



# INTIMATE PARTNER ABUSE OF MEN

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## EXECUTIVE SUMMARY



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# EXECUTIVE SUMMARY

In this research we sought to explore men's experiences as victims of intimate partner abuse. Our main objective was to gather data to guide policy makers and service providers in improving services to male victims of intimate partner abuse. A secondary aim was to guide researchers in how to facilitate men's disclosure of intimate partner abuse experiences in large-scale epidemiological studies.

The research was conducted in two stages. The first stage involved a qualitative exploration of male victims' experiences, focussing on factors that influence deciding whether or not to disclose the abuse. The second stage involved a survey of 198 service providers across a range of health, welfare, and justice fields.

In Stage One, data were collected from three populations: men who reported that they were abused by their partners (n=15); significant persons in the lives of such men (n=5); and individuals who provide services to such men (n=8). A major limitation of this stage was that we failed to engage men younger than 33, Aboriginal men, gay men, and men from culturally and linguistically diverse backgrounds. Nonetheless, the data collected are rich in what they reveal about Anglo-Australian male victims of intimate partner abuse where the perpetrator is female.

We employed a grounded theory approach in order to set-aside pre-existing theoretical and philosophical assumptions about men's experiences of abuse and to allow a conceptual framework to emerge from our data.

The categories of abuse reported by Stage One participants were consistent with those found in the family violence literature. However, we also identified one form of abuse that has not been researched before. We labelled this legal-administrative abuse. Legal-administrative abuse involves a person using legitimate services in a way that abuses the rights of others. Spiritual abuse was mentioned by one participant but did not emerge as a reportable theme in Stage One.

The data suggest that women who reportedly abuse their intimate male partners are likely to abuse other people as well (e.g., their children friends of their partners) and the abuse is sometimes part of a wider pattern of antisocial behaviour.

It is impossible to draw conclusions about the aetiology of the reported abuse, but factors that were mentioned by participants as leading to or causing the abuse were: female abusers' use of substances, female abusers' mental health problems, the female abuser having grown up in a dysfunctional family, learning that abusive behaviour is rewarding, the female abuser having a history of psychological trauma, and the female abuser having a high need for control. Participants also speculated that males

who are victims of such abuse might be vulnerable to becoming involved in abusive relationships due to their personality, upbringing or physical condition. We emphasise that these are the speculations of our participants, and that much research is needed before we can state a clear position on the causes of female to male intimate partner abuse.

The data suggest that male victims of intimate partner abuse and their children suffer a range of consequences, such as psychological distress (including psychological disorders such as depression and anxiety disorders), suicidal ideation, impaired self-concept (in particular around one's sense of masculinity), and loss of work.

Despite those impacts, participants reported that men are reluctant to disclose what is happening to them or to seek help. The reasons for this are complex. The major factors appear to be men's denial of what is happening; their fear that they will not be believed, and their fear that even if they are believed they will not be assisted or will be blamed for the abuse. Participants believed that men would find it easier to seek help and disclose the abuse if there were greater public acknowledgement that males can also be victims of abuse, if there were appropriate services for men, and if they were confident that they will be given effective help.

In Stage Two we sought to clarify and extend the data gathered in Stage One by conducting a structured (set questions) survey of service providers from a range of services (health, welfare, counselling, police, legal, pastoral, etc.). Due to the absence of men under 30, men in same sex relationships, Indigenous Australian men, and men from culturally and linguistically diverse (CALD) groups in Stage One, the survey instrument did not contain questions specifically relevant to these groups.

There were seven main findings of note from Stage Two. First, a high proportion of service providers (81%) reported that in the previous 12 months they had provided services to at least one man who reported being a victim of intimate partner abuse. Second, service providers indicated moderate agreement with the definitions of different categories of abuse that we provided, with the main addition to those definitions being that power and control and fear and intimidation should be explicit within them. In short, different categories of abuse should not only be defined by the actions involved in that form of abuse but also by the intimidation that is caused or intended by those actions and by the control that the abuser attempts to exert over the victim.

The third major finding is that service providers reported that the types of barriers to disclosure that we identified in Stage



One were, to varying degrees, relevant to the men who they had worked with. Over 80% of service providers reported observing in their work barriers such as a sense of shame, fear of not being believed, and an expectation of gender-bias. These are the most critical factors that service providers and agencies need to remove in order to assist male victims to disclose their abuse.

Fourth, participants identified some additional barriers to those that we identified in Stage One, such as the psychological health of the victim, when the victim is both perpetrator and victim, and a perceived hetero-sexist bias among service providers. Fifth, a high proportion of participants reported having observed the facilitating factors identified in Stage One operating in the lives of the men they had seen.

The sixth major finding is that participants rated themselves and their agencies as only moderately effective in (1) overcoming the barriers to men disclosing and (2) harnessing the factors that facilitate disclosure. This is an issue that needs further exploration. If participants' perceptions on this issue are accurate, then there is a lot of work needed in terms of training and service design if agencies are to be effective in assisting men to disclose abuse. In relation to this matter, participants suggested that more public education and health promotion campaigns would be an important part of addressing some of the barriers to men disclosing the abuse they have suffered. The limited degree of acknowledgement that men can be victims of intimate partner abuse was a major problem that participants identified within both the health and welfare service fields and within the general community.

The seventh major finding from Stage Two is that a similar range of services that are currently available to women (although many would argue are insufficiently available) were identified by participants as being required for an effective service response to the needs of men. These include, counselling and support services, gender-sensitive services (services specifically for men), accommodation services, help-lines and crisis response, community education and prevention programmes, and specialist family violence services for diverse sections of the male population (e.g., men in same sex relationships, Aboriginal men).

### **Based on our findings we make the following recommendations:**

1. That government funded public awareness campaigns be conducted to raise awareness of intimate partner violence against men. Such campaigns need to be very carefully designed so as to complement campaigns about family violence against women and children and not to damage the effectiveness of those campaigns.
2. Consideration should be given to providing publically-funded services specifically for male victims of IPA.
3. Consideration should be given to how services for male victims of IPA can be integrated with services for female victims and general services for victims of family violence in all its forms. It is likely that some types of service can be effectively integrated while others will need to be gender-specific.
4. Workers in the broader health and welfare fields should be provided with training to assist them to respond effectively to male victims of IPA. In particular, these workers need training in how to dismantle the barriers (identified in our research) to men disclosing their abuse and strengthening the factors that facilitate men's disclosure of their abuse.





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