Maryland Health Care Coalition Against Domestic Violence

*Professional Guidance on Intimate Partner Violence and...*

# Male Survivors

The typical framing of partner abuse as a heterosexual issue—with men abusing women—over relies on stereotypes and may mischaracterize victims in abusive relationships (Shwayder, 2013). Research and resources established to address intimate partner violence (IPV) have been primarily focused on women and children survivors. Due to the construct of masculinity in our society, male survivors of IPV often do not report abuse for fear that there are no resources available or they will not be taken seriously. Many others may not even clearly see themselves as victims. Further, IPV is not just experienced in the heterosexual community but also in the LGBTQ community. Major hurdles exist when trying to find funding and conduct research, as well as providing services to people who don't fit in the stereotype of an IPV survivor (Shwayder, 2013).

## PREVALENCE

- 1 in 4 men have been physically abused (slapped, pushed, shoved) by an intimate partner.
- 1 in 7 men have been severely physically abused (hit with a fist or hard object, kicked, slammed against something, strangled, burned, etc.) by an intimate partner at some point in their lifetime.
- Nearly 1 in 10 men in the United States has experienced rape, physical violence.
- 1 in 18 men are severely injured by intimate partners in their lifetimes (NCADV, 2015)

## EFFECTS

A survivor's physical and mental health state can be impacted because of IPV.

- Victims who are abused physically are likely to suffer from injuries such as broken bones, internal bleeding, and bruises. (Centers for Disease Control and Prevention, 2006).
- Health risks include alcohol abuse, chronic pain, and attempted suicides (Moskovic, 2004). Long term health effects include brain damage and sexually transmitted diseases.
- Survivors can have trust issues in relationships and suffer from depression (Centers for Disease Control and Prevention, 2006). They also may have mental health effects such as anxiety and panic attacks (The Ripple Effect, 2002).

## INTERVENTIONS

- Screen every patient – male and female – for IPV
- Use gender-neutral language when referring to partners until your patient confirms his partner's sex. For example, inquire first about a partner, rather than assuming it must be a girlfriend.
- Educate your male patients about IPV
- When identified, be ready to refer IPV survivors to local resources

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Male survivors may assume that they are not eligible for legal services or protections due to their gender. In fact, state and federal domestic violence laws, like other laws and the protections that they provide, are gender-neutral (Kelly, et al; 2008). As well, counseling and advocacy programs funded by the Violence Against Women Act must provide services to "similarly placed males" and will not discriminate based on sex, gender identity or sexual orientation.

*A word about primary aggressors:* On occasion health care providers will encounter situations in which their patients are involved in mutually violent relationships between both partners. Additionally, it can be acknowledged that in a certain percentage of cases an abuser will intentionally screen positive to present as a victim. In all of these cases, it is not the medical provider's responsibility to determine who is the primary aggressor. Screening and services should be offered to anyone who screens positive for abuse. Service providers and law enforcement agencies will determine how best to proceed. Medical professionals should, however, be wary if they suspect that an abuser is presenting as a victim in order to compromise the abused partner's safety or credibility. In all cases, it is best to refer to experts in this area.

## RESOURCES

https://mnadv.org/ Maryland Network Against Domestic Violence (for a comprehensive list of statewide domestic violence programs)

Gay Men's Domestic Violence Project http://gmdvp.org/gmdvp/ 1-800-832-1901

## REFERENCES


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