

Men as Victims of Domestic Violence

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INTRODUCTION

In the United States of America, statistics showed that nearly 20 people are abused physically by an intimate partner per minute. Further analysis into this statistic shows that about 1.5 million women and 834,700 men are physically assaulted and/or raped by an intimate partner every year [1,2]. This prevalence markedly differs when compared to the data from a Nigerian study which reported only five cases of domestic abuse against males in a study of 220,000 cases, a prevalence of only 0.0023% [3]. This is a large difference from data found in the United States of America and is likely to reflect an underreporting of male domestic abuse due to taboos and shame. However, a study by Dass et al. among South African adults showed that domestic violence indeed is a problem too in Africa with rates of 29.3% among women and 20.9% among men [4].

Domestic violence against males is an elusive and serious problem. It can include assaults such as pushing, grabbing, slapping, shoving and hitting which are classified as minor assaults and more serious assaults such as rape and even murder [3].

CASE PRESENTATION

Mr. C. a local Chinese man, came in for a routine follow-up for his hypertension and hyperlipidaemia. This was his third follow-up with the author for these chronic issues. Mr. C had a normal cardiovascular examination which revealed his blood pressure was well controlled and he had normal serum lipid levels.

Perhaps sensing that a good rapport had been established between the author and himself, Mr. C. revealed that he has been a victim of domestic violence including verbal abuse and physical violence over the past two years. The abuse started abruptly after moving in with his new partner. Mr. C.'s female partner began to intimidate Mr. C. initially through verbal abuse, and then proceeded to physical violence.

Mr. C. would be kicked or slapped whenever his partner lost her temper. He did not retaliate because he stated that, "he still loves her and feels she has a right to show her anger towards him." On examination Mr. C. had shown no signs of physical abuse.

Mr. C. has no close family members. His immediate family is based in another state and he is alone working in the ultra-busy capital city. His feelings of loneliness and need of a caring partner has lead him to tolerate this violent behaviour from his partner for the past two years.

Mr. C. was offered help and was referred to both a counsellor and self-help group, both of which he refused. He said that he just wanted to share his experience to show that men too can be the victims of abuse. He mainly wanted to vent his feelings and was glad someone, none other than his primary care physician, was ready to listen to his problems. The author reassured him that help is always available should he need it.

DISCUSSION

This case was revealing for the author. Yes, men can be abused and therefore something must be done for these unfortunate, and sometimes forgotten, victims of domestic violence.

Dienye et al. reported that men who are victims of domestic violence tend to keep their feelings deep inside leading to preponderance of the feelings of guilt and shame. This may lead to development of psychological problems such as substance abuse and even suicidal ideation or attempts of suicide if not identified early [3]. This case highlights to health professionals that domestic violence is pervasive and also includes female on male violence.

Questioning men on if they are victims of domestic violence is something that is very rarely done in Malaysia but should be done if possible as it can be the hidden agenda for a patient on a primary care visit. Domestic violence may initially present as multiple somatic symptoms such as headache, neck pain and numbness. Without further probing or high index of suspicion of the possible occurrence of domestic violence, this diagnosis can be missed which may lead to treatment of the medical symptoms and the development of psychological problems as above. Multiple simple screening tools are available (Table 1) and this includes HITS (hurt, insult, threat, screams), WAST and WAST-SF (women abuse screening tool and women abuse screening tool- short form [for female victims]) and Partner Violence Screen [2]. The sensitivity of these screening tools ranges from 35% to 100% while the specificity ranges from 56% to 99% [2].

Risk factors for the perpetrator of domestic violence against both genders include, younger age, exposure to childhood physical abuse, witnessing parental abuse, adult onset alcohol abuse/dependence, lower educational achievement and income, socially disadvantaged or isolated, high stress levels, history of childhood and adolescence conduct disorders or adult anti-social personality disorder and previous aggressive behaviour including attempted suicide attempts [4,5,6]. From the male victim's point of view, risk factors include witnessing parental violence, financial or psychosocial dependence, alcohol abuse/dependence, presence of depression or low self-esteem in the female partner and lack of closeness to the female partner [4,6].

CONCLUSION

The menace of domestic violence is an important social problem that can't be ignored. It can occur in any relationship, even unmarried couples, and therefore should be asked to every patient, including men, as part of the patient history during consultation. Evidence based studies shows that patients welcome questions on intimate partner violence when questioning and also screening is done in a non-judgmental, respectful manner and seemingly in the patient's best interest [7]. As it can be a sensitive subject, the questions should be posed in a discrete manner.

Table 1: Available Screening Tools for Intimate Partner Violence/Domestic Violence

Screening tool	Questions	Scoring	Sensitivity (%)	Specificity (%)
HITS (hurt, insult, threaten, screams) [8,9]	How often does your partner: a. Physically hurt you? b. Insult or talk down to you? c. Threaten you with harm? d. Scream or curse at you?	Score each item using 1 to 5 on a Likert scale as follows: never (1); rarely (2); sometimes (3); fairly often (4); frequently (5) Scores for this inventory range from 4 to 20 A score of greater than 10 is considered positive for partner violence	30 to 100	86 to 99
WAST and WAST-SF (women abuse screening tool and women abuse screening tool-short form) [8,10]	1. In general, how would you describe your relationship? 2. Do you and your partner work out arguments with..... 3. Do arguments ever result in you feeling down or bad about yourself? 4. Do arguments ever result in hitting, kicking, or pushing? 5. Do you ever feel frightened by what your partner says or does? 6. Does your partner ever abuse you physically? 7. Does your partner ever abuse you emotionally?	Item 1 uses a Likert scale as follows: a lot of tension, some tension, no tension Item 2 uses a Likert scale as follows: great difficulty, some difficulty, no difficulty Items 3 to 8 use a Likert scale as follows: often, sometimes, never WAST scoring: cut-off for what constitutes a positive score not available—clinical judgment is recommended WAST-SF consists of the first two questions only; positive if "a lot of tension" and/or "great difficulty"	WAST: 47 WAST-SF: 92 to 93	WAST: 96 WAST SF: 6 to 68
Partner Violence Screen [8,11]	1. Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom? 2. Do you feel safe in your current relationship? 3. Is there a partner from a previous relationship who is making you feel unsafe now?	Positive response to any question denotes abuse	35 to 71	80 to 94

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