National Agenda for Women, National Strategy on Violence against Women, Women’s Safety Agenda, National Plan to Reduce Violence Against Women and their Children), it is clear that the Australian government has taken a strong view of women as victims, and little consideration has been given to male victims of domestic abuse. By consistently depicting the perpetrator of abuse as male, government campaigns have marginalised and further disempowered men who are victims and not perpetrators of domestic abuse<sup>11</sup>. Many men feel a

sense of emasculation through victimisation, and government domestic abuse agendas<sup>7</sup>, such as the “Australia Says No” campaign, have exacerbated this<sup>12</sup>.

It is estimated that just under a third of all Australians will experience domestic abuse at some point in their lives<sup>6,7</sup>. However this is a difficult statistic to calculate. Chief reasons for statistical ambiguity include lack of data; unclear definition of ‘domestic abuse’; variety of substitute terms for ‘domestic abuse’, such as ‘domestic violence’, ‘family violence’, ‘intimate partner violence’, ‘intimate partner abuse’; limited scope of population sampled; bias of data such as police records only recording incidents able to be defined as crimes under legislation, and clinical incidents recorded by health systems only including those resulting in physical or mental harm<sup>1,6,9,10</sup>. With these challenges in mind, Mulroney states that “statistics can, at best, be an indication of minimum levels of domestic violence” (p.4). This report utilises statistics published by the One in Three Campaign<sup>8</sup> in an effort to avoid ambiguity.

There is also a severe shortage of support services for men experiencing domestic abuse<sup>12</sup>. Many shelters and support services currently in operation will not accept men, as their presence can unsettle female clients<sup>7</sup>. Men experiencing financial abuse may not have the monetary resources to pay for accommodation outside the home or fee-for-service support services<sup>7</sup>. Some services and staff refuse to believe that men can be victims (as well as perpetrators) of domestic abuse and refuse to assist male victims<sup>12</sup>.

While Australia has made considerable advances in breaking the silence around women and children experiencing domestic abuse, there is a lack of services and acknowledgement for male victims of domestic abuse.

### **3. Analysis**

The question of whether domestic abuse against men is a reality must be considered. In 2006, the Australian Bureau of Statistics published the Personal Safety Survey which reviewed violence trends in Australia<sup>13</sup>. This survey found that, since fifteen years of age, 29.8% of victims of current partner violence were male, and 24.4% of victims of previous partner violence were male<sup>13</sup>. The Crime Prevention Survey (2001) interviewed people aged from 12 to 20 years and found that 23% of respondents were aware of domestic abuse perpetrated against their mothers or step-mothers by their fathers or step-fathers and 22% of respondents were aware of domestic abuse perpetrated against their fathers or step-fathers by their mothers or step-mothers<sup>8</sup>. In 2009, the Queensland Government Department of Communities reported that 40% of domestic and family violence protection orders were issued to protect males<sup>8</sup>. Despite the confusion between definitions and research methods, the preceding statistics are strong assurance that the problem of domestic abuse against men is real.

With such evidence in mind, the privately run One in Three campaign was launched in Australia in 2009<sup>14</sup>. This campaign aims to promote the reality of domestic abuse against men; advocate for improved services and support for male victims; and correct misinformation about gendered domestic abuse issues. The campaign takes its name from the range of statistics (some of which are listed above) which show that almost one in three victims of domestic abuse is male. Despite having surveyed state and federal government, as well as private, service providers, the One in Three Campaign has only uncovered four Australian services specifically aimed at supporting male victims of domestic abuse [Mensline Australia; Men's Rights Agency (QLD); Family Space (QLD); Hunter Domestic Violence Support & Advisory Services Inc (NSW)]<sup>15</sup>. An additional fifteen services located overseas are also listed, including Stitching Wende in the Netherlands which offers the first government-funded shelter for male victims of domestic abuse in the world<sup>15</sup>.

Based on Australian population numbers of 22.7million people<sup>16</sup>, and accepting the statistics that almost a third of all Australians will experience domestic abuse in their lives and almost one third of those victims are male, roughly 2.5million Australian males will experience domestic abuse. With these figures in mind, one national and three state/regional services cannot be expected to provide adequate support to all male victims.

It must also be appreciated that men experience the impacts of domestic abuse in ways which are different to women. Men can feel that their victimisation heralds a loss of masculinity and the strength required to live life as a man<sup>7,12</sup>. Male victims are frequently assumed to have brought the abuse on themselves by initially perpetrating abuse<sup>12</sup>. Male victims frequently have difficulty being believed by police, the justice system, non-gender-specific domestic abuse services, the media, and the general public – many feel this is a result of the barrage of government and media portrayals of men as abusers and not the abused<sup>7,12</sup>. Due to lack of services and information, many male victims have no idea where or how to seek help<sup>7,12</sup>.

The impact of this problem is likely to be far-reaching if action is not taken swiftly. With limited access to support and intervention services, the situation is likely to build with male victims placing an increasing burden on health service facilities in the future. This is likely to be seen in the form of ongoing presentation to emergency departments or primary health care services for treatments of injuries sustained during physical violence events; increasing burden of mental health conditions; and increased accessing of government welfare programs, including for victims of financial abuse and abuse resulting in loss of ability to maintain previous employment. It has also been demonstrated that male victimisation through domestic abuse leads to an increase in men attempting suicide; men adopting substance-abuse practises; and increased male workaholism<sup>7,12,17</sup>. If intervention measures are not initiated, children in

families where men are abused are likely to grow up thinking this behaviour, and its consequences, is either normal or acceptable and may accept or instigate such behaviour in their own adult relationships and lifestyles<sup>7</sup>.

Clearly this is a problem which will only be exacerbated by time. The cause is simple: lack of attention given to the existence and experiences of male victims. Unfortunately the solution is far more complex.

#### **4. Options**

As with all health needs, limited resources – particularly financial – are of key concern when attempting to implement solutions. A key concern in the case of providing services to male victims of domestic abuse is that resources currently allocated for services and support for female victims of domestic abuse are not redirected to male victims to the detriment of women's services. Another concern is that services aimed at both male and female victims may be less effective than services aimed at one gender or other. This is due to the nature of the abuse itself – if women are abused by men, they may feel uncomfortable in an environment where men are also welcome, and men who have been abused by women may feel uncomfortable with women<sup>7</sup>. [A parallel issue further arising from domestic abuse, which will not be discussed here, is the possible need for services specifically tailored to homosexual victims of domestic abuse.] Fortunately a working blueprint to tackle this issue has already been established through the efforts to target domestic violence against women. Using the steps already taken to reduce gendered domestic abuse, options for programs and services supporting male victims can be explored. However, it must be noted that men do not experience domestic abuse victimisation in the same way that women do<sup>7,12,17</sup>.

With this in mind, the primary need for combating male victimisation is quality and informative research on the extent and implications of the problem<sup>7,12</sup>. Without a clear understanding of the needs of male victims, effective interventions and support services cannot be created. However, this is not an excuse to delay taking action. The problem is real and urgent action is required – flexible options must be implemented with a view to revising and strengthening as new data comes to light.

Research should be of both a qualitative and quantitative nature. It is necessary to understand the numbers of victims requiring assistance, their distribution throughout Australia, and any inherent trends. It is also necessary to understand the social constructs and impacts of male victimisation; how male victims themselves experience the abuse; what they would like to see done; and any inherent non-quantitative trends. Due to the complex cultural and symbolic issues associated with this topic, there is considerable opportunity for formative and well-constructed qualitative studies to be conducted, both specifically focussing on male victims of domestic abuse, and also gender comparisons of experiences of domestic abuse.

Initial research projects could join with services such as Mensline and the One in Three Campaign to access data and seek participation of male victims. Other domestic abuse services - both non-gender-specific and those aimed at women – should also be canvassed to assess numbers of men seeking assistance from these services. Current data sources - such as police reports; court records; hospital admission and emergency department files – should be reviewed for efficacy or limitations, and new research methods developed to better capture the incidence and prevalence of this problem. Since the Combat Tactics Scale, currently used in many self-reporting surveys, can limit the scope of abuse captured, Leonard suggests that this could be replaced with the Composite Abuse Scale developed by Hegarty, which may more accurately serve as a measure of multi-dimensional partner abuse<sup>7</sup>. Significant efforts must also be made to

encourage men to speak up about their experiences of abuse and provide safe and appropriate forums for this to happen. Without men being willing to share their experiences, accurate research cannot be compiled.

The key step which should be taken initially to encourage men to share their experiences is to publically acknowledge and define the problem. As with efforts to stop domestic abuse against women, the creating of a publically recognised picture of the issue opens up channels for discourse; opportunities for research; and avenues for change<sup>18</sup>. This could usefully be done through a modification of the current National Elimination of Violence Campaign and a refocussing of government attention towards all forms of domestic abuse, not just male-perpetrated, female-victimised domestic abuse. Clearly this would require renaming of some government programs; rewriting of publications; and modification of some patterns of speech and writing on domestic abuse as current rhetoric marginalises – and in some cases entirely ignores – male victims of domestic abuse.

Men seeking assistance could initially be directed to the Mensline service (1300 78 99 78 or [www.mensline.org.au](http://www.mensline.org.au)). Currently active services who feel they may be able to provide assistance could be invited to register on specially designed commonwealth government website or the Mensline website. Unfortunately websites for the Partnerships Against Domestic Violence and the National Elimination of Violence Campaign both use language which portrays women as victims only (and not victims and perpetrators of abuse) and would not, therefore be suitable for publicising to male victims of domestic abuse. Once a measure of unmet needs has been gained, new services can be initiated. Some government programs, again such as Partnerships Against Domestic Violence and the National Elimination of Violence Campaign, may also need to be transferred from the Office of Women to less gender-specific arms of the government.

Any new services must be aware of the reluctance of many men to share their experiences; the need for confidentiality; and strategies to maximise men's comfort when accessing such services. Services openly advertised as "men's shelters" may find that potential clients are reluctant to access them and may need to be more discretely named<sup>7,18</sup>. Services may need to be included in, and available for access through, other health initiatives such as men's health specialist GPs or newly instated GP Superclinics.

Local organisations which currently offer services suitable for male victims of domestic abuse should be encouraged to consider expanding their services. Examples of this are the Men and Family Centre in Lismore, NSW, which offers counselling services, small group workshops and community development programs to men and their families in the Northern Rivers Region<sup>19</sup> and Menstime at Anglicare in Western Australia which provides counselling, support and group work for men<sup>15</sup>. Both these services may be able to expand their current programs to cater to a broader range and larger numbers of men experiencing domestic abuse. Eventually, as the scope of the issue becomes clearer, new, more permanent programs may need to be initiated to supplement or replace the flexible programs and services.

## **5. Recommendations**

It is clear that research projects must be initiated and support services must be expanded to understand the scope and context of the issue and provide adequate assistance to male victims of domestic abuse. With the understanding that limited funding is available from government budgets, the recommendation is made that private funding sources be accessed initially and ongoing commonwealth or state funding can be applied for once health and community benefits, and cost-effectiveness, can be demonstrated.

Key areas of need for research are accurate and complete statistics on the numbers and distribution of male victims; needs of men; effective methods to encourage men to speak about their experiences;

(numbers, location, and activities of) services required; and improved methodologies for collection of, and access to, data. Research can be effectively encouraged, for minimum cost, through universities with health-related courses. An example of this would be adding a project such as “Qualitative and/or quantitative research into male victimisation through domestic abuse” to the School of Population Health listing at University of Queensland. Research teams requiring funding should be encouraged to apply to organisations such as The Sydney Meyer Foundation Health Scholarships<sup>20</sup> and the National Health and Medical Research Council<sup>21</sup>. Published results should be offered to Mensline.org or the One in Three Campaign, or a government website created to raise awareness of male victims of domestic abuse. A centralised database of research can thus be created.

Organisations currently offering services for male victims should be encouraged to post to a central database (which could be hosted by Mensline.org or the One in Three Campaign or a specially-designed government site). These organisations, and other organisations who feel they may be able to offer support or advocacy, should also be encouraged to apply for funding to expand or develop suitable programs. Available funding sources include the Honda Foundation<sup>22</sup>, the Peter Brock Foundation<sup>23</sup>, QR National Community Giving Fund<sup>24</sup>, Optus Regional Community Grants<sup>25</sup>, or - for Christian organisations such as Menstime at Anglicare WA – Genesis Charitable Foundation<sup>26</sup>. Centralised databases for research and services should apply for Google Grants In-kind advertising for non-profit organisations which provides free online advertising for community service organisations<sup>27</sup>. Program implementation of targeted intervention should be facilitated and supported as research outcomes are achieved.

The commonwealth government should modify policies, campaigns and rhetoric, and realign anti-violence projects, to include both males and females as victims (and perpetrators) of domestic abuse, thus raising awareness of the issue amongst the general public. Social marketing campaigns should also be designed,

popularising 'heroes' who have experienced victimisation as a man and can help to 'normalise' the issue – thus encouraging other men to speak out and seek assistance. Assessment of operational services should be made with a view to identifying gaps which may need to be filled by government campaigns and policies. All future anti-violence government campaigns should be analysed for gender equality to ensure that neither male, nor female, victims of domestic abuse are marginalised or prohibited from access to services, advocacy and support.

While lack of services, support and awareness of male victims of domestic abuse present a serious and pressing problem, there is also an opportunity for positive health change inherent in this. Through advocacy and initiation from both front-line organisations and government departments, and partnerships at all levels of health service delivery, solutions can be discovered and the lives of many male victims of domestic abuse can be impacted in a significant, positive way.

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