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TITLE

Coping with multiple adversities. Men who sought medico-legal care because of physical violence from a partner or ex-partner

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MEN REPORTING PHYSICAL VIOLENCE FROM AN INTIMATE PARTNER

ABSTRACT

Objectives: To describe male victims of physical violence by an intimate partner who consulted a medico-legal unit, and information available on their perpetrators; to characterize the violent events and their contexts. Little research exists on male victims of physical intimate partner violence seeking medical care.

Method: Based on Heise's ecological framework, mixed methods were used to analyze quantitative and qualitative data collected during 122 medico-legal consultations attended by 115 men who sustained physical violence by an intimate partner from 2006-2012.

Results: quantitative and quantitative data collected from male victims concurred in showing that many of such victims, as well as their partners, faced at the time of the assault multiple adversities and challenges at individual and relationship levels. Among male victims, 26 % had no paid job. Among perpetrators, 34% were third-country nationals subject to restricted residence permits. Health issues, worries about money or work combined with complex and conflictive family situations were often in the background of violent events. In a few cases however, male victims reported no other problems than their partner's assault.

Conclusions: our findings point out gender-specific aspects of female to male physical partner violence. The most common feature is that violence was experienced as one among several adversities. Even though wounds sustained by male victims were not necessarily severe, their emotional suffering was frequent. When under-age children were involved, their situation was particularly noteworthy. Interventions with male victims of intimate partner violence should include protection of minors as a priority and as an incentive for fathers to seek help.

Keywords: domestic violence/ male victims / mixed methods / hospital/ physical assault

INTRODUCTION

It is a popular belief that men are more reluctant than women to disclose that they are victims of intimate partner violence (IPV) and that most will not seek professional help. Beyond debates about prevalence, little research exists on those male victims who did make use of community resources. This study will help fill a gap in knowledge by investigating a population of male IPV victims who sought medical care following a physical assault by an (ex-) intimate partner.

International data

An emerging area of research

At the international level, a body of research on female aggression against male intimate partners

has developed in recent years. It originates mostly from the United States (Rhodes et al., 2009), Canada, and the United Kingdom (Williamson et al., 2015; Slater, 2013; Perryman & Appleton, 2016). Some studies have also been carried out in other European countries, for instance Ireland (Corbally, 2015), Sweden (Storey & Strand, 2012), Germany (Jungnitz, Lenz, Puchert, Puhe, & Walter, 2009) or Portugal (Carmo, Grams, & Magalhaes, 2011). Besides, research on violence in intimate lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI) relationships has emerged in the past decades (Donovan & Hester, 2010; Merrill & Wolfe, 2000; Moises, 2007; Harvey, Mitchell, Keeble, Nicholls, & Rahim, 2014) .

A contentious subject

The issue of male victimization by intimate partners has led to heated controversies among social scientists. Contemporary methodological and theoretical debates on gender and intimate partner violence (IPV) are often polarized. At one extreme, the existence of “a gender symmetry of partner violence” is argued (Straus, 2009, p. 552). This position is based on results obtained by using the Conflict Tactics Scales (Straus, 2001), showing similar rates of physical aggression by males and females against an intimate partner, or even higher rates of female perpetration (Archer, 2000; Thornton, Graham, Kevan, & Archer, 2015; Schlack, Rüdel, Karger, & Hölling, 2013). Interestingly, the National Violence Against Women Survey used a modified version of the CTS and found higher IPV victimization rates of women compared to men. Moreover, the results showed that male victims usually sustained less long-lasting violence, less often threats, fear, injuries, medical or mental health care. It was more unusual for men to miss work as a result of the violence, or to press charges (Tjaden & Thoennes, 2000). Nevertheless, as pointed out by Hamby, important limitations of the CTS and analogous measures are that they are “behavioral checklists” that count acts of physical aggression without assessing injuries and context, such as coercive control or fear, that are more common in male-to-female aggression (Hamby, 2015, 2016).

At the other extreme of the controversy, it is asserted that there is no such thing as male victims of violence by intimate female partners. Women are considered as the only victims of genuine intimate partner violence, a phenomenon characterized by male coercive control over women and based on patriarchy. Whenever women assault male partners, in this perspective, they act in self-defense and the consequences for assaulted men are far less serious than they are for women. (Dragiewicz & DeKeseredy, 2012).

Beyond the controversies

There are however researchers with more nuanced perspectives, who recognize the existence of female IPV perpetration against men, albeit as a minority phenomenon. Some authors envisage that female perpetration of IPV is explained by different causes, takes other forms and has distinct consequences from IPV by men. Some qualify female IPV as mostly spontaneous acts of aggression or “situational violence”. Typically, female to male IPV would not be embedded, as is

the case of male to female IPV, in a pattern of dominance (Gloor & Meier, 2003; Dobash, Dobash, Wilson, & Daly, 1992). Other researchers find a diversity of forms and motivations for IPV by women, covering a range of variations from "situational violence" to "intimate terrorism" (Caldwell, Swan, Allen, Sullivan, & Snow, 2009; Henning, Martinsson, & Holdford, 2009). It is noteworthy that studies have often focused on women perpetrators of IPV, as illustrated by special issues devoted to this topic by two journals (Violence Against Women, 2002, 2003; Journal of Aggression Maltreatment and Trauma, 2009). There appear to be fewer studies that investigated male victims of IPV and their experience. However, there is some evidence that male IPV victims can suffer from psychological distress and trauma, and sometimes from severe wounds (Carmo, Grams, & Magalhaes, 2011; Hester et al., 2015; Dempsey, 2013; Rhodes et al., 2009). One study, though, found that coercive behaviors had less adverse mental health impact on male than on female IPV victims (Moises, 2009).

Swiss data

Heidi too gets hit

Policies and research on domestic violence have developed relatively late in Switzerland compared to North America or the United Kingdom. The last years of the nineteen nineties and the first decade of this century have been marked by a growing awareness in Switzerland that women are particularly at risk of being subjected to couple violence, and important progress has been made in terms of domestic violence prevention and intervention. The first population study on male to female IPV victimization in Switzerland found that one out of five women have experienced a physical or sexual assault from an intimate partner during their lifetime (Gillioz, De Puy, & Ducret, 1997).

In parallel, the existence of male victims of IPV has been regularly brought up in public debates and in the media in Switzerland, but there is still quite limited empirical evidence about this phenomenon in this country. Nevertheless, Swiss legal provisions to prevent couple violence, public services and benefits for victims of criminal offences, as well as programs for offenders are available to both men and women. Two shelters for male victims of domestic violence have been opened in the German-speaking part of Switzerland.

Gender-blind statistics

In 2015, 4,704 domestic violence offences, perpetrated by married or cohabiting intimate partners were reported by the police; 2,732 offences were committed by former cohabiting intimate partners. Women comprise 74% of all domestic violence victims recorded by the police. This included not only female victims of IPV but also adult or minor victims of violence by a relative (Office fédéral de la statistique, 2015, p.41). Unfortunately, there are no statistics on the proportion of men and women who are victims of domestic violence by an intimate partner.

Any person residing in Switzerland who has sustained direct damage to their physical, sexual or psychological integrity can benefit from assistance according to the Federal Law for Victims of Crime (LAVI) in effect since 1993. The LAVI centers do not break down IPV statistics by gender, but out of a total of 33,780 consultations in 2015, 72.6% were attended by female victims (Bureau fédéral de l'égalité entre femmes et hommes 2016, p 6).

Male victims: many conjectures, little evidence

As far as empirical research is concerned, a qualitative study based on interviews with seven male IPV victims in Switzerland highlighted the suffering expressed by those men (Torrent, 2001). A Swiss survey of 1150 women and 707 men included questions about self-reported assaults on an intimate partner and found that "8% of women and 7% of men recognize that they shoved, pushed or shook their partner under the influence of anger." (Bodenmann & Gabriel, 2004, p. 50). The results of these studies were used to argue that "violence has no gender" (Torrent, 2004) p. 52) and fueled a debate similar to the "battered husband syndrome" one that started thirty years earlier in the United States (Steinmetz, 1977). A more moderate position was taken by Swiss authors who urged researchers to stop arguing about "arithmetical questions" regarding the number of male and female IPV victims, and focus rather on accumulating knowledge on this phenomenon (Gloor & Meier, 2003, p. 4).

A mine for data on interpersonal violence

The Violence Medical Unit (VMU) was established in 2006 by the University Center of Legal Medicine (CURML) at the University Hospital in Lausanne. The VMU is a medico-legal consultation available free of charge for adult victims of violence. Consultations are provided by nurses, supervised by forensic pathologists. Most patients are referred by the Emergency Service of the hospital. From the start, unique quantitative and qualitative data about various forms of violence victimization have been collected. As far as male victims of intimate partner violence are concerned, since the VMU opened, approximately one out of ten consultations following a physical violence event perpetrated by an intimate partner has involved a male victim (Hofner et al., 2009) (see Figure 1). The fact that roughly 90% of victims of intimate partner violence are female and 10% are male supports the premise that there are gender differences. The VMU data indicate that male victims of IPV do exist, and that some men seek both hospital care and medico-legal consultations following a physical assault. These consultations provide forensic evidence that these men sustained injuries consistent with a physical assault. Besides, they express and give signs of psychological distress and shock that are usually encountered in victims of violence.

Background to the study

The VMU and Institute of Higher Education and Research in Healthcare (IUFRS) of the University of Lausanne launched a study in order to investigate, from an exploratory perspective,

the phenomenon of male victims who seek medico-legal care. It was deemed important to look into both quantitative and qualitative data in order to gain some in-depth knowledge on the population of male IPV victims who consulted the VMU. The theoretical model informing this study was the ecological framework (Heise, 1998; Heise, 2011; Abramsky et al., 2011; Stöckl, Heise, & Watts, 2011). This model combines in a theoretical framework the body of evidence from different disciplines about intimate partner violence. It is a reminder that this phenomenon can be explained and understood only by examining combinations of factors and circumstances at different levels of the social ecology. The integrated ecological framework promotes a holistic and interdisciplinary approach to intimate partner violence. It represented a breakthrough in violence research in the late nineties (Heise, 1998). Until then, studies had often been confined to competing disciplinary perspectives and explanations. Not only does the framework reflect the fact that intimate partner violence results from the interaction of influences at the level of individuals, couples, families, communities and societies, but it also challenges deterministic interpretations of these interactions. As explained by Heise (2011, p.6) in a recent adaptation of her framework, influences operate in a probabilistic way: “There are likely to be different constellations of factors and pathways that may converge to cause abuse under different circumstances. Likewise, the same set of genetic, personal, history, and situational factors (such as abuse in childhood, a proclivity towards impulsiveness, and having too many drinks) may be sufficient to push a particular man toward partner violence in one socio-cultural and community setting, but not in another.” (Heise, 1998, p.6).

Guided by this framework, the research project comprised three phases: The first phase is the focus of this article. It consisted of analyses of quantitative and qualitative data collected during VMU consultations with 115 male victims of physical violence by an intimate partner. In the second phase, qualitative data were collected through telephone interviews with the male victims who could be contacted again (N=38) several years after an assault by an intimate partner. In the third phase, two focus groups with 16 professionals concerned with domestic violence prevention were held, with the purpose of investigating practices and perceptions regarding male IPV victims among these professionals.

Two objectives have guided the first phase of the study:

1. To describe the population of men who reported an IPV event in a medico-legal consultation for adult victims of violence, and to present the information they provided about their partners.

2. To characterize the violent events, their context and consequences, from the perspective of the male patients who reported physical violence from an intimate partner.

As per the integrated framework, the first objective focused on the individual-level circumstances of male victims and their partners, while the second objective took into account information available about the couple relationship as well as the partners’ position in the

broader socio-cultural context.

METHODS

The research protocol for the present study was approved by the Canton de Vaud Ethics Committee on Human Experimentation on May 17, 2013.

Population

The population of male patients who consulted the VMU between January 1, 2006 and December 31, 2012 following an incident of physical violence from an intimate partner (hereafter referred to as 'male victims') was composed' of 115 men who reported 122 events (5 consulted twice; 1 consulted 3 times). Throughout the 7-year period considered, 12.5% of all consultations following an assault by an intimate partner (N=979) were by male victims, while the remainder and large majority of IPV consultations (N=857; 87.5%) involved female victims.

Columns 2 and 3 of Table 1 provide an overview of individual socio-demographic characteristics of the male victims. Victims were often middle aged or young men (the most represented age category was 35-44, followed by those aged 25-34 (median age: 37). Secondly, with regard to nationality, residence permit and occupation, about half of the male victims were Swiss citizens and the rest were citizens from other countries. Among those foreigners, a majority had an EU passport with facilitated work and residency conditions. A little less than half were "third-country nationals" with more restrictive conditions. Two male victims in this category had a permit due to marriage with a Swiss resident, and risked losing it in case of divorce. About two thirds of the male victims had an occupation. More than one quarter stated that they held neither an occupation nor were they students. Among male victims who held jobs, some were employed part-time or on a temporary basis. Others had started a new job and were still in the trial period.

Columns 3 and 4 of Table 1 present partial indications provided by the victims about the perpetrators. Socio-demographic characteristics of perpetrators were only systematically collected from 2009. However, the available data provided valid indications from 2009-2012.

The intimate partners or ex-partners who perpetrated the assault against the male victims were largely female and in only 8 cases male. The most represented age categories among the perpetrators were the same as those of the male victims, but the median age was slightly lower (35). Regarding nationality, compared to male victims, Swiss citizens and UE nationals appeared to be less represented and third country nationals appeared as more represented among perpetrators. Regarding occupational status, the valid data showed a high proportion of partners who were not employed, of which a large portion were women who were the "stay at home" parent with young children.

Measures

During a consultation, the attending health professional takes extensive notes and fills in a patient's file, which consists of a semi-structured questionnaire (with pre-coded multiple choice and open-ended items) divided into 6 sections (see Appendix 1). This questionnaire, developed by epidemiologists, is meant not only to guide the clinical consultation and to produce an "assault and battery report" but also to collect systematic data for statistical and research purposes. To this end, the nurses enter the pre-coded data in an Access database after each consultation.

Data collection

Quantitative data were selected from the Access database. Furthermore some items relevant to IPV were collected and standardized from the patient files. As a result, 105 variables were entered into an Excel 2007 table. Qualitative data were extracted from the patient files. These are secondary data in the form of handwritten notes taken by the attending nurse as the patient responds to their questions. The patient's words are therefore not transcribed fully, but often summarized, for instance, "Mr. X said he was very sad because of the aggression". However, some expressions used by the patients are quoted when they seem particularly significant. For each consultation, data were transcribed in a form containing five predefined categories:

(1) information provided by the patient on his personal situation, on his partner and children (state of health, occupation, etc.); (2) information about the couple relationship; (3) description of the violent event that motivated the consultation and of previous violence in the couple; (4) physical and psychological complaints of the patient following the violent event; observations by the nurse (e.g. the patient cries); and (5) steps taken by the patient after the violent event.

Data analyses

Mixed methods were applied in order to perform complementary analyses between the quantitative and qualitative data. Univariate descriptive statistics were produced in order to have a general overview of the population and of the violent events. Partial indications provided by the male victims on the perpetrators were also analyzed. Qualitative thematic content analyses were carried out. (Hudelson, 2004). The transcription forms were entered in Atlas.ti 5.2. Each team member separately identified categories that in their view emerged from the data. This initial analysis was performed on the same 30 transcription forms. Subsequently, after comparing and discussing their respective categories, the team members agreed on a list of codes. The remainder of the transcription forms were divided between the team members and coded. While the predefined codes were of a descriptive nature, the emerging codes had an interpretative purpose. A phenomenological approach guided our analyses. Thus, we focused the subjects' perspective on and interpretation of the violent events and their context.

The qualitative analyses were centered on the variety of typologies and situations, identifying those that were most common or, on the contrary, unusual. It was not deemed relevant to

quantify them but rather to present the palette of situations encountered. Both quantitative and qualitative results were integrated in the dimensions of the revised version of the ecological framework (Heise, 2011). Our results were relevant to the individual and relationship/couple levels, as well as the conflict arena and intimate partner violence dimensions of this framework. No data were collected at the community and macrosocial levels, but these dimensions are brought up in the introduction and the discussion. All information identifying the patients or references to names of places or persons were anonymized. Citations were identified by the document number assigned to each transcription form in Atlas.ti (P1-P122).

TABLE 1 ABOUT HERE

RESULTS

The findings are structured according to the Revised Conceptual Framework for Partner violence (Heise, 2011, p.7) (see Figure 2). This model is particularly useful in showing that partner violence is the result of several factors at different levels. It promotes an interdisciplinary perspective by simultaneously considering the personal, interpersonal, microsocial and macrosocial dimensions in which partner violence occurs. Based on the large body of evidence on intimate partner sustained by women, it maps risk factors for this phenomenon. Due to the exploratory nature of the present study and the limited knowledge still available on male IPV victims, the framework was useful in proposing a sketch – rather than a map – of factors that were found to be co-occurring among men who reported physical violence from a partner in our population.

Consequently, in our results, it would be premature to consider items listed for each dimension as risk factors, especially in view of the non-representative nature of our population. The results reflect the perspective of the male victims on the violent events and their contexts. The sub-titles script below correspond to sub-themes that were identified in our analyses as relevant to those of the conceptual framework. The first section, entitled “the individual level” sums up the characteristics of the male victims, and the male victims’ accounts or their partner (as per objective 1). In line with our second objective, the contexts in which the violent events occurred are characterized in the sections entitled “the couple level” and “the conflict arena”. The violent events and their consequences are presented within the section “intimate partner violence”. Within this theme, a sub-theme emerged from our findings: “disclosure of the violence at the community level”.

The individual level

Characteristics of the men who reported an IPV event

Sociodemographic

It was not surprising that male victims were often middle-aged or young men. This is consistent with international age trends for violence victimization (Turner, 2016). Secondly, with regard to nationality, residence permit and occupation, men who were foreign nationals, who were "third country nationals", and those who did not hold a job were overrepresented in comparison to the canton de Vaud population (see notes on Table 1). Among those who held jobs, qualitative analyses revealed that there was some degree of insecurity because of temporary employment or because they were starting a new job.

Coping with personal adversities

Practically all male victims faced at least one adverse situation. Quite a few described themselves as overwhelmed by a set of adverse personal circumstances, including low income, job instability, unemployment, and chronic physical or mental health problems. Especially when these difficulties had accumulated over time, they expressed profound discouragement: *"I feel terrible. I am under the impression that everything is against me. I have dark thoughts. I never had any luck" (P41). "Mr. X has a disability pension due to addictions and mental health issues" (P20).* Some foreigners, especially those who were "third-country" nationals, suffered from a lack of social integration and social support: *"He is from ex-Yugoslavia, in Switzerland for 5 years with a B permit. He came alone, his siblings stayed over there. He had a qualified position in his country as a technician; here he has occasional unqualified jobs as a plasterer. He lost two jobs because of absences which, according to him, were due to his marital problems" (P64).*

The violence was typically described as a "last straw" that aggravated an already difficult personal situation: *"Mr. X drinks alcohol daily since the violence began" (P16).* Fathers of minor children worried about being estranged from them in case of a break-up with the mother.

Male victims' accounts of their partners

Sociodemographic

Sociodemographic data available on the perpetrators indicate that they are in average slightly younger, more often with no gainful employment and more frequently foreign nationals than their (ex-) partners. The proportion of "third country" nationals is particularly high.

Coping with personal adversities

The intimate partners were described relatively often as having similar financial, employment or health issues as the male victims, and it was not unusual that both partners were, according to the men's statements, confronted simultaneously with a range of adversities. Male victims who were in the process of separation/divorce frequently described their ex-partners in negative terms. This is generally not uncommon in situations of tension or separation, but it is noteworthy that the partners were often described as mentally unstable or treated for mental disorders: *"He describes*

her as 'psychologically and emotionally fragile' (…) 'very permissive and then suddenly she goes over the edge, yells at the children, punishes them' **"** *(P8).* Substance abuse of their intimate partner was also another issue that came up relatively often in the male victims' accounts. In some cases, women were described as overspending or prostituting themselves.

The couple level

Type of relationship

The majority of male victims were living with their intimate partner at the time of the assault. Marriage was the most frequently occurring type of relationship in our sample, followed in decreasing proportions by unmarried intimate relationships, and separated/divorced (see Table 2). Only eight men were in a same-sex relationship, the 107 others were in heterosexual relationships. When looking at the family and couple configurations, a predominance of complex situations were observed. This appeared to contribute to the triggering of conflicts. A separation was often under discussion in married or cohabiting couples. Conflicts persisted even after separations. Sometimes, couples had reunited after a period of separation. Moreover, several households were "patchwork families", including both stepchildren and children of the current couple.

Combined adversities in the family

The male victims frequently voiced concerns about a combination of physical or mental health problems in one or several of the household members (including themselves) and it was not unusual for children's learning difficulties or mood disorders to have been flagged up. As a consequence of these various conditions, health professionals and social services were involved with some households. Child Protection Services were working with some families. While a majority of situations were found to reflect multiple adversities, a minority of male victims did not report any particular problem in the family in terms of financial strain or health and a few were even quite well off.

Disparities

On this dimension, a trend towards important disparities between partners emerged from the qualitative analyses. These disparities were found in relation to age, nationality, residence status and resources. Almost half of the male victims were older than the perpetrators, while about one out of five were younger. A rather large proportion of couples had an age difference of more than 10 years.

TABLE 2 ABOUT HERE

It was deemed important to examine how inequality in the couple might have been associated with male IPV victimization, in the same way that it is a known risk factor for women's IPV

victimization. The possibility that male victims could have been in situations of financial dependency towards their partners was examined to find out if there was a possible inversion of traditional gender roles characterized by male dominance. Resources in terms of revenue, employment and residence permit were taken into account. It turned out that the women were the ones who were often clearly disadvantaged in comparison to their male partners. One typical configuration was when a male spouse was a European Union or Swiss citizen, and the wife was a "third-country national". When both were "third country nationals", the husband had almost always resided for more years in Switzerland than his wife. Moreover, among mixed couples (Swiss-foreigner), a rather large number had an important age difference. Usually the Swiss national tended to be quite older. For instance, the male victim is a*"(third country) national, immigrated 7 years ago. His wife has the same nationality, but immigrated 1 year ago. He works 100% as a salesman; she stays at home and does not have any friends or family in Switzerland. He is in his fifties and she is in her thirties. He describes her as 'always mad against him'. Recently she cried after talking to a relative on the phone and she said she was 'tired of living'" (P7).*

In a few cases, however, there was an inequality of resources to the detriment of the male victim. For instance, a *"(third country) national", recently immigrated and 19 years younger than his wife, is unemployed. His wife is Swiss and employed. He consulted the VMU three times in the same year following assaults by his wife"* (*P61, P62, P63).*

The conflict arena

The male victims often explained that there had been, over time, an accumulation of tensions in the couple and in the family. According to most male victims' accounts, the combination of a high degree of couple conflict and adversities triggered the violence. Men in same-sex relationships also reported a history of ongoing conflict. Among the minority who did not report adversities, the aggression was described as an event out of the ordinary and its cause was usually attributed to inebriation of the perpetrator.

Conflicts about the children

One of the most frequent subjects of disagreement was the children's education. Fathers tended to fear being separated and losing contact with their children in case of a break-up, especially when the mother was a foreigner and had made threats to leave with the children. Legal disputes regarding child custody continued to be an issue for couples who were separated or divorced.

Conflicts about money

Recurring themes were the tensions related to the demands of work or financial hardship due to unemployment, welfare, and sometimes debts. For instance: "*he explains that their couple has financial difficulties because his wife lost her job and he just finished a temporary assignment.*

He says he cannot give her any money [and] there has been a lot of tension for two weeks" (P60).

Intimate partner violence

The violent event

The large majority of male victims stated that there had been previous physical violence by their partner. The patients frequently indicated that both partners were in a state of extreme tension and "on edge" just before the physical violence erupted. Detailed information was available regarding the violent event reported in the consultation. It is noteworthy that eleven male victims had been assaulted by one or several other perpetrators in addition to their intimate partner (their ex-partner's new boyfriend, a male or female family member, or a friend of the perpetrator). With the exception of two cases (in one case, an object was smashed, in the other case, there were insults and threats), all the male victims described physical violence. Children were involved in nearly half of the violent events. In several instances the male victims restrained their partner physically, sometimes quite forcefully: *"He pinned her on the floor and held her hands to her back" (P9). "He immobilized her by squatting on her and let her go when she calmed down" (P14).* More rarely, some men indicated that they responded to their partner's attack with physical violence. As a matter of fact, five partners (four female, one male) also consulted VMU for the same violent event. Other male victims explained that they had not retaliated physically at any time against their partner's physical aggressions. Some remarked that if they had, they would have appeared as the guilty party in the eyes of the police or justice. Frequently, threats were said to be proffered by the perpetrator at the time of the assault. A few times, the victim was threatened with "punitive" interventions by other men: *"She punched me in the face and said she would pay somebody to kill me" (P26).* Other times, the patients mentioned that their partner threatened to hurt herself and accuse him of being the assailant: *"She was holding scissors and said 'if you call the police, I will bruise myself and say you hit me" (P2).*

TABLE 3 ABOUT HERE

The aftermath of the violent event

During the consultation, the victims were invited to comment on their physical and mental state in relation to the violent event. The male victims had few physical complaints about their injuries, which were usually assessed as minor. However, they mentioned psychosomatic complaints, mostly sleeping disorders associated with a general sense of exhaustion: *"I feel broken" (P75); "I feel drained" (P66).* Several men reported having lost their appetite and sometimes reported an important weight loss.

As far as psychological complaints are concerned, the most common manifestation was sadness. Some men expressed their distress with some reluctance but there were non-verbal

manifestations observed by the nurses (tears, shaking, anxious or agitated demeanor): "the patient cries". Others expressed their distress verbally: *"he says he is sad, anxious, that he was 'destroyed' by his wife" (P20)*; *"He is worried about the future of their couple, feels like isolating himself to take stock of the situation.... He says he is demoralized, feels like escaping" (P78).* When male victims were offered the possibility of psychological support, they often rejected it, with statements to the effect that they were "strong enough".

Some men feared future violence from their partner: *"When stating the facts, Mr. V. weeps and says he dreads more violence from his wife, he is afraid to return to their home" (P20).* A few men were afraid that they might themselves retaliate violently. A few had apprehensions about destruction of property *"Mr. W. says he is afraid of his wife's threat to destroy the furniture and his belongings" (P3)*. Others had concerns for the safety of their children: *"he is worried about his daughters because he doesn't want them to go through what he endured" (P109)*. The male victims also frequently conveyed feelings of failure regarding their intimate relationship. Some also expressed shame or incomprehension that this had happened to them *"It is shameful for a man to be hit, I feel ridiculous" (P44).*

Others had doubts that they might not be believed in the justice system and would be considered as the perpetrator. Emotions resulting from the violent event were often amplified by other adversities: *"He says he feels 'diminished' that 'it [the violence] is bundled up with the loss of my job', he feels sad" (P5).* A few male victims considered that they had been "duped" by their partner and that she was after their money or a residence permit. A number of male victims however expressed their attachment to their partner and had hope for the future *"He would like his wife to recognize that she has a problem and seek professional help. He says he loves her" (P48).*

Disclosure of the violence at the community level

By reaching out to the medico-legal consultation the male IPV victims made use of one of the resources available at the community level. According to the male victims' statements, the main purpose in consulting the VMU was to create a record. Some men planned to use the "assault and battery report" in a divorce process or to file a criminal complaint (or a counter-complaint when the partner had filed a complaint). Quite often they had no particular plans on how to use this document. As illustrated in Table 3, almost half of the male victims were undecided or did not intend to press charges. More rarely, the men's explicit intention was to seek help. However, the consultation was an opportunity for the victims to tell their story at length, sometimes for the first time, to an attentive and non-judgmental professional. Moreover, they were referred to other community resources according to their needs. Thus, they overcame the barrier that often prevents disclosure of physical violence by a partner. The sub-theme "disclosure of the violence at the community level" stresses the fact that some male victims crossed this line and made use of resources available at the community level (consultations for victims) and society level (laws

to protect victims). This is graphically indicated by the arrow in figure 2.

DISCUSSION

The integrated conceptual framework for partner violence, and in particular the revised version (Heise, 2011, p.7), was an indispensable theoretical and methodological guide in structuring and analyzing our results. Both victims and perpetrators, according to the male victims' accounts, were typically confronted with multiple and interrelated adverse situations at the personal, couple and family levels. Their integration in the broader socio-cultural context was also compromised.

Our findings pointed out some gender-specific aspects of female-to-male IPV events. For instance, a few assaults involved co-assailants. It was noted that a number of men used force to restrain their attacker. Women seemed to assault male partners relatively often by scratching, pinching or biting them. These different situations tend to be unusual in male to female IPV assaults according to the VMU's clinical experience. Gender specificities appeared as well in the beliefs of the male victims that they might be automatically considered as the perpetrators. They frequently explained that their motivation to visit the medico-legal consultation was to "produce a record" of the violent event to prove that they had been assaulted, rather than to seek support and advice. It cannot be excluded that the medico-legal consultation itself may have been a means for some, but certainly not all, male patients to attempt to assert control in the relationship and that this control may have been coercive. To identify such cases, however, it would be necessary to have other data than those based on the men's accounts.

Although they represented a minority compared to IPV female victims, the population of 115 male victims was the largest one thus far studied in Switzerland in a scientific mixed research design. Up to now, only isolated testimonies or rare statistics were available. Both quantitative and qualitative findings in our study contributed to shedding some light on an understudied population. The homogeneous nature of this group of patients was an asset, since practically all subjects reported physical violence. Our findings are consistent with the findings of a similar study in a clinical forensic department in Portugal, where male victims represented 11.5% of intimate partner violence cases and presented mostly abrasions (Carmo et al., 2011). The qualitative results of our study did however reveal a substantial distress in many of those male victims as a result of the violence. Fathers sometimes felt trapped in the relationship for fear of losing contact with their children.

Limitations

The population of our study was limited to those male victims who were physically assaulted and who requested a consultation at the VMU. As a general rule, victims of violence are referred to the VMU by the Emergency Department of the hospital, or sometimes upon advice of the police or of a lawyer. This clinical population was not representative of all men who were assaulted

physically by an intimate partner. It might be that the male victims who consulted the VMU were those who considered the violence serious enough, especially if it had persisted for some time. The small number of consultations by gay men was another limitation, which could be explained by the double social stigma of being gay and a victim. Some of the consultations classified as "community violence" might concern assaults by same-sex intimate partners. Our results were based on the subjective viewpoints of the male victims. Their statements might have reflected only partially some facts and circumstances. Finally, the data were collected routinely during consultations. Although the items were part of a standard semi-structured questionnaire, they were not tailor-made for this particular study.

Research implications

The conceptual framework on partner violence has been mainly used in connection with male-to-female partner violence. Our study shows its value in investigating other types of intimate partner violence. Contrary to assumptions about gender symmetry of violence, this framework cannot be simply replicated lock, stock and barrel to understand female-to-male violence. Our study is a first step in adapting this framework in a gender-sensitive manner. Hopefully our work will encourage other researchers to continue using this instrument to understand how and why men are assaulted by their partners.

In the course of our analyses, the concept of vulnerability (Marshall, 2011) appeared as a useful notion to characterize the accumulation of adversities described by the male victims: *"Vulnerability denotes a state of an insufficient amount of resources and/or of facing adverse conditions that affect the individual's capacity to cope with critical events and to take advantage of opportunities. In turn, this state exposes individuals to negative outcomes…which may lead to subsequent and further disadvantages"* (Spini, 2009, p.2). Such vulnerabilities, based on the male victims account, were situated at the individual and relationship levels of the ecological framework. They generated tensions and stresses which, according to the victims' narratives, contributed to their partner's aggression, while restricting their own capacity to cope with the violence. The decision to seek medico-legal assistance seemed to occur in a context in which other resources and strategies had been exhausted. Our results are consistent with those of Storey and Strand (2012) regarding female IPV perpetrators in Sweden. They were found to often have problems with substance abuse, mental health and employment that generated stress in the relationship.

This study offers, for the first time in Switzerland, a more systematic view on the experience of male IPV victimization. Our results tend to be supported by those of other researchers (Caldwell et al., 2009; Henning et al., 2009) who found a diversity of types of male victimization experiences. These results are also consistent with Heise's assertion that different sets of factors contribute to understanding and explaining violence in different contexts. Among the violent IPV events reported by men who consulted the VMU, there were indications that some female

partners acted in self-defense when they had consulted the VMU for the same event. In another small number of occurrences, the male partner's account suggested coercive control behaviors from his female partner. Between these extremes, the most common feature was an experience of male victimization as one among several other hardships.

The men who reported a physical assault from a partner identified more with the notion of victims as being entitled to protection of their rights rather than as victims in need of help. In particular, asserting their rights as fathers appeared as an important motivation. The existence of a dichotomy in the (self-) perception of victims has been discussed in a gender perspective (Kersten, 2016; Christie, 1986). Our findings support these authors' observation that men tend to resist association with the image of a "needy victim" because such a definition contradicts dominant norms of masculinity, such as autonomy and willpower. The fact that many of the male victims in our population turned down referrals for psychological support and argued that they were "strong enough" is also symptomatic of gender stereotypes. From a scientific point of view, this study opens perspectives for additional research in order to further understand gender specificities and gender commonalities in the experience of IPV victimization. More generally, additional knowledge is needed about men's experiences of victimization, including exposure to community violence, polyvictimization and resilience over the life course.

Clinical and policy implications

The reluctance of male victims to speak out about their partner's violence is often mentioned as an obstacle to study this reality. The VMU is a hospital-based medico-legal consultation for adult victims of all types of interpersonal violence. This, and the fact that the VMU flyers are gender-neutral (no photos representing either male or female victims), has probably encouraged a number of men to overcome such alleged reticence.

In spite of progress in Swiss policies for the protection of victims, it remains difficult for those who experience violence from an intimate partner, irrespective of their gender, to expose their situation. Still, a study investigating domestic violence within the Swiss 2011 Crime Survey statistics found that the men who sustained domestic violence made contact more rarely (6%) than women (20%) with a service for victims (Killias, Staubli, Biberstein & Bänziger, 2012, p. 23). A study carried out in the United States regarding use of services by IPV male victims showed that counselling and legal services were the services most frequently consulted. However, the preferred source of help was friends or family (Tsui, 2014). Further research ought to investigate reasons why some men do not reach out to services for victims. Is could be that they are unwilling to ask for help. But they might also not consider some aggressions as serious, or they have enough help from informal networks. One study pointed out that male victims of IPV were less likely than women to be dissatisfied with an opposite-sex partner and to break up the relationship (2012). This could be another reason why some men do not seek help. In any case, it appears necessary to disseminate more widely in Switzerland the fact that victims'

services are available to men as well as women.

In our clinical population, male victims were more prone to accept being pointed to the network of victim assistance institutions when they were made aware of the impact of the violence on their children. This is consistent with a recommendation by Corbally (2014) to discuss fatherhood with men as a means to encourage disclosure of IPV.

In terms of implications for prevention and intervention, our findings showed that, even though wounds sustained by male victims of physical assault by a partner were not necessarily severe, emotional suffering was frequent. There is a need to recognize the reality of this distress and assess its full impact. It appears necessary, moreover, to find ways to offer better access to services for victims in LGBTQI relationships. According to a Welsh study, gay men reported homophobic attitudes from professionals, especially the police. As a result, they were reluctant to call the police which was perceived as a “macho organization” (Harvey et al., 2014).

Finally, the situation of the children exposed to IPV raises concerns whether it is the father or the mother who is the victim of violence. Their well-being ought to be a priority of all interventions.

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MEN REPORTING PHYSICAL VIOLENCE FROM AN INTIMATE PARTNER

Figure 1:

Proportion of IPV consultations by male victims at the Violence Medical Unit, compared to all IPV consultations and all interpersonal violence consultations (2006-2012)

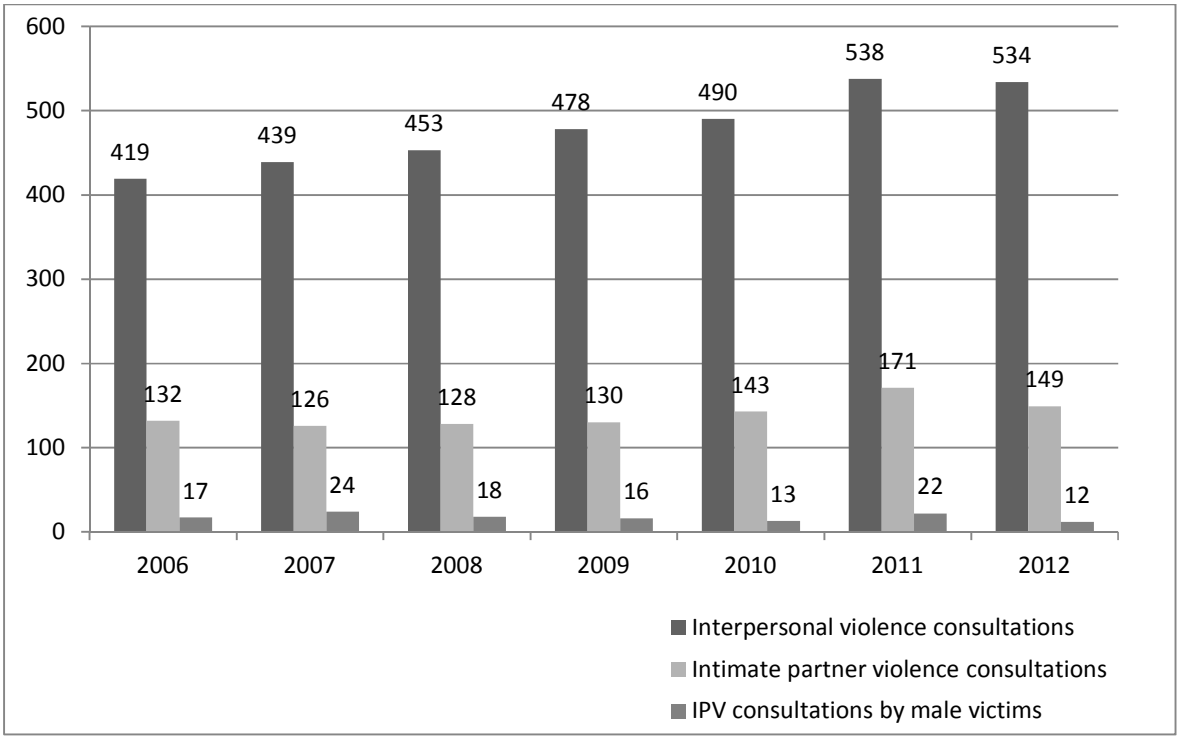


Table 1:
Individual characteristics of male victims of IPV and their perpetrators*

	Male victims		Perpetrators	
Sociodemographics	**N**	**%**	**N**	**%**
Gender				
- male	115	100	8	7.0
- female	none	0	107	93.0
Ages				
- <18			1	0.9
- 18-24	12	10.4	12	10.4
- 25-34	31	27.0	27	23.5
- 35-44	39	33.9	33	28.7
- 45-54	20	17.4	11	9.6
- 55-64	7	6.1	2	1.7
>65	6	5.2	2	1.73
- missing data	none	-	27	23.5
Nationality[1]				
- Swiss	58	50.4	33	28.7
- European Union	33	28.7	11	9.6
- Third country nationals	24	20.9	39	33.9
- missing data	none		32	27.8
Occupational status				
- employed	78	67.8	42	36.5
- student	6	5.2	8	7.0
- not employed and not a student[2]	30	26.1	21	18.3
- missing data	1	0.9	44	38.2

*percentages may not add up to 100 due to rounding

[1]In comparison, according Canton de Vaud population statistics, the foreign population represented about 30% of the total population between 2007-2011. Among foreigners, UE28 citizens were the majority (approx. 70%) and third-country nationals the minority (about 30%) (Source: Statistique Vaud, chiffres-clés annuels de la population 1981-2015, Canton de Vaud, Lausanne: 2016).

[2] Male victims: 7 are retired, 6 are disabled, 6 unemployed and 6 on social welfare. One man describes himself as a "stay-at-home husband". Perpetrators: 15 of the 21 partners who are not employed nor students are categorized as housewives, 1 as retired, 1 disabled, 2 on social welfare and 1 unemployed.
In comparison, in the population of canton de Vaud aged 15 and more, there were 7% of male residents with no lucrative activity and were not students in 2014. Source: Statistique Vaud (2014). *Population totale selon le statut d'activité*. Lausanne: Canton de Vaud, 2014).

Table 2:
Relationship characteristics*

Characteristics of the couple	N	%
Type of intimate relationship		
- wife	68	59.1
- ex-wife	6	5.2
- unmarried intimate partner	29	25.2
- ex-intimate partner	12	10.4
Type of age difference		
- male victim younger	26	22.6
- same age	7	6.1
- male victim older	55	47.8
- missing data	27	23.5
Age difference (in years)		
- 0-5	41	35.7
- 6-10	17	14.8
- 11-15	14	12.2
- 16 and more	16	13.8
- missing data	27	23.5
Common household (live together)		
- yes	75	65.2
- no	38	33
- missing data	2	1.7

*percentages may not add up to 100 due to rounding

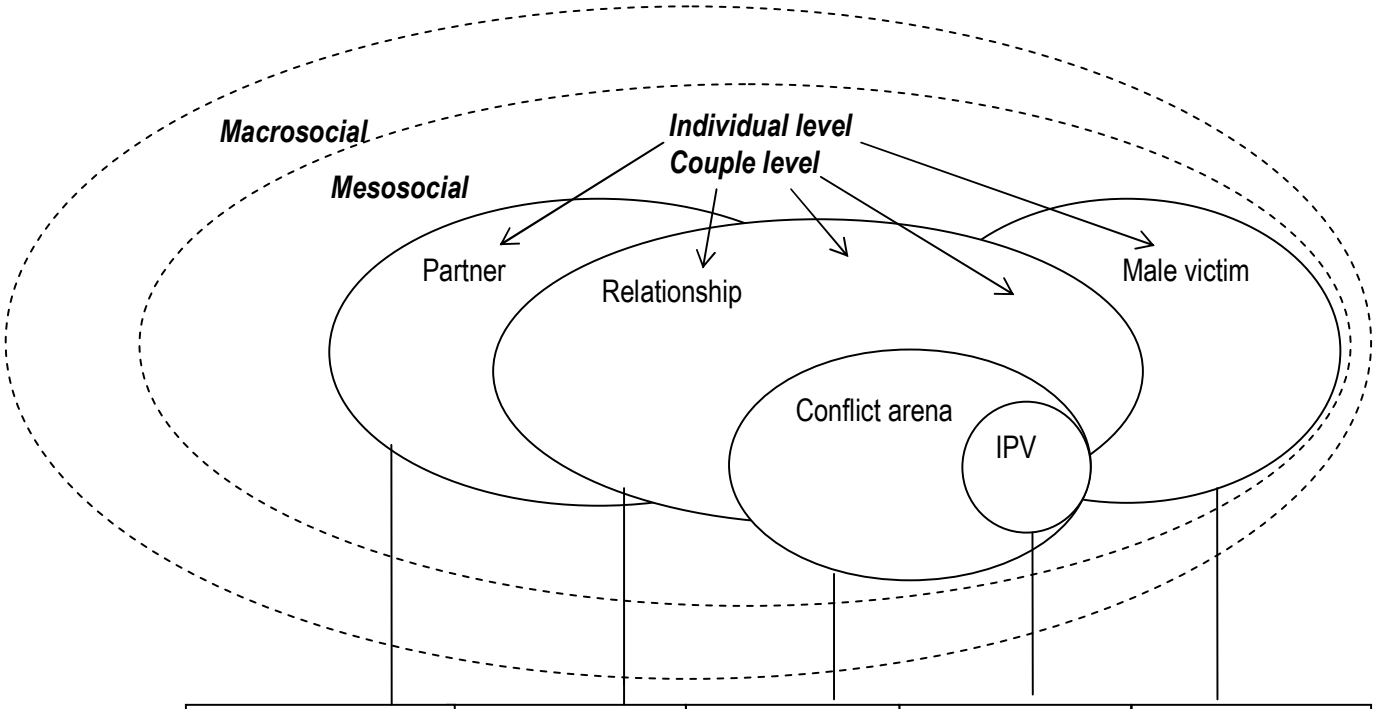
Table 3:
Circumstances and outcomes of the violent events

Variables related to the event	N	%
Location of the violent event		
- Patient's home	76	66.1
- Perpetrator's home	18	15.6
- Another person's home (mother, mother-in-law, godmother)	3	2.6
- Coffee shop, bar, restaurant	2	1.7
- Car	6	5.2
- Street or public place	7	6.1
- Workplace	3	2.6
Type of wounds sustained by the male victims*		
- Dermabrasion, superficial wound	82	71.3
- Bruises and hematomas	66	57.4
- Sutured wound	10	8.7
- Fractures	6	5.2
- Bites	13	11.3
- Burns	3	2.6
- Other lesion	2	1.7
- No lesion	9	7.8
Type of instrument used in the assault*		
- no object used as weapon (punches, slaps, kicks, head-butts)	102	88.7
- blunt instrument	35	30.4
- sharp instrument	7	6.1
- others: hot liquid (N=3), pen (N=2), car (N=1)	6	5.2
Plans to file a complaint		
- Complaint already filed	39	33.9
- Is considering filing a complaint	21	18.3
- Does not intend to file a complaint	30	26.1
- Is unsure about filing a complaint	25	21.7

*As there are sometimes several types of wounds or instruments, percentages do not add up to 100

Figure 2:

Circumstances of physical violence events by an intimate partner, as reported by male patients in a medico-legal consultation – integration of findings into the ecological framework



Sociodemographic • Age • Employment • Nationality • Years of residence • Residence permit **Health** • Physical • Mental • Addictions **Mother of minors** **Coping with adversities**	**Type of intimate relationship** **Combined adversities** **Disparities** • Age difference • Unequal distribution of resources **Interaction** • On the verge or in the process of breaking up / divorcing	**Situational triggers** • Conflict about money and children • Substance abuse	**Previous violence in this relationship** **The violent event** • Type of assault (object, weapon, none) • Threats • Children involved • Type of response by victim **The aftermath of the violent event** • Physical wounds • Somatic complaints **Disclosure of the violence at the community level** • Motivation to consult VMU • Complaint filed or foreseen	**Sociodemographic** • Age • Employment • Nationality • Years of residence • Residence permit **Health** • Physical • Mental • Addictions **Father of minors** **Coping with adversities**

Reaching out to community resources

Appendix 1

The 6 sections of the patient's file

1. **General data**: gender*, age*, contact information (address, phone numbers), family doctor
2. **Sociodemographic data**: nationality*, marital status*, education level* and occupation
3. **Data concerning the violent event that motivated the consultation**: date, time and place. Information on the perpetrator(s): number*, gender*, known/unknown to the victim*; nature of the assaults (physical, sexual, psychological violence, deprivation or neglect), threats*, nature of threats, complaint filed or intention to do so*.
4. **Data concerning the clinical examination centered on the experience of violence**: including number of medical consultations related to the violent event, type of previous violence victimization*, location of wounds*; nature of wounds*.
5. **Data concerning complementary examinations**.
6. **Conclusions**, copy of the assault and battery report established following and based on the consultation.

   **multiple choice questions are indicated by an asterisk. The other items correspond to open-ended questions.*