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The National Intimate Partner and Sexual Violence Survey and the Perils of Advocacy Research

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According to a 2010 national survey by the Centers for Disease Control and U.S. Department of Justice, in the last 12 months more men than women were victims of intimate partner physical violence and over 40% of severe physical violence was directed at men. But an advocacy research approach and the feminist theory that domestic violence is power and control by men in a patriarchy means that data on intimate partner violence against men are not widely known. This paper examines the NISVS data and its presentation to the public. It examines Federal funding for domestic violence efforts and the number of men offered shelter and other domestic violence services. It uses the paradigm of the Duluth Model and its Power and Control Wheel to show how information on IPV against men is suppressed. Means include denial, minimization, blaming the victim, demeaning and ridicule, controlling the funds and even threats of violence. This harms women, since aggressive women cannot get the services they need. The paper makes recommendations regarding IPV against men and the services they receive.

Advocacy Research and the Duluth Model: Power and Control

Advocacy research has been important in the formation of public policy, but as Gilbert (1997), Straus (2005), Gelles (2007) and others have pointed out, the bias inherent in this approach make some of its findings and its influence on public policy problematical. Gilbert exposes flaws in the research that exaggerate the extent of rape and sexual abuse. Techniques/tactics involve using vaguely or awkwardly worded survey definitions and questions; using disclaimers; sampling bias; using other weak research to support their work; and using extreme anecdotal cases supported with weak speculative and/or unscientific quantitative evidence. Dutton and Corvo (2006) describe "advocacy research" as distorting the data or interpretation of the data to match the needs of a pre-conceived desired outcome. Feminist theory posits that intimate partner physical violence is mainly by men against women, and is an effort by men in a patriarchal society to dominate women by "power and control." It doesn't allow for women's violence towards men because this is not congruent with the feminist patriarchal model of domestic violence, although women, too, attempt to assert power and control in the relationship. Dutton and

This paper is based in part on an earlier paper by one of the authors.:

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Nicholls (2005) point out that researchers have “conformity bias” and “belief perseverance,” or “groupthink,” leading them to apply different standards and dismiss research findings that do not conform to their own prior belief or personal experiences. Gelles (2007) states: “I came to understand that policy and practice seemed to be more influenced by ideologies and political values than actual research and evidence.” Patently false factoids have guided policy regarding intimate partner violence (IPV.)

These problems with advocacy research can be seen with the Centers for Disease Control’s report on the 2010 National Intimate Partner and Sexual Violence Survey (NISVS)(Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011) and more generally in much of the research cited in the formulation of public policy in the area of domestic violence, for example the U.S. Department of Justice/CDC National Violence Against Women (NVAW) survey. (Tjaden and Thoennes, 2000)

Advocacy research has had a negative impact on efforts to understand intimate partner violence and on services to male IPV victims. Straus (2005) observes that the National Violence Against Women survey set out to refute the idea of gender symmetry in domestic violence but instead “gave strong support to the conclusion that women physically attack partners at about the same rate as do men.” (p. 60) Five years after U.S. Senator Orin Hatch put into the Congressional Record that the Violence Against Women Act funds were intended to help male as well as female victims, the National Institute of Justice had a prohibition on projects researching IPV against men (see section “Controlling the funds,” below.)

This has also done a disservice to women, in two respects. First, woman aggressors are at a higher risk of being battered, themselves, later. (Henning, Martinsson and Holdford, 2009 at p. 632; Straus, 2005) Second, it denies to woman batterers the help that they need. (Straus, 2005) “Thus, women who use IPV face considerable barriers when seeking help within the current domestic-violence service system because it does not allow for their existence.” (Hines and Douglas, 2009, at p. 576) Susan Steinmetz, whose article on the battered husband caused great controversy, also points out that this denies services to women. Women who seek help for their violent behavior have no place to go. (Kammer, 1994, p. 124) Research into women who use IPV is important because their service needs may differ from men. (Hines and Douglas, 2009)

The oft-cited Duluth Model and its “Power and Control Wheel” provide a useful paradigm for examining the advocacy research approach to intimate partner violence. This model is not based on scientific evidence, but on the opinions of female victims of domestic violence and their advocates. (Pence and Paymar, 2003; Renzetti, Edleson and Bergen, 2011) According to this model, domestic violence is an attempt by men to assert power and control over women, supported by a patriarchal society. It is the result of broader socialization condoning men’s use of abusive tactics to maintain power in their intimate relationships. (Pence & Paymar, 1993)

Elements of the Duluth Model’s Power and Control Wheel include:

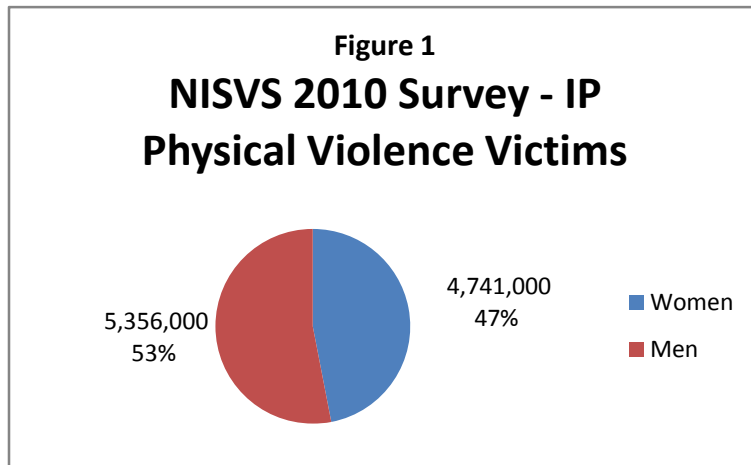
- Denial,
- Minimizing,
- Blaming the Victim,
- Demeaning, using ridicule,
- Control over financial resources, and
- Threats of physical violence.

Dutton and Corvo (2006, p. 478) suggest that government agencies and DV programs have become “enthralled” with the power and control of having their philosophy hold sway in our response to IPV. Each of these forms of controlling behavior can be seen researchers’ and advocates’ responses to data that a significant number of men are victims of intimate partner violence. Several can be found in the NISVS report and summaries by the Centers for Disease Control and U.S. Department of Justice. They are also prominent in the Web sites of the National Coalition Against Domestic Violence and virtually all of the state coalitions against domestic violence.

This analysis follows that of Straus (2007) in *Processes Explaining the Concealment and Distortion of Evidence on Gender Symmetry in Partner Violence*. He cited studies showing seven methods:

- Suppress evidence
- Avoid obtaining data inconsistent with the patriarchal dominance theory
- Cite only studies that show male perpetration
- Conclude that results support feminist beliefs when they do not
- Create "evidence" by citation, what Gelles (1980) called the “woozle effect” a woozle effect occurs when frequent citation of previous publications that lack evidence mislead us into thinking there is evidence.
- Obstruct publication of articles and obstruct funding research that might contradict the idea that male dominance is the cause of IPV
- Harass, threaten, and penalize researchers who produce evidence that contradicts feminist beliefs

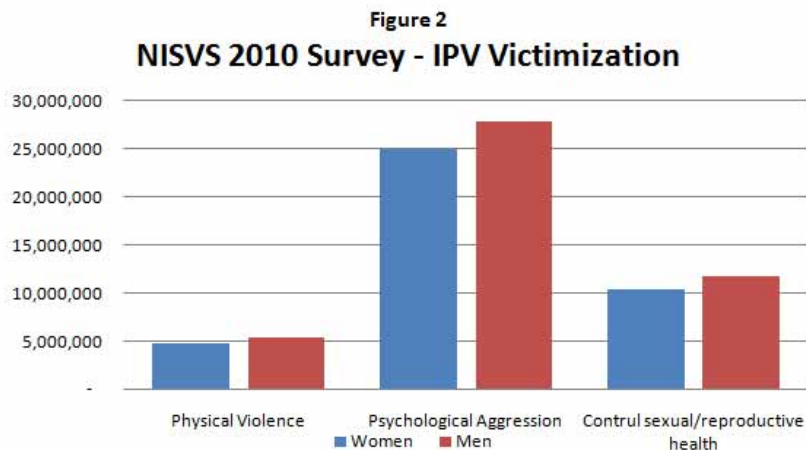
NISVS Findings



More men than women were victims of intimate partner physical violence within the past year, according to a national study funded by the Centers for Disease Control and U.S. Department of Justice. According to the National Intimate Partner and Sexual Violence Survey (NISVS) released in December, 2011, within the last 12 months an estimated 5,365,000 men and 4,741,000 women were victims of intimate partner physical violence. (Black *et al.*, 2011, Tables 4.1 and 4.2) (see

Figure 1)

NISVS expanded the definition of intimate partner violence in several respects. These include expanding the definition of rape to include actual and attempted sex while incapacitated by alcohol or drugs, including other forms of sexual violence (for example, unwanted touching), including psychological aggression (expressive aggression, coercive control) and including control over sexual or reproductive health (e.g. trying to get pregnant, refusing to wear a condom). (see Figure 2) Stalking was included only if the victim felt fearful or believed the stalker would hurt the interviewee or others, but women tend to be more fearful. (Carrado, 1998) In all of these categories except rape and stalking, more males than females were victims. In rape and stalking, NISVS reports victimization by any perpetrator, not just



intimate partners. It examines lifetime prevalence (but not one-year prevalence) to report what percentage of these victimizations are by an intimate partner. (Only 51.1% of rapes, 36% of other sexual violence and 41-66% of stalking were by an intimate partner.) Thus, Figure 2 omits these forms of victimization.

But you cannot find this NISVS information on intimate partner violence against men in either the Executive Summary or the Fact Sheets issued by the Centers for Disease Control or National Institute of Justice. One must delve into the individual tables in the 112-page Summary Report to find this information.

The Duluth Power Wheel

This paper will now use the paradigm of the Duluth Model’s Power and Control wheel to examine how the NISVS survey, prior studies and advocates for domestic violence programs for women have used denial, minimizing, blaming the victim, demeaning and ridicule, control of funding and threats of intimidation or violence to assert power and control over the “domestic violence movement” and suppress information on the extent of intimate partner violence against men.

Denial

The clearest example of denial in NISVS is in the Executive Summary. Few policy-makers will actually read the 112-page report; most will rely on the Executive Summary. There, the section on 12-month intimate partner violence reports on rape and other sexual violence victimization (by any perpetrator), stalking (by any perpetrator) and a confounding measure of rape, physical violence and/or stalking. But it simply ignores the 12-month data on physical violence alone, or psychological aggression alone, where more men than women are victims.

Perhaps the most egregious example of this “gender blindness,” or denying physical violence against men is presented by the National Coalition Against Domestic Violence. The National Violence Against Women Survey (Tjaden and Thoennes, 2000, p. 26) found that “About 1.3 million women **and 835,000 men** are physically assaulted by an intimate partner annually in the United States (exhibit 9).” (emphasis added). The NCADV *National Fact Sheet* reports, “An estimated 1.3 million women are victims of physical assault by an intimate partner each year.” A Google search reveals over 600 Web sites citing the NVAW statistic, omitting the number of men victimized. Many of these cite the misinformation in the NCADV *Fact Sheet*.

The CDC reflects this gender blindness in its report, *Costs of Intimate Partner Violence Against Women in the United States*. It states (p. 1) “Based on NVAWS data, an estimated 5.3 million IPV victimizations occur among U.S. women ages 18 and older each year.” But it revises this number downward on p. 26, where it states that NVAW found “there were approximately 4.5 million physical assaults committed against U.S. women by intimate partners in the 12 months preceding the survey.” But it continues, “there were about 2.9 million physical assaults perpetrated against U.S. men by intimate partners in the

previous 12 months.” (p. 27) *Costs of Intimate Partner Violence* made no estimate of the costs of IPV to men.

Other national organizations that seek to influence public policy also deny intimate partner violence against males. The National Center for Domestic Violence Prevention misrepresentation of the NVAW findings by leaving out the men has already been mentioned. The Futures without Violence (formerly the Family Violence Prevention Fund) (n.d.) publication *The Facts on Domestic, Dating and Sexual Violence* only speaks of how many women are victims of IPV and only state that women are at risk.

Another example of gender-blindness is provided by the century-old, highly respected National Council on Crime and Delinquency (NCCD) in its Focus series paper *Interpersonal and Physical Dating Violence among Teens*. (Davis, 2008) The research examined the CDC's Youth Behavior Risk Survey (YRBS) data and the specific YRBS data for San Francisco and Los Angeles. The 2003 YRBS found "that 8.9% of students (8.9% of males and 8.8% of females) reported PDV victimization during the 12 months preceding the survey." (CDC, 2006, Table 1) NCCD misrepresents this as "In the US alone, approximately 1 in 3 adolescent girls (estimates up to 35%) is a victim of interpersonal violence," citing that CDC YRBS. It focuses exclusively on the impact on girls, including increased incidence of being in a fight requiring medical care, carrying a weapon, depression, suicide ideation and increased drug and alcohol use—as if boys, too, do not experience these consequences.

Academics have “concealed, denied or hidden the evidence” of IPV against men. (Straus, 2009, p. 560.) This denial of IPV against males has had its impact on police and other agencies' responses to male victims. Kelly (2003) reviews the police response data in *Intimate Violence* (Gellis and Straus, 1987) and other studies and concludes “what such statistics do seem to reflect is that police share the accepted view about female violence: it does not exist.” (p. 832) Ellen Pence, founder of the intervention project that developed the Duluth Model (Pence and Paymar, 2003), was quoted in *The New York Times* (April 20, 1992) as saying “Domestic violence against men is just not a social problem.” (Kammer, 1994, p. 127) Pence later admitted that there was an effort to avoid issues related to women's violence: “In many ways, we turned a blind eye to many women's use of violence, their drug use and alcoholism, and their often harsh and violent treatment of their own children.” (Pence, 1999, p. 30)

Why this gender-blind approach to intimate partner violence? Kelly (2003, p. 818) speculates:

Domestic violence represents the prized gemstone of feminist theory's fundamental message that our legal, social, and cultural norms are fashioned in a manner which permit men to engage in a constant and pervasive effort to oppress women by any and every available means. A successful challenge to the patriarchal definition of domestic violence may thus undermine feminism itself.

Straus (2009, at p. 561) states “the research showing gender symmetry has been denied because it may have been perceived as a threat to feminism in general.” Kelly posits three factors contributing to a gender-blind approach excluding consideration of male victims. The first is competition for limited resources. Second is “marketing concerns.” Feminists who decry a “woman as victim” stereotype in other realms are “willing to promote a stereotype which, in other contexts, is readily recognized as inaccurate.” (Kelly, 2003, p. 822) The last factor is “vindictive possibilities,” a way to strike back against a history of domination

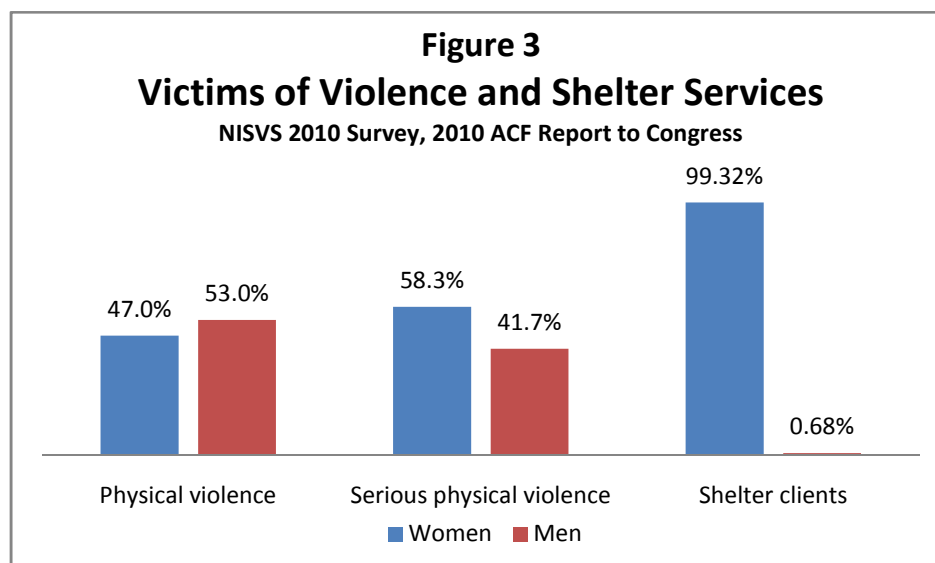
The NISVS reflects this feminist ideology. For example, in its “Implications for Prevention” section it asserts “It is important to continue addressing the beliefs, attitudes, and messages that are deeply embedded in our social structures and that create a social climate that condones sexual violence,

stalking, and intimate partner violence" (Black *et al.*, 2011, p. 89) This goes far beyond the findings of the survey, and no evidence is offered to substantiate the assertion that the social climate condones IPV. There is probably more condoning of female-perpetrated violence against men (e.g. slapping, comedy movie scenes as kicking an unfaithful husband in the genitals in *Something to Talk About*, Tiger Woods skits and the *Everybody Loves Raymond* sit-com) than male violence against women. (Hines and Douglas, 2010b)

This feminist ideology, indeed, is required in programs offering legal services to victims. The Office for Violence against Women (U.S. Department of Justice) solicitation for proposals for FY 2013 specifies: "Advocacy and victim services programs must reflect (through mission statements) an understanding that the violence perpetrated against victims is grounded in an abuse of power by an offender and reinforced through intimidation and coercion;" (U.S. Department of Justice, 2012, p. 7)

The U.S. Government Accountability Office (GAO) also reflects this gender blindness. This affects its mandate to determine the services provided to male IPV victims, and thus affects public policy-making regarding IPV. The VAWA 2005 re-authorization provides: "Nothing in this title shall be construed to prohibit male victims of domestic violence, dating violence, sexual assault, and stalking from receiving benefits and services under this title." (§ 40002(b)(8)). GAO findings are important to determine whether administration agencies are in compliance with this provision. The Violence Against Women Act 2005 re-authorization (Pub. L. No. 109-162, § 119, 119 Stat. 2960, 2989-90, 2006) requires GAO to conduct a study and report on the services available to victims of domestic violence, dating violence, sexual assault, and stalking among men, women, youth, and children. The GAO report *Services Provided to Victims of Domestic Violence, Sexual Assault, Dating Violence, and Stalking* (U.S. Government Accountability Office, 2007, July 19) states that programs "generally make services available to men, women, youth, and children" (p. 7) But it presents no evidence to substantiate this conclusion. It doesn't state whether services to men include services for male victims, or only batterer-intervention services for male batterers. An unsubstantiated statement that programs "generally make services available to men" does not allow such a determination.

The Administration for Children and Families, Health and Human Services, administers the Family Violence Prevention Act funds for domestic violence shelters and programs. Their most recent FVPSA report to Congress (U.S. Administration for Children and Families (2010) states that in FY 2007-8 grantees provided shelter services to 2,071 men (down from the 1,957 men served in FY 2006.) By contrast, they provided shelter to 304,528 women in that two-year period. In other words, 0.68% of the adult shelter clients



were men. (see Figure 3) This despite the fact that the percentage of men calling the National Domestic Violence Hotline it funds rose to 15% in FY 2005. (AFC chose not to include data on the gender of hotline callers in its FY 2007-8 report to Congress.) Lyon,

Bradshaw and Menard (2011) did a survey of 1,467 DV program clients from four states around the country regarding non-shelter services they received. Only 4.2% of the respondents were male. (These men identified similar needs and short term outcomes of their shelter stays as females.) It is problematical whether shelter services or other domestic violence services are “generally available” to men, as GAO reports.

The impact of this gender blindness regarding IPV can be seen in media coverage of domestic violence. Comedian Phil Hartman’s wife killed him, then herself. She had been violent before and he told friends sometimes he had to leave the house. Tiger Woods’ wife apparently started hitting him with a golf club in reaction to his affair, and he crashed in an attempt to escape. What these incidents have in common is that in none of the mainstream media coverage was domestic violence even mentioned.

Minimizing

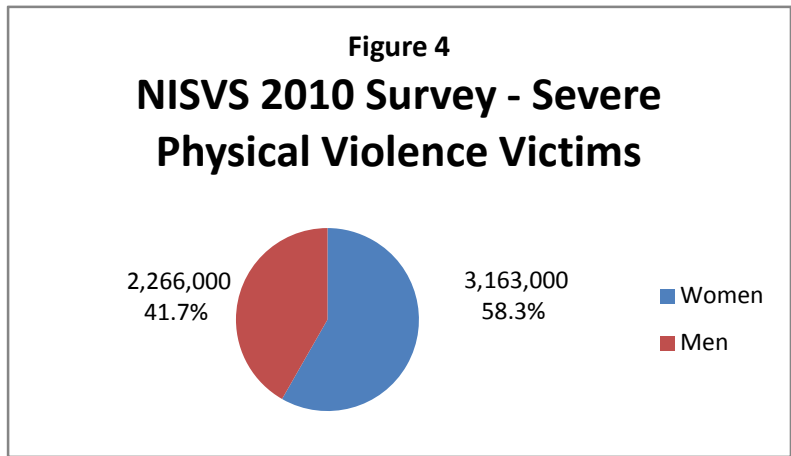
The NISVS uses three approaches to minimize IPV physical violence against men. **First**, the Executive Summary and Fact Sheet stress lifetime data rather than data on incidents within the last year, even though lifetime data are less reliable. (George, M., 1994; Straus, 2005). The same was true of NVAW. (Straus, 2007). Males appear to report their own victimization less than females do and to not view female violence against them as a crime. (Dutton and Nicholls, 2005) Women are more likely to remember IPV violence from the past. Events from the past are more dimly remembered, especially for men, and men who do remember those past assaults are more likely to dismiss them as not that serious, explaining their experience as "just one of those things that happens." Further, women may express more fearfulness and distress. (Carrado *et al.*, 1998, personal correspondence from M. George). Men are less fearful, even when they should be, given that a third of the victims of IP homicide are male. (Straus, 2009)

Research in other areas confirms this view. There is significant memory decay between one year and ten. (Jenkins, Earle-Richardson Slingerland and May, 2002) Herlitz and Rehnman found significant sex differences in episodic memory, a type of long-term memory based on personal experiences, favoring women. (2008) Men and women may differ on what they find abusive and men who feel shame about their victimization are less likely to remember it years later. (Alexander et al. 2005, p. 38)(child sexual abuse)

Second, the NISVS focuses on severe physical violence—but omits a major contributor to severe physical violence against men reported in the earlier NVAWS survey. Some 21.6% of the male victims in that 2001 survey were threatened with a knife, contrasted to 12.7% of the women (Hoff, 2001, Table 1). The NISVS omission of threats by knife or gun is not only curious, but it flies in the face of the Centers for Disease Control’s own recommendations on data for intimate partner violence (Salzman *et al.*, 1999, §3.3) But NISVS survey respondents were not asked about being threatened with a knife or gun. This omits a significant portion of the physical violence, in which more men than women are victims.

Similarly, the CDC definition of physical violence includes throwing an object which could cause harm. (Salzman, T., 1999, §3.1) This happened to 59% of the male victims but only 36.7% of the women in the NVAW survey (Hoff, B.H., 2001, Table 1) but no questions about throwing an object were asked in the NISVS survey.

Notwithstanding these omissions, the NISVS 2011 survey reports that in the last 12 months, 41.7% of the victims of severe physical violence were men. (Tables 4.7 and 4.8) (See Figure 4) Of the 4,741,000 female victims of violence, two-thirds (3,163,000 or 66.7%) were subjected to severe physical violence, as were 42.3% (2,266,000) of the 5,356,000 male victims.



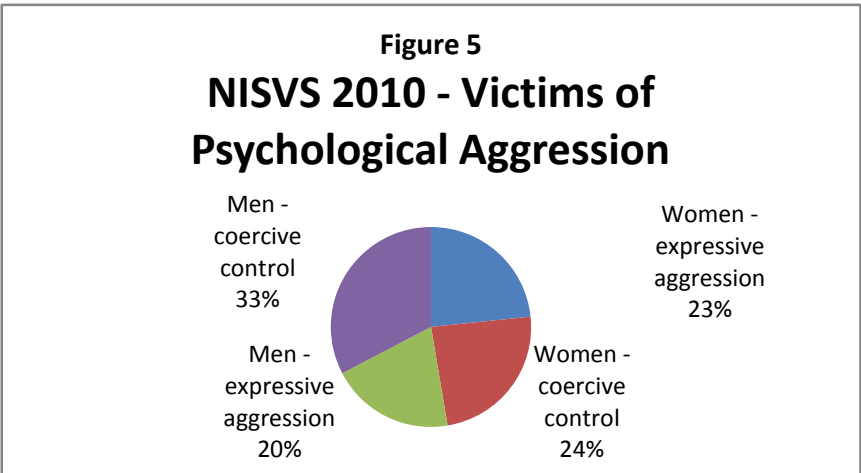
The impact of using lifetime rather than 12-month data is apparent in the NISVS FAQ. It reports “While about 30% of women and 26% of men reported being slapped, pushed, or shoved by an intimate partner, 24% of women and 14% of men reported severe physical violence.” The 12-month figure for severe physical violence from the same Tables 4.7 and 4.8 are 2.7% and 2.0%, respectively, not nearly as large a discrepancy.

Third, physical violence data is buried in a host of other data. These data are not limited to IPV, but include rape and stalking by strangers. The FAQ in the NISVS Communications Toolkit provides an example. Physical violence is at the heart of intimate partner violence. NISVS focuses on rape and stalking, two areas where woman victims clearly predominate, and does not even mention physical violence or psychological aggression, areas where there were more men than woman victims.

Q: Does this report show how both males and females experience violence?
 Yes, although women are frequently at greater risk of victimization and our findings are reported separately for females and males. For example, the results indicate that nearly 1 in 5 women (18%) and 1 in 71 men (1%) in the United States have been raped at some time in their lives and 1 in 2 women (45%) and 1 in 5 men (22%) have experienced sexual violence other than rape, including being made to penetrate someone else and unwanted sexual contact. One in 6 women (16%) and 1 in 19 men (5%) in the United States have experienced stalking victimization during their lifetime in which they felt very fearful or believed that they or someone close to them would be harmed or killed.

The NISVS also includes stranger-to-stranger violence for rape, other sexual violence and stalking. Only 51.1% of the lifetime rape victims and 35.7% of the lifetime victims of other sexual violence were by a current or former intimate partner (NISVS Table 2.5). An intimate partner was the perpetrator for only 66.2% of the lifetime stalking victims.

One **hypothesis** of NISVS, as seen in its “Implications for Prevention” section, is that men use intimate partner physical violence as one of many tools to assert power and control in the relationship. The **fallacy** is the unstated assumption that only men do this. NISVS belies that assumption. In the last 12 months, NISVS found, more men than women were victims of both psychological aggression (coercive control or expressive aggression,



men 52.7%) and control over sexual or reproductive health (men 53.2%). (Hoff, 2012)

Name-calling is one of the forms of “expressive aggression,” which includes acting angry in a way that seemed dangerous, name-calling and insulting remarks. The other category of “psychological aggression” is “coercive control,” such as restricting access to friends or relatives and having to account for all your time. In the last 12 months, 20,548,000 men (18.1%) and 16,578,000 (13.9%) women were subjected to psychological aggression. Some 15.2% of the men surveyed, but only 10.7% of the women, were victims of coercive control within the last year. (Black, 2011, Tables 4.9 and 4.10)

The NISVS minimization of IPV against men is reflected in its Implications for Prevention section. It only mentions male victims once. It states: “It is also important that services are specifically designed to meet the needs of a wide range of different populations such as teens, older adults, men, gay, lesbian, bisexual, and transgendered people.” (Black *et al.*, 2011, p. 91) Its recommendation for health professionals is that women and children (but not men) be provided with screening and counseling in health insurance, without a co-pay or deductible.

The CDC has been very effective in minimizing IPV against men. *The New York Times’* coverage of NISVS makes no mention of IPV against men. (Rabin, 2011) Other media coverage mentioned male victims only in passing.

Blaming the Victim

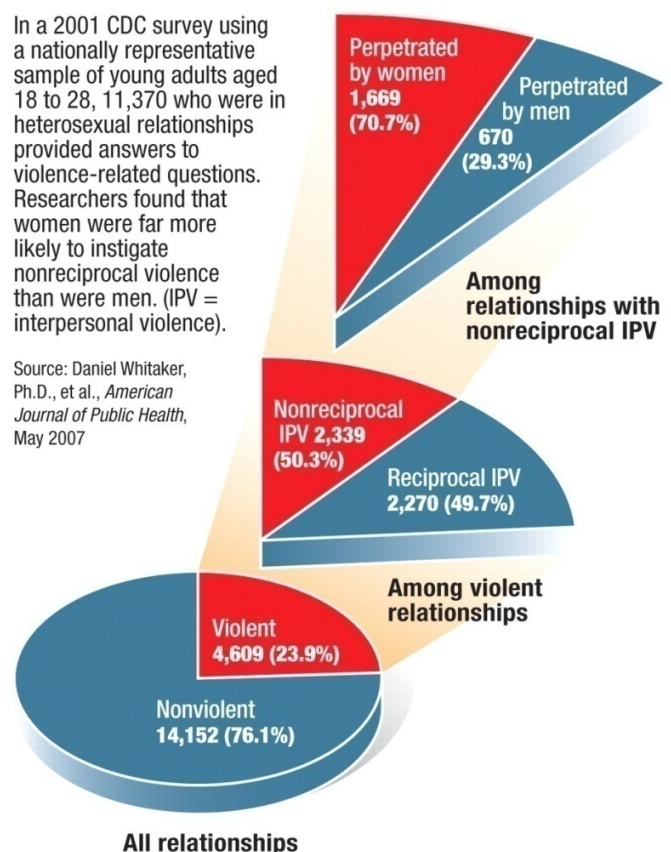
In order to maintain the ideology that domestic violence is male power and control over women in a patriarchal society, researchers have maintained that female-initiated violence is mostly self-defense—in effect, “blaming the victim.” Feminist theories have typically explained women’s PV as defensive and men’s aggression as coercive . (Dobash and Dobash, 2004; Graham-Kevin, N. 2009) Henning, Jones, and Holdford (2003) stated, “. . . many, if not most women arrested for intimate partner violence are victims of abuse who may have been acting in self-defense” (p. 841).

But half the domestic violence is mutual rather than male-initiated, and another quarter is female-initiated violence. (Straus, 2005) A 2001 CDC study of 14,322 individuals between 18 and 28 (Whitaker *et al.*, 2007) found that half the violence was reciprocal, and women initiated 71% of the non-reciprocal violence. (Whitaker *et al.*, 2007; Arehart-Treichel, J, 2007; also see Williams, VanDorn, Hawkins, Abbott and Castalano, 2001; Williams and Frieze, 2005-more men than women victims of severe violence) It is hard to maintain that women initiated domestic violence in self-defense.

Women Often the Aggressors

In a 2001 CDC survey using a nationally representative sample of young adults aged 18 to 28, 11,370 who were in heterosexual relationships provided answers to violence-related questions. Researchers found that women were far more likely to instigate nonreciprocal violence than were men. (IPV = interpersonal violence).

Source: Daniel Whitaker, Ph.D., *et al.*, *American Journal of Public Health*, May 2007



In an analysis of 36 general-population studies on IPV and dating violence, Straus (2011) found that women were half again as likely to perpetrate serious physical violence. The 14 studies which also examined whether the violence resulted in physical injury showed that men inflicted injuries more often than women, but the difference was not that great. The rate for women injuring a partner was 88% of the male rate. Studies with a high percentage of men inflicting injury are, without exception, also studies with a high percentage of women injuring a partner.

Straus (2011) found that the typical pattern is that when there are severe assaults, in almost half couples, both severely assault. The two studies with extremely high rates of mutual assault (68% and 78%) are studies of very young couples and those results are consistent with a large number of studies that have found extremely high rates for very young couples. Eight studies providing data on who hit first have found that women initiate from 30 to 73% (median=45%) of violent incidents. One found high rates of violence by women, even when male violence was statistically controlled. (Straus, 2011).

There is little research on why women batter. Studies which asked specifically about self-defense found that only a small percentage (e.g. 5, 10, or 15%) of female assaults were in self-defense. (Straus, 2011) For one study that found high rates of self-defense, the percentage was slightly greater for men (56%) than for women (42%) (Harned, 2001). In one of the few studies, Fiebert and Gonzales (1997) found the most frequent response among the women surveyed were "My partner wasn't sensitive to my needs," "I wished to gain my partner's attention" and "My partner was not listening to me." A partner being verbally abusive was one of the less-frequently cited reasons. Carrado, George, Loxam, Jones and Templar (1996, Table V) found that only 10% of the women thought he was going to do something physical, and only 12% to get back him for something physical done or threatened in the past. The most common reason (51%) was to "make him do something ..."

In a sample of college students, Shorey, Meltzer and Cornelius (2010) found that the most common reasons for females to initiate IPV were sexual arousal, retaliation for emotional hurt and to get their partner's attention. Contrary to the researchers' expectations, females were not more likely to use aggression in self-defense. "Females were more likely to use self-defensive physical aggression to stop or prevent further emotional abuse" (p. 668) Graham-Kevan's (2009) survey of the literature shows that women and men self-report violence at similar rates, but women are more likely to blame the victim. Studies of why women batter show self-defense to be low on the list of reasons. In women's refuge samples, Graham-Kevan found, women do describe their aggression as sometimes being self-defensive but they also use descriptions that are more consistent with retaliation, retribution, and vigilantism. The relationship between IPV and controlling behavior is similar for men and women. Straus (2007, p. 229) points out that almost all studies that have compared men and women find about equal rates of self-defense. Even among women in battered woman shelters, studies found that 1 in 4 women "used physical force to get something you wanted" and 40-50% assaulted their partner one year prior to or within six months of leaving the shelter. (Straus, 2005, p. 58)

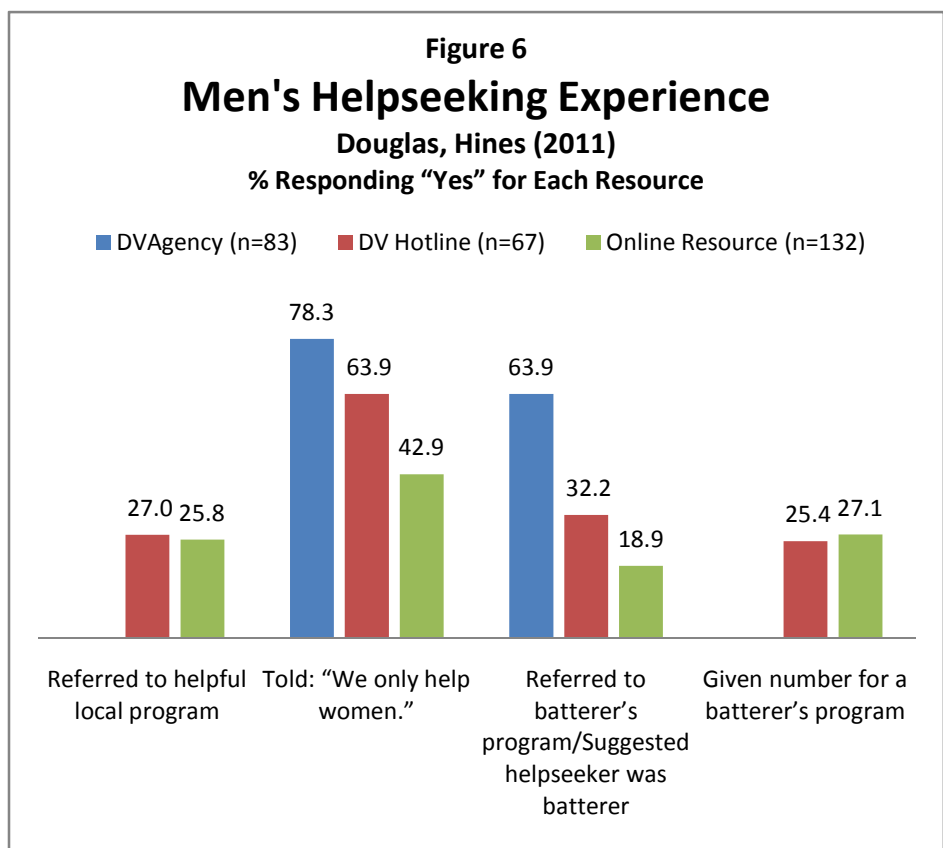
Michael Johnson (1995) has proposed that "patriarchal terrorists" who are highly-controlling aggressors are almost all men, but those using a lower level of control ("common couple violence") were equally likely to be men or women. But in later studies with less biased samples these gender differences in highly-controlling behavior are reduced or eliminated: women were as likely as men to be "intimate terrorists." (see, e.g., Hines and Douglas, 2010a; Graham-Kevar, 2009; Williams and Frieze, 2005; Pizzey, 1998)

Feminist theory states that intimate partner violence is an accepted form of "power and control" by men in a patriarchal society. But according to Straus (2011) the predominant immediate motives for

violence, by women as well as men, are frustration and anger at some misbehavior by the partner. “They are efforts to coerce the partner into stopping some socially undesirable behavior or to practice some socially desirable behavior. ... Studies have found that women engage in coercive control as much as men.” Hodes (2011) recognizes that LGBT partners and women also use power and privilege to assert dominance in a relationship.

Part of the issue may be *perceptions* of violence. When presented with vignettes of violence with male and female perpetrators, men scored the scenarios equally, but women, especially battered women shelter workers and victim advocates, scored the male-perpetrated violence as more coercive. (Hamel, Desmarais and Nicholls 2007)

Demeaning, using ridicule



Research studies generally do not demean or ridicule male victims or researchers who come to a different conclusion. This pattern is more apparent in domestic violence services delivery. Kelly (2003), as mentioned, cites studies that suggest that police share the accepted view that female violence doesn’t exist, and that men rated police response lower than did women. (pp. 831-2) In the few studies done, many men report that hotline workers say they only

help women, imply or state the men must be the instigators, ridicule them or refer them to batterers’ programs. Police often will fail to respond, ridicule the man or arrest him. (Cook 2009; Douglas and Hines, 2011; George, 1994)

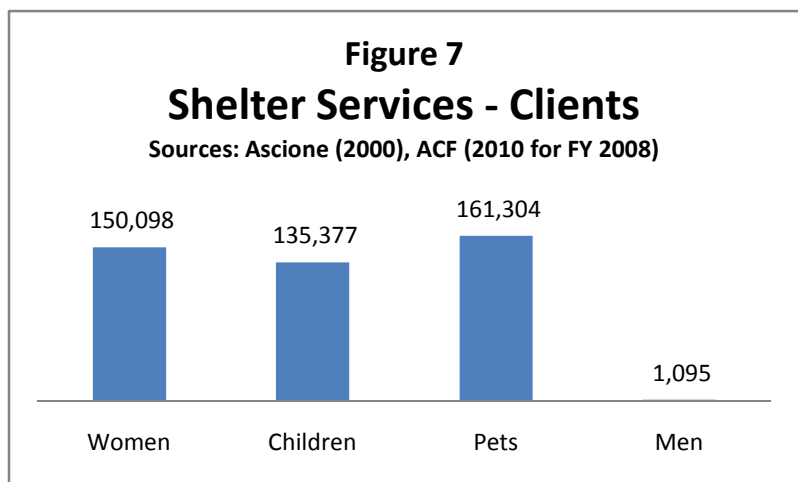
Douglas and Hines reported (p. 7) that a large proportion of men who sought help from DV agencies (49.9%), DV hotlines (63.9%), or online resources (42.9%) were told, “We only help women.” Of the 132 men who sought help from a DV agency, 44.1% said that this resource was not at all helpful; further, 95.3% of those men said that they were given the impression that the agency was biased against men. Some of the men were accused of being the batterer in the relationship: This happened to men seeking help from DV agencies (40.2%), DV hotlines (32.2%) and online resources (18.9%). Over 25% of those using an online resource reported that they were referred to a batterer’s program. Some 16.4% of the

men who contacted a hotline reported that the staff made fun them, as did 15.2% of the men who contacted local DV agencies.(p. 7) When men called the police, they arrested the man as often as the violent partner (33.3% vs. 26.5%) (p. 8)

These findings are consistent with Lyon *et al*, (2011)They reported male victims experienced “shame and difficulty finding services when they appear to have been designed for women”(p. 165) The focus group stated the biggest barrier was pressure to be strong and “keep everything together,” and shame over their circumstances. They stated they didn’t know the program offered services to men. Similar results were reported for Asian males (Cheung, Leung and Tsui, 2009) and a survey (N=76) of IPV organizations. (Tsui, Cheung and Leung, 2010). Only 34.5% of the IPV organization respondents referred to male clients; the remainder reported family, friends or themselves as the male IPV victims. (p. 772) Service provider perceptions (don’t serve men, not suitable for men, and the like) was the main reason for men not seeking services (66.7%), followed by shame and embarrassment (46.7%), denial, stigmatization and fear. The authors recommended public education that DV affects men as well as women, including men in services and practices, and gender-sensitivity training.

Controlling the money

One manifestation of power and control is control of the budget and financial decisions. Here, the advocates for domestic violence against women who minimize or deny there is violence against men have succeeded admirably. There are no hard data on total Federal, state and local funding for domestic violence programs, but the figure is estimated to be well over \$1 billion. One national estimate is \$4 billion. (Stop Abusive and Violent Environments, 2011) Federal funding was 845.4 million in FY 2005 according to the GAO. (2007, Table 2) Much of the Federal funding is through the Violence Against Women Act. Private-sector contributions and donations add to the funding. While there is a plethora of public education programs and Web sites devoted to domestic violence against women, public education on violence against men is limited to a handful of Web sites, none of which receive outside funding.



Only a handful of sites offer domestic violence services to men; in fact, there are more shelters and programs for pets in domestic violence households than there are for male victims. Ascione (2000, p. 6) has identified 118 programs for pets in domestic violence situations. He surveyed 41 of these. Twelve of these reported sheltering a total of 161,304 animals each year (mean=13,442 each), with five each sheltering more than 10,000

animals. There are few shelters for men, and in FY 2008 only 1,095 men received shelter services (U.S. Administration for Children and Families, 2010, p. 10)

Several methods are used to assert control over these funds. One method is to deny funding of any research into the extent of intimate partner violence against men. For example, the U.S. Department of Justice solicitation of proposals for Justice Responses to Intimate Partner Violence and Stalking (U.S. Department of Justice, 2005, p. 8) stated “What will not be funded: 4. Proposals for research on intimate partner violence against, or stalking of, males of any age or females under the age of 12.” Another method is to leave funding decisions in the hands of state domestic violence coalitions, virtually all of whom deny or minimize the extent of IPV against men. In Washington, for example, no new program will be funded unless current providers certify that there is a need for such services. Few of the local domestic violence programs are willing to see their own funding curtailed so that money can be devoted to serving male victims.

As early as 2000, U.S. Senator Orin Hatch stated in the Congressional Record: “Men who have suffered these types of violent attacks are eligible under current law to apply for services and benefits that are funded under the original Act-and they will remain eligible under the Violence Against Women Act of 2000.” (Congressional Record, 2000, pp. S10191-92) Then-Senator Joseph Biden, author of the original Violence Against Women Act reiterated this in June, 2005. (Chadderdon, 2005). Nevertheless, the National Institute of Justice, as mentioned, in its November, 2005 solicitation for proposals still had a specific provision prohibiting use of funds to conduct research on male victims. (U.S. Department of Justice, 2005, p. 8) The Violence Against Women and Department of Justice Reauthorization Act of 2005 (2006) specifically provides: “Nothing in this title shall be construed to prohibit male victims of domestic violence, dating violence, sexual assault, and stalking from receiving benefits and services under this title.” (§ 40002(b)(8)). Notwithstanding, as mentioned, very few VAWA-funded domestic violence programs offer services to men. Men seeking help there may be disbelieved, ridiculed or told they are the batterer. As Straus (2010) observed, “the [VAWA] program continues to be administered as if women are the only victims and men the only perpetrators.”

But control over funding is not limited to Federal and state WAWA funds. A Federal victim compensation program provides funds to states for crime victims for such things as medical expenses and caring for families of homicide or assault victims. Advocates for domestic violence programs for women have garnered a significant amount of these funds, as well. Between 2000 and 2009, 23% of funds paid to victims of serious violent crime went to victims of intimate partner violence. (Langton, 2011). There are not accurate data on the portion of VAWA and state domestic violence funds go to staff and facilities, and what portion actually goes to victims of intimate partner violence, but the pattern seems to be that WAWA funds go to the domestic violence programs for staff and facilities, and crime victim funds are spent to actually aid the victims.

Using Coercion and Threats; Using Intimidation

There have not been any threats of violence arising out of NISVS, but there have been threats to sabotage careers and even threats of physical violence against researchers who point out that men as well as women are victims of intimate partner violence. (Straus, 2007) For example, Dr. Susan Steinmetz, author of “The Battered Husband Syndrome,” was subjected to a whisper campaign where every female faculty at the University of Delaware was solicited to write a letter of protest to deny her tenure. A bomb threat was phoned into the ACLU, where she was scheduled to speak. (Kammer, 1994; Kelly, 2003, p. 801; Cook, 1997, pp. 105-12). She reports that she got calls at home from women saying “If you don’t stop talking about battered men, something’s going to happen to your children and it won’t be safe for you to go out.” (Kammer, 1994, p. 123) Erin Pizzy, founder of the first women’s shelter in England, was harassed and need a police escort on a book tour in the U.S. In the face of this, several researchers have chosen to give the topic of battered men a “wide berth.” (Kelly, 2003, p. 802) Dr.

Murray Straus, co-director of the University of New Hampshire's Family Research Laboratory, was accused of being a wife-beater and sexually exploiting his students. The unfounded claim was so outrageous that his accuser later apologized. (Straus, 2007) Researcher Richard Gelles told Fox News he has received ten or twelve death threats. (Fox News, date unknown)

Discussion

As stated earlier, in every category of IPV that did not also include stranger-to-stranger violence, NISVS found that in the last 12 months more men were victims of that form of violence. (Hoff, 2012). But this is not apparent in the Executive Summary, FAQs for the media or press releases to the media.

The aggregate results of these advocacy research strategies have been to lead policy-makers and the general public to ignore or minimize IPV against men. Little is known about male victims, the impact of IPV on them or their needs for services. Nor is much known about why women resort to IPV, or how to help them find other, less dangerous ways to resolve interpersonal conflict. Further, many male victims are not getting the services they need.

Women do experience more physical injury and psychological impact from IPV, but men experience these as well (Douglas & Hines, 2010a). NISVS found that 4.5 million men have been injured and almost 1.8 million men required medical care. It found that in the last year, over 40% of the intimate partner serious physical violence was against men. Data from the NVAW survey show that female-perpetrated violence accounts for 40% of the IPV injuries in the past year. (Hines and Douglas, 2009) Consequences include PTSD, depression and suicidal ideation. (Randle and Graham, 2011) Both the NVAW survey and the NISVS demonstrate this. Whitaker *et al.* (2007) point out that in relationships with reciprocal violence it was the men who were injured more often (25% of the time) than were women (20% of the time). Whitaker told *Psychiatric Times* "This is important as violence perpetrated by women is often seen as not serious." (Arehart-Treichel, J, 2007) As IPV expert Straus puts it, saying that violence by women is not a serious social problem "is like arguing that cancer is not an important medical problem because many more die of heart disease." (2011, p. 284) There is no need to deny, minimize, blame the victim or deny funding because the victim is male. Men suffer from IPV, and from research and policies that restrict them from services.

As mentioned, lack of focus on women who commit IPV is harmful to women, as well. Women who use IPV are at greater risk of themselves being victims later. Further, it denies to woman batterers the help that they need.

The U.S. Attorney General and Secretary of Health and Human Services have the power to declare male victims of IPV an "underserved" population under 42 USC § 13925 (33). If they did so, it would enhance funding for research into the neglected fields of male victims of IPV and why women engage in IVP, and provide needed services to male victims. Neither research nor service delivery should be required to adhere to one particular paradigm or ideology.

The Administration for Children and Families represented in its Report to Congress, FY 2005-6 that "Some states, such as Delaware, have identified male survivors of domestic violence as a special priority group and conduct specialized outreach for male domestic violence victims through a sub-grantee." A search of the reports of Delaware's coalition against domestic violence and domestic violence coordinating council and letters to the directors of each have revealed no evidence of such a program.

If IPV is to include controlling behavior as psychological violence, conflict-resolution scales should include two elements that anecdotal experience suggests is common for male victims to experience.

- Using or withholding sex as a reward or punishment for behavior
- False allegations of domestic violence or child abuse, using vague allegation of fear, obtaining a restraining order as a means of control, where there is no physical violence or threats

This would give a more well-rounded picture of the use of IPV as a means of power and control in interpersonal relationships.

Policy-makers and the public need to be made aware of the extent of IPV against men, and the consequences to those men. Public education efforts need to be de-gendered. Right now, they focus almost exclusively on intimate partner violence against women or use gender-neutral language. They tend to minimize violence against men.. As Straus (2011, p. 285) states,

It is not sufficient for prevention programs to be gender neutral. They need to be explicitly directed to girls and women as well as boys and men. In addition, more than just awareness of female perpetration is needed. The target audience of women and girls also needs to be informed that PV by a woman is morally wrong, a criminal act, and that it is a danger to women because it increases the probability of her partner being violent (Straus, 2005).

The public is already aware of intimate partner violence against men. According to a 2006 Harris Poll, 88% of Americans have seen or heard of a male DV victim in the past year, and 76% of Americans believe DV against men is a “serious” problem. (Robbins, 2010) But this is not reflected in public education efforts, policy-maker perceptions or services offered to male victims.

States need to offer domestic violence services to men. Many say they do, but very few have data on the number of men served. Some of these programs for men are male batterer programs. The Valley Oasis Center in California and a program in Longview, WA are two of only a handful of DV programs offering equal services to men. (see, e.g. table in Tsui *et al.*, 2010) Courts in California and West Virginia have found that DV programs discriminate on the basis of sex, in violation of equal protection provisions of their constitutions. (*Woods v. Horton*, 2008).

We reiterate the recommendations of the National Institute of Justice multi-state survey of domestic violence non-residential services, that programs need to communicate more clearly that their services are for men as well as women, and that specialized support groups and other services that recognize that emotional, economic and legal issues can be experienced differently for men should be expanded. (Lyon et al., 2011, p. 169, Executive Summary p. 13) Men should be included in services and practices, and programs should receive gender-sensitivity training (Tsui, 2010)

Here is a summary of our recommendations:

- Funders of research need to ensure that the research is even-handed, examining male as well as female victims
- Conflict-resolution scales measuring controlling behavior should include two additional elements:
 - Using or withholding sex as a reward or punishment for behavior
 - False allegations of domestic violence or child abuse, using vague allegation of fear, obtaining a restraining order as a means of control, where there is no physical violence or threats

- Public education efforts need to be explicitly directed to girls and women as well as boys and men. In addition, women and girls also needs to be informed that PV by a woman is morally wrong, a criminal act, and that it is a danger to women because it increases the probability of her partner being violent
- The U.S. Attorney General and Secretary of Health and Human Services have the power to declare male victims of IPV an “underserved” population under 42 USC § 13925 (33).
- States need to ensure that their domestic violence networks offer domestic violence services to men
- Programs need to communicate more clearly that their services are for men as well as women
- Specialized support groups and other services that recognize that emotional, economic and legal issues can be experienced differently for men should be expanded
- Men should be included in services and practices
- Programs should receive gender-sensitivity training
- Batterer programs should be evidence-based, not a “one size fits all” approach that reflects ideology rather than empirical science.

In short, we need to recognize that intimate partner violence is a **people** problem, not a **women’s** problem.

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- Woods v. Horton* (2008), 167 Cal.App.4th 658 CA Ct. of Appeal 3rd Dist. 08 C.D.O.S. 13247 “We find the gender-based classifications in the challenged statutes that provide programs for victims of domestic violence violate equal protection. We find male victims of domestic violence are similarly situated to female victims for purposes of the statutory programs and no compelling state interest justifies the gender classification. We reform the affected statutes by invalidating the exemption of males and extending the statutory benefits to men, whom the Legislature improperly excluded.” See *Men & Women Against Discrimination v. The Family Protection Services Bd.*, Kanawa County (VWA) Circuit Court, Civil Cause No. 08-C-1056. Decision filed Oct. 2, 2009.