

History of Domestic Violence among Male Patients Presenting to an Urban Emergency Department

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Abstract. **Objective:** To establish the prevalence of domestic violence committed by women against male patients presenting to an urban ED for any reason. **Methods:** This was a prospective survey in which male patients of legal age presenting to the ED over a 13-week period were interviewed. Patients answered a series of six questions adapted from the George Washington University Universal Violence Prevention Screening Protocol. Patients who could not speak English, those refusing to participate, those unable to give informed consent, and those meeting regional criteria for major trauma were excluded. **Results:** Of 866 male patients interviewed, 109 (12.6%) had been the victims of domestic violence committed by a female intimate partner within the preceding year. Victims were more likely to be younger, single, African American, and uninsured. The most common forms of assault were slapping, grabbing, and shoving

(60.6% of victims). These were followed by choking, kicking, biting, and punching (48.6%), or throwing an object at the victim (46.8%). Thirty-seven percent of cases involved a weapon. Seven percent of victims described being forced to have sex. Nineteen percent of victims contacted the police; 14% required medical attention; 11% pressed charges or sought a restraining order; and 6% pursued follow-up counseling. **Conclusions:** Almost 13% of men in this sample population had been victims of domestic violence committed by a female intimate partner within the previous year. Further attention to the recognition and management of domestic violence committed by women against men may be warranted. **Key words:** violence; spouse abuse; domestic violence; emergency department; men. *ACADEMIC EMERGENCY MEDICINE* 1999; 6:786-791

DOMESTIC violence has been defined as “a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners.”¹ Domestic violence against women is common. It is estimated that several million women are victims of domestic violence each year, many of whom present to EDs for care.^{2,3} A recent survey of 3,455 women treated in community EDs between 1995 and 1997 revealed that 14.4% had been physically or sexually abused by an intimate partner within the preceding year.⁴ In the ED of the Hospital of the University of Pennsylvania, 23% of female patients surveyed reported a history of domestic violence within the previous year.⁵

While many studies have looked at female victims of domestic violence, little is known about domestic violence committed by women against men. There appear to be several reasons for this. First, there is no universally-accepted definition of what constitutes domestic violence against men. Second, there is concern that the acknowledgment that some women may be violent against their male partners will be used to defend male violence.⁶ Finally, few studies have addressed the issue, and the results have been conflicting. Bureau of Justice statistics indicate that between 1973 and 1977 only 5% of assaults on spouses or ex-spouses were committed by women against men, a figure still widely cited in domestic violence literature.^{1,7} On the other hand, according to Department of Justice statistics from 1996, men were victims of 15% of violent crimes committed by one intimate partner against the other.⁸ These data did not distinguish between same-sex and heterosexual partners. In 1981, Goldberg and Tomlanovich surveyed 492 ED patients regarding domestic violence victimization. Twenty-two percent of the patients described previous victimization, with 38% of victims being male.⁹ Once again, these data did not distinguish between same-sex and heterosexual partners. Finally, a 1995 survey of 516 men and women pre-

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senting to an urban ED revealed that 28% of men and 33% of women had been victims of physical violence in previous relationships.¹⁰ Therefore, domestic violence committed by women against men may not be as rare as is commonly believed.

The objectives of this study were 1) to determine the prevalence of domestic violence committed by women against men presenting to an urban ED, 2) to identify demographic differences between male victims of domestic violence and nonvictims, and 3) to establish how often male victims pursue legal action or counseling.

METHODS

Study Design. This was a prospective survey of male patients presenting to an urban ED. Patients were verbally administered a brief questionnaire addressing issues of violence victimization within the preceding year. Emphasis was placed on violence committed by female intimate partners. The study was approved by the institutional review board of the University of Pennsylvania.

Study Population and Setting. The study was conducted in the ED of the Hospital of the University of Pennsylvania, an urban, adult, tertiary referral center that evaluates approximately 43,000 emergency patients per year. All male patients of legal age presenting to the ED for any reason were eligible for inclusion in the study. Patients unwilling to be interviewed in private, those unable to give informed consent, hemodynamically unstable patients, and non-English-speaking patients were excluded. Patients meeting the Philadelphia Fire Department's criteria for major trauma, based on physiologic or anatomic parameters, are routinely evaluated by the trauma service in a separate area of our ED and were also excluded. Data were collected by trained research assistants¹¹ on all consenting patients during the hours of 8 AM to 12 midnight, seven days a week, over a 13-week period from July to October 1997.

Survey Content and Administration. Undergraduate and graduate student research assistants were trained by the investigators to interview patients in private about domestic violence victimization. After obtaining written consent from eligible male patients, they recorded demographic information and verbally administered a questionnaire adapted from the George Washington University Universal Violence Prevention Screening Protocol (Fig. 1).¹² This survey instrument was chosen because it had been previously used in the same ED to determine the prevalence of domestic violence among female patients.⁵ Additional questions were added regarding the nature of the

abuse, the need for medical attention, or whether the victim pursued legal action in the form of pressing charges or seeking a restraining order. While the focus of this study was abuse committed by women, we retained the original screening protocol's question regarding the sex of the perpetrator. The rationale for doing this was the hypothesis that men may be more open about discussing abuse committed against them by women if the questions were framed in the broader context of abuse committed by both female and male perpetrators.

Data Analysis. To assess differences between male victims of domestic violence and male nonvictims, Student's t-test for continuous data (age) and the chi-square test for categorical data (ethnicity, marital status, insurance) were used. Statistical significance was defined as $p < 0.05$. Data are reported as absolute differences with 95% confidence intervals (CIs) where applicable. All data were analyzed using SAS statistical software (Version 6.12, SAS Institute, Cary, NC, 1995).

RESULTS

Eighty percent of eligible patients were enrolled in the study. A total of 866 men consented to be interviewed. Some patients provided incomplete information for demographic data, but all data forms had complete information regarding the violent incidences. Of the patients providing demographic information, 524 (61.2%) were African American, 294 (34.3%) were white, and 38 (4.4%) were of other ethnic origins. Two hundred ninety-three (34%) were married, 451 (52.3%) were single, 98 (11.4%) were separated, and 21 (2.4%) were widowed. With respect to insurance status, 175 (21.9%) received medical assistance, 464 (58.1%) had private insurance, and 159 (19.9%) had no insurance.

Of the 866 men, 109 (12.6%; 95% CI = 10.3% to 14.9%) answered "yes" to at least one of the six screening questions, and their assailant was determined to be a current or former female intimate partner. Of the 109 victims, 66 (60.6%) victims had either been slapped, grabbed, or shoved; 53 (48.6%) had been choked, kicked, bitten, or punched; 51 (46.8%) had had an object thrown at them; 40 (36.7%) had been threatened with or harmed by a knife or gun; seven (6.5%) had been forced to have sex; and 53 (48.6%) admitted fearing that a current or former female intimate partner would hurt them physically. When questioned about the nature of any follow-up help sought, 20 (19.0%) victims stated that they had called the police, 15 (14.3%) received medical treatment, 12 (11.4%) pressed charges or sought a restraining order, and

six (5.7%) sought follow-up professional counseling.

Compared with nonvictims, victims tended to be younger (difference 7.5 years; 95% CI = 4.1 to 10.9), African American (difference 20%; 95% CI = 11.0 to 29.0), single (difference 14.4%; 95% CI = 4.1 to 24.6), and uninsured (difference 12.3%; 95% CI = 2.3 to 22.3) (Table 1).

An additional 21 (2.4%; 95% CI = 1.3% to 3.5%) men had been victims of abuse or violence in the same time period in which the perpetrators were women but not intimate partners. These included one coworker, five family members, and 15 acquaintances.

DISCUSSION

To our knowledge, this is one of only a few studies looking specifically at the topic of domestic violence committed by women against their male partners. In this ED patient population, 12.6% of men were identified as a victim of domestic violence committed by a female intimate partner within the preceding year, using a standard domestic violence screening instrument. Compared with nonvictims, victims were more likely to be African American,

younger, single, and uninsured. These findings are similar to those for female victims of domestic violence.⁸

These results raise several issues. While domestic violence has been studied extensively over the past three decades, little attention has been directed to the possibility that men, like women, may be victims. In 1978, Steinmetz described “the battered husband syndrome.” She suggested that violence committed by women against their male partners had been largely ignored for several reasons. First, there is a stigma associated with being a man beaten by a woman. Therefore, men are unlikely to admit that they have been assaulted by their partners.¹³ This is supported by the fact that only 14.3% of victims in our study notified the police about the incident. In contrast, Bureau of Justice statistics for 1992–1996 showed that 51% of female victims of domestic violence contacted the police.⁸ Second, injuries inflicted by women on men tend to be less severe and presumably less visible. This could conceivably detract from a man’s claim that he has been victimized. Finally, there has been little research or media attention on the subject. Therefore, while it has been assumed that the problem is minor or does not exist, there is little objective support for this assertion.¹³

Introduction:

1. Many people are exposed to violence in some form
2. Violence is a health risk and can result in physical and emotional problems
3. It is our routine procedure to ask adult patients about their exposure to violence
4. If you are a violence victim we can better help you if we know it

In the past 12 months . . .

- | | | |
|--|-----|----|
| 1. . . . has anyone threatened you with or actually used a knife or gun to scare or hurt you? | Yes | No |
| 2. . . . choked, kicked, bitten, or punched you? | Yes | No |
| 3. . . . slapped, grabbed, or shoved you? | Yes | No |
| 4. . . . thrown an object at you in an attempt to harm you? | Yes | No |
| 5. . . . forced you to have sex? | Yes | No |
| 6. . . . have you been afraid that a current or former intimate partner would hurt you physically? | Yes | No |

If “YES” to any of 1–6, then . . .

- | | | |
|--|--|--------|
| 7. . . . What was the sex of the individual? | Male | Female |
| 8. . . . What was/is your relationship with the individual? | — Current or former intimate partner
— Other family member
— Acquaintance or friend
— Coworker
— Stranger
— Other (specify) | |
| 9. . . . Were the police notified about any of these episodes? | Yes | No |
| 10. . . . Did you require treatment by a physician as a result of any of these episodes? | Yes | No |
| 11. . . . As a result of the experience, did you pursue | | |
| — professional counseling? | Yes | No |
| — legal action (pressed charges; sought restraining order)? | Yes | No |

Figure 1. The Universal Violence Prevention Screening Protocol. Adapted with permission from the George Washington University Universal Violence Prevention Screening Protocol (Dutton MA, Mitchell B, Haywood Y. The emergency department as a violence prevention center. *J Am Med Womens Assoc.* 1996; 51:92–117). Copyright © 1996 American Medical Women’s Association, Inc. All rights reserved.

TABLE 1. Demographics of Victims vs Nonvictims of Domestic Violence*

	Victims (n = 109)	Nonvictims (n = 748)	Difference (95% CI)
Age—mean ± SD (range)	34.1 ± 1.1 (18–81)	42.8 ± 0.6 (16–87)	7.5 (4.1, 10.9)
Ethnicity			
African American	85 (78.7%)	439 (58.7%)	20.0% (11.0, 29.0)
White	20 (18.5%)	274 (36.6%)	
Other	3 (2.8%)	35 (4.7%)	
Marital status			
Single	70 (64.8%)	381 (50.5%)	14.4% (4.1, 24.6)
Married	22 (20.4%)	271 (35.9%)	
Separated	15 (13.9%)	83 (11.0%)	
Widowed	1 (0.9%)	20 (2.7%)	
Medical coverage			
Private	42 (41.6%)	422 (60.6%)	
Medical assistance	28 (27.7%)	147 (21.1%)	
Self-pay	31 (30.7%)	128 (18.4%)	12.3% (2.3, 22.3)

*Total number in each category may be less than total stated n because of missing demographic data points.

Several studies suggest that violence by women against men is not uncommon. A 1985 survey of 3,520 households with a married or cohabiting couple reported that men were just as likely, if not more likely, to be victims of domestic violence as were women.⁶ One hundred thirteen women per 1,000 couples reported domestic abuse, vs 121 men. More recently, a 1991 study performed in an ED in Queensland, Australia, surveyed 1,223 men and women about domestic violence. Of these, 23.9% of women and 8.5% of men stated they had been domestically abused during their adult-hoods.¹⁴ Finally, a 1996 review of victims evaluated by the trauma service of a Level 1 trauma center over an 11-month period for cross-gender violence revealed that seven of 18 men (39%) and six of 19 women (32%) had been assaulted by an intimate partner. One man and one woman died of their injuries.¹⁵

Despite these findings, the concept of the battered male has met with considerable resistance on theoretical and practical levels. While it is readily accepted that women commit violent acts against men, it has been argued that their motives for doing so vary greatly from men's. Specifically, men tend to use violence as a way to control or punish their partners, whereas women tend to act violently out of self-defense or in retaliation for a previous assault. To illustrate this, following the institution of a domestic violence mandatory arrest law in Kenosha, Wisconsin, the number of women arrested for domestic violence increased 12-fold, whereas arrests of men increased only twofold. This created a dilemma for law enforcement authorities, because many of the arrested women had previously been victims of domestic violence themselves. Despite this, it was decided that both male and female perpetrators should be ordered into

counseling. However, in recognition that the arrested women were often in fact victims, their counseling emphasized issues of empowerment and ways to avoid violent situations in the future.¹⁶ Similarly, a recent study looked at male patients presenting to an urban ED over a four-year period for injuries inflicted by a female intimate partner. Of 45 male victims identified, 33% had themselves been arrested in the past for acts of domestic violence.¹⁷ Therefore, by grouping together violent acts committed by women and by men, a disservice may be done to female victims of domestic violence. Women's claims of victimization may be downplayed. There is also the practical concern that funding set aside to protect women victims may be, in part, reapportioned to assist male victims as well.¹⁶

While it may be correct to assume that women who commit violence against their male partners do so in self-defense, the body of domestic violence literature neither supports nor refutes this. Many studies of domestic violence have methodologic flaws. These include lack of a uniform definition of domestic violence, failure to distinguish between acute and past incidents, introduction of selection bias by interviewing only patients with injuries or patients in referral centers, and failure to describe the context in which the incidents occurred.¹⁸ In addition, several screening instruments are used to identify domestic violence victims. However, only one, the Abuse Assessment Scale, has been validated, making it difficult to draw conclusions from most studies.¹⁹ Thus, while it seems intuitive that most women who commit violent acts against their male partners do so in self-defense, and most men who are assaulted by their female partners have been aggressors in the past, further research is needed to substantiate this. In the mean

time, each case of violence between intimate partners should be assessed on an individual basis to ensure that all victims, whether they be female or male, receive appropriate recognition and management.

LIMITATIONS AND FUTURE QUESTIONS

This study has several limitations warranting discussion. First, just as there is much variability in definitions of what constitutes domestic violence committed by men against women, there is even less consensus on what constitutes domestic violence committed by women against men. While applying the same definition to both male and female victims may seem intuitive, some may challenge whether this is appropriate.

Second, there are many screening instruments used to identify domestic violence against women. However, there are no validated instruments to detect male victims. Therefore, it is conceivable that those men who described acts of violence committed by their female intimate partners may not in fact have been victims of domestic violence in the strictest sense of the term. Balancing this is the possibility that our study was affected by self-reporting bias. Some men who were in fact victims may not have reported these incidents out of a sense of embarrassment about admitting that their wife or girlfriend had been beating them up.

Third, research assistants were not available for data collection between 12 midnight and 8 AM. A previous study performed in Australia found that 69% of domestic violence victims presented to the ED between the hours of 5 PM and 8 AM, typically when social workers and other intervention specialists were not available.²⁰ In addition, Bureau of Justice statistics for 1992–1996 show that 50% of incidents of domestic violence against males occurred between 6 PM and midnight.⁸ While we included the period between 6 PM and midnight in our study, we were not able to cover the hours between midnight and 8 AM. Therefore, our results may have underestimated the scope of the problem. However, because the overall ED census at this time of the day is generally low, the number of missed domestic violence victims should be small. Similarly, major trauma victims are by protocol evaluated by the trauma service in a designated area of our ED and were not accessible to the research assistants. Excluding this patient population may have also resulted in an underestimation of the overall incidence of domestic violence committed by women.

A final limitation is the fact that we did not determine in detail the context in which the acts of violence committed against the men in our study population occurred. Therefore, it could be argued

that at least some of these men had been assaulted by women who were acting in self-defense. In addition, the role that alcohol or other intoxicants played in the incidents was not investigated. Future study of these issues is warranted.

CONCLUSIONS

We found that 12.6% of men in our study population had been victims of domestic violence by a current or former female intimate partner within the previous year. The most common types of abuse involved unarmed physical assaults and throwing of objects. The use of weapons was less common. Few victims sought help of any type, whether it be legal action, medical attention, or counseling. Domestic violence committed by women against men warrants further study, to ensure that all victims of domestic violence are appropriately identified and treated by the medical community.

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