

Promoting inclusivity in intimate partner abuse research: Exploring gender and age

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### Abstract

Scholarship of intimate partner abuse is heavily dominated by a gendered paradigm that has strongly impacted on the development and delivery of services and treatment programmes; however it is not inclusive to all victim and perpetrator groups. The gendered viewpoint of the male abuser and female victim is critiqued by identifying gender differences in intimate partner abuse research, and the impact this has on male victims. A further critique challenges the dominant research trend that has favoured working with younger victims and perpetrators, with an analysis of the impact and issues for older adults and their help-seeking. Implications for practice are discussed. The lack of support services for male victims and older adults is identified, as well as the focus of treatment practice on the male abuser. Finally, an argument to support more vulnerable groups such as older men who are absent within intimate partner abuse literature and service development is presented.

**Key words:** intimate partner abuse, older victims, male victims, service delivery, domestic violence.

## **Introduction**

For intimate partner abuse (IPA) research, a significant amount of the scholarship has primarily focused on male perpetrators and female victims (e.g. Dobash & Dobash, 1979; Storey & Strand, 2012). Furthermore, the whole body of research has focused on younger adults with many studies utilising student populations (e.g. Straus, 2004; Chan, Straus, Brownrde, Tiwari & Leung, 2008). Whilst the rationale for this lies in the alleged decrease of aggression with age, as evidenced by both the academic literature and crime statistics (e.g. Walker, Richardson & Green, 2000), the unintended consequences of this is that older generations are often overlooked.

Historically, men held absolute power within the family and had a legal right to use violence against their wives within the home to protect this power (Dutton, 2006). Indeed, violence within the family was routinely ignored in Britain, the United States and Canada unless it had escalated to homicide during a time labelled the “Age of Denial”. The feminist movement has been influential in raising awareness of IPA as a significant social issue and indeed have aided the creation of a number of positive changes in terms of how IPA is understood among both professionals and the public, how this crime is policed, and how the victims are supported. The development of treatment practices for perpetrators and a number of key changes to policy has subsequently followed. Despite having a positive impact, the consequence of this movement is that policy and practice developments, and law enforcement protocols tend to be aimed at supporting young female victims (Perryman & Appleton, 2016),

due in most part to young females being the most statistically likely victims captured in crime statistics and surveys.

This feminist, or gendered, view of IPA has been influential in both policy and practice, as well as the literature base, and has been referred to as the “gender perspective” (Felson, 2002), when discussing the divide and conflicting findings that are seen across the current research. Specifically, this approach holds that men’s violence towards women has its roots in patriarchy and male privilege, which sees men motivated to dominate and control women, using violence as one aspect of this (e.g. Debonnaire & Todd, 2012; Pagelow, 1984). The feminist model is grounded in the principle that IPA is the result of male oppression of women within a patriarchal system in which men are the primary perpetrators of violence and women the primary victims (Dobash & Dobash, 1979; Walker, 1979). According to this model, male violence within intimate relationships results from historic and current power differentials that keep women subordinate, primarily through the use of control, including physical, sexual, economic, and psychological abuse, comprising tactics of intimidation and isolation. Male entitlement, and the violence used to sustain it, is often attributed to male socialisation with the implicit understanding that what is learned can be unlearned. The feminist model challenges male entitlement and privilege as well as the traditional notion that IPA is a private family matter. However, this account of IPA captures perhaps a small subgroup of men who are violent to women, but also ignores an array of literature including evidence of women’s violence and control (e.g. Bates, Graham-Kevan & Archer, 2014), bidirectional abuse (e.g. Langhinrichsen-Rohling, Misra, Selwyn & Rohling, 2012), the literature detailing the number of other risk factors predictive of men’s aggression (e.g. Bates, Archer & Graham-Kevan, 2016) and the prevalence of IPA in LGBTQ+

populations (e.g. Renzetti, 1992). Indeed, over the years, the feminist framework has been a primary target of criticism from both academics and practitioners.

Paradoxically, the IPA movement has in some ways become a victim of its own legitimization as the latest round of criticisms has focused on a perceived overreliance on the criminal justice system to aggressively intervene in such cases (McDermott & Garofalo, 2004; Renzetti, 1992), particularly around the topics of mandatory arrest and prosecution.

The aim of this paper is to challenge the discourse of the gendered narrative, highlighting the consequences of this approach and addressing the need for more inclusive research and practice, by making visible an absent group of victims: older men, who are often reluctant to report abuse inflicted by another person, especially when there is an intimate or familial relationship with the offender. Most cases of abuse, however, are not reported to anyone and only the most obvious cases come to the attention of criminal justice agencies. When abuse is eventually reported, police and other investigators face many challenges in making a criminal investigation mainly due to the fact that elderly complainants are not deemed as credible witnesses for reasons of frailty, senility, poor memory or lack of understanding of the legal system.

### **IPA and gender**

Whilst research on the prevalence, severity and impact of women's victimisation is now well known in literature, there is still a dearth of research that explores male victimisation. Suzanne Steinmetz (1978) was one of the first authors to discuss male victims in her paper entitled "The Battered Husband Syndrome", where she detailed the appearance of men being hit by their wives in comic strips across the world. She further describes the "charivari", the post-Renaissance custom intended to

shame and humiliate people in public, the target being behavior that was considered a threat to the social order of patriarchy. It involved individuals who violated social norms in the eyes of this patriarchal community and who were disciplined “by a process of humiliation and collective rule to force community” (George, 2002, p. 6). One of the more vivid examples was from France where, if a man “allowed” his wife to beat him, he was made to ride around the village on a donkey backwards wearing a ridiculous outfit. The wife was punished for she also threatened the social order: she was made to ride around on a donkey drinking wine and to wipe her mouth with the animal’s tail.

Since the creation of the Conflict Tactics Scale (CTS; Straus, 1979), research that has explored IPA from a general aggression framework, has revealed that men and women are equally as likely to be violent within intimate relationships (e.g. Archer, 2000), with bidirectional abuse often being the most common pattern seen (e.g. Langhinrichsen-Rohling et al., 2012). Men have also reported experiencing higher levels of psychological abuse and controlling behaviors than women (e.g. Coker et al., 2008). Yet, despite this, there seems to have been a lesser societal and academic concern to explore men’s experiences to the same extent as women’s.

There is limited research exploring the extent of men’s victimisation, and the little there is, is largely based in the United States. For example, Hines, Brown and Dunning (2007) analysed 190 male callers to the Domestic Abuse Helpline for Men (DAHM), a national helpline for abuse men in the US, and found that all of the callers experienced physical abuse from their female partners and over 90% experienced controlling behavior. Research based in the UK has found similar results; Bates (2018) found significant verbal, physical and sexual abuse experienced by men from their female partners. Results also revealed that men experienced controlling behavior

through isolation, manipulation of their children, “gaslighting” and control of their finances. Whilst these experiences did compare to those described by women in other studies (e.g. Sleutel, 1998), men also detailed other methods that seemed unique to the female-on-male dyad; for example, threats of false allegations of IPA and rape, attacks occurring when men were most vulnerable (e.g. when they were asleep or in the shower) and parental alienation through legal and administrative aggression (manipulating the legal and court system; see Hines, Douglas & Berger, 2015).

Studies exploring the impact of IPA victimisation have revealed significant effects including both mental health issues (e.g. Hines & Douglas, 2011) and adverse health outcomes (e.g. binge drinking; Hines & Straus, 2007). Much research compares men’s and women’s victimisation experiences with a goal of demonstrating men do not experience outcomes of the same severity. However, men may be more likely to externalise their behavior (e.g., by using alcohol and drugs) and women to internalise theirs, so that it is not a fair comparison (Hines & Malley-Morrison, 2001). Indeed, men are more likely than women to minimise their abuse experiences (Dempsey, 2013).

Academic research that has explored IPA has suggested that men and women are equally as likely to be victims of aggression in their relationships (e.g. Bates et al., 2014; Bates & Graham-Kevan, 2016), and crime surveys suggest as many as one in three victims of IPA are men (e.g. ONS, 2017). Yet, police statistics indicate that far more women than men report they are victims of IPA, which leads to statistics such as Melton and Belknap (2003) finding within police and court data, that 86% of the defendants were male and only 14% female. It is likely crime surveys and clinical samples (e.g. police data, women in shelters, or men on IPA programs) do not fully capture men’s experiences due to their underreporting of their victimisation. This

under-reporting could have its routes in several areas including men's reluctance to seek help or report non-domestic assaults (e.g. Douglas & Hines, 2011; Drijber, Reijnders, & Ceelen, 2013; Felson & Paré, 2005) which is influenced by the construction of masculinity and men's gender roles around being self-reliant and maintaining emotional control (e.g. Addis & Mahalkik, 2003). For men, societal ideals usually reside around expectations of masculinity and public perceptions of what it means to be a man. In a narrative review of men's life-stories, Corbally (2014) identified three core narrative themes. The first two themes centre on the fatherhood, and the good husband narrative; both describe public identity narratives – those that are publicly acceptable. The third narrative, Corbally defines as the abuse narrative, described as forbidden in the sense that it influenced men's own identity due to victimhood not being part of masculine discourses. This identity construction and reluctance to talk about their victimisation is likely exacerbated by societal perceptions of the nature of what IPA "looks" like, as well as the lesser concern for male victims. For example, research suggests that women's violence to their partners is judged less harshly (e.g. Sorenson & Taylor, 2005) with people much more likely to condemn men's violence towards women, and report it to the police (e.g. Felson & Feld, 2009). These societal perceptions may contribute to men's greater reluctance to report acts of IPA compared to female victims (Felson & Paré, 2005). Furthermore, such perceptions reinforce stereotypes about women being more vulnerable than men. Consequently, this gender paradigm is mirrored in the current criminal justice system that constructs all men as villains and all women as victims.

### **IPA and age**

The research exploring female perpetrated IPA is still in its infancy relatively speaking, (Kernsmith & Kernsmith, 2009) and research exploring female-to-male IPA

in later life is still to be explored (Roberto, McPherson & Brossie, 2014). Over the past two decades, there has been an increase in academic interest examining IPA and older female victims. Yet older male victims of IPA have received little academic attention, and there is a lack of policy considerations for male victims in general. For older adults, the extent of IPA is even more difficult to establish. McGarry (2008) argues that it is often confused with family violence or elder abuse. Furthermore, crime statistics frequently do not collect information on those over the age of 59. As a result, there is a lack of knowledge and understanding of how this crime is perpetrated as well as little service provision in the UK to support this older cohort. Even when support is available, the assumption remains that all elderly men have a unidimensional experience of IPA. Service provisions fail to articulate narratives of elderly men who are victims of abuse in same-sex relationships or in interracial relationships, for instance. The lack of knowledge of IPA in older adults has received interest in other locations such as the USA and Canada (e.g. Seff et al., 2008), Europe (e.g. De Donder & Verté, 2010; Stöckl, Watts & Penhale, 2012) and Asia (Yan & Chan, 2012). However, those studies have focused on older female victims, therefore little is known about older male victims. IPA is multifaceted and if those who need help are not given the correct support they become vulnerable to physical and mental health outcomes.

The Office for National Statistics (ONS) (2017) revealed similar prevalence rates of IPA among older men and women in the UK. The survey shows reported victimisation from 4.3% of men 45 – 54 years and 2.2% for men 55 – 59 in comparison to women at 6.6% and 5.8% respectively. To date, those statistics do not account for those aged 60 and over. In April 2017 the upper age of the limit of the

British Crime Survey increased to 74 years, however at the time of writing statistics for the older age cohorts are not yet available.

The ONS also presented further analysis of police-recorded IPA-related incidents from the Home Office data hub, using data from 11 police forces from England and Wales. The findings show that when the age of male victims increases, there is also an increase in the proportion of domestic abuse related incidents. For example, the portion of incidents for 16-19-year-old males was 14%, which increased to 24% for men that are 70-74 years old. This is in contrast to the trends identified for female victims. For women, the proportion of IPA-related incidents reduced with age; 57% of police-recorded violence was related to domestic abuse for female victims 25-29 years old with a decrease to 40% for those 75 and older. While there are still a larger proportion of IPA-related incidents reported for women in comparison to men, the data from the Home Office raises concerns about the possible rise in such incidents among older men. One argument is that the increase in domestic abuse-related incidents is due to the rapid decline in non-domestic abuse-related violence among aging men (ONS, 2017). Nevertheless, the statistics demonstrate that IPA is a growing concern among older cohorts of men.

Research globally has also identified that IPA is a problem among aging men. Bernardino et al. (2016) examined the profiles of Brazilian male victims of IPA in a sample with a reported age range of 18-92; they found that 48.6% of their sample was 31 years and older. However no further age divisions were made, therefore it is difficult to determine any further age-related information. Similar age reports have been identified among Portuguese men; Carmo, Grams and Magalhaer (2011) identified an age range of 18 - 89 with a mean age of 41 across their sample of 535 men who had reported IPA. Furthermore, in a more detailed exploration of male

victims in the Netherlands, Drijber et al. (2013) found 15% (56) were aged between 55 and 64 years and a further 6% (21) were aged 65 and above from the sample of 372 male participants. Tsui (2014) examined helpfulness of services for male victims of IPA within the US, the sample ranged from 22-63 years old with 8% age 50 and over. Additionally, each of the articles identified that the male participants experienced a combination of physical and psychological abuse. Although the focus of these population-based studies was not to examine the prevalence of IPA among older male victims, the research clearly demonstrates that IPA is prevalent among this cohort.

Social and generational discourse is problematic for older adults seeking support for IPA (Carthy & Taylor, 2018; Finfgeld-Connett, 2014). However, much of this debate draws on knowledge from literature focusing on older female victims. One argument is that older women have often lived with multi-generational abuse that normalises such behaviors among older adults (Finfgel-Connett, 2014; Lazenbatt, Devaney & Gildea, 2013; McGarry, Simpson & Mansour, 2010, Zink et al., 2003). Similar considerations can be made about the negative impact of the generational discourses and the impact on help seeking behaviors of older male victims. It is often the case that older women are more likely to maintain the traditional values of the household by taking on the carer role (McGarry et al., 2010; Zink et al., 2004). Finfgel-Connett (2014) argue that patriarchal upbringing and households' maintaining the perception of the intact family contribute to the normalisation of the abuse among older women.

Societal and generational expectations of the male role within relationships mean patriarchal beliefs also present issues for older men. Band-Winterstein (2012) suggest that an additional barrier for older adults occurs due to being raised in an era

of traditional gender values. Whilst this argument is based on barriers to older adult women, whereby the man is considered to have a more domineering role, this is also likely to cause barriers to older men who are suffering abuse from their female partners. Douglas and Hines (2011) argue that this patriarchal construction explains why men find it difficult to come forward to disclose victimisation. Indeed, Steinmetz's (1978) paper which was published 40 years ago, supports this argument in suggesting men are under a societal pressure to maintain dominance in the home, and the stigma associated with a woman's physical dominance renders the chance of disclosure to a third party to be minimal. These pressures are likely to be felt more in older generations, which in turn suggests the concerns with men's reluctance to report and help-seek is probably exacerbated even more in an older male sample.

Despite many similarities reported in the patterns of abuse experienced by younger and older adults, some behavioral differences have been identified. It is widely reported that physical forms of violence reduce with age but psychological and controlling violations increase (Lundy & Grossman, 2009; Stockl, et al., 2012; Zink, Fisher, Regan & Pabst, 2005; Zink, Jacobson, Regan, Fisher & Pabst, 2006). Psychological and controlling behaviors include extramarital affairs, controlling finances and isolation from friends and family. Such forms of controlling behavior have negative implications on well-being (Stöckl & Penhale, 2015) with health implications including increased likelihood of depression (Lazenbatt et al., 2013), anxiety (McGarry et al., 2011), risk of suicide (McGarry & Simpson, 2011), psychosomatic problems (Stöckl & Penhale, 2015), chronic pain (Coker, Bethea, Smith, Fadden & Brandt, 2002; Balousek, Plane & Fleming, 2007), and substance misuse (Lazenbatt, et al., 2013). Additional issues can reside around the impact of IPA on cognitive functioning such as memory lapse and lack in concentration

(Scheffer-Lindgren & Renck, 2008). Although IPA can have a significant impact on the health and wellbeing of older adults, the majority of this research focuses on older female victims and it is difficult to establish the impact of this form of abuse on older men.

### **Implications for practice**

The issues highlighted in the research around a lack of inclusivity, also have implications for practice, specifically in victim and perpetrator services. Services for older adults seeking support for IPA are generally lacking. Carthy and Taylor (2018) found that the practitioners they interviewed were unable to identify services to support older victims of IPA. The research highlighted the therapeutic benefits of having separate services for older women such as those clients requiring more time within the services, preference of older care-workers, and space to develop social networks. Carthy and Taylor also reflected on the UK's first safe house aimed at supporting older women and reported a 43% increase in older service users since it was opened. Such figures highlight the need for age-specific services to encourage older adults to seek necessary support. Although there is little research to draw on examining older male victims, the research that is available has highlighted additional care needs. Reid et al. (2008) made comparisons to non-abused older men and found that severe depressive symptoms were three times more likely to occur among those who suffered physical abuse. Therefore, it is important to consider the age differences in care needs of men who have experienced IPA, rather than the one-size-fits-all approach that is currently available.

It is imperative to consider service responses to older adults living with IPA. While clinical and health-care providers are in a unique position to recognise signs of abuse as well as providing their patients with knowledge of available resources

(Mouton, 2003; Simmons & Baxter, 2010), they are not always confident to do so. Health professionals have reported lacking confidence or knowledge to screen for IPA (Bonomi et al., 2007; Selic, Pesjak & Kersnik, 2011) and have described not wanting to offend the victim by asking questions about IPA, and, as a result, fail to refer on to specialist services (Rose et al., 2010). Furthermore, other practitioners such as social workers, specialist charities, and staff in mental health services have also described feelings of helplessness and frustration in identifying and supporting older victims of IPA (Penhale & Porrit, 2010; Watson, Carthy & Becker, 2017). It is important that services develop to meet the needs of older adults (Lazenbatt et al., 2013; McGarry & Simpson, 2011; Mouton, 2003) and all practitioners who have access to older adults work collectively to identify and report concerns about IPA. Encouraging practitioners to ask questions about IPA, discuss health implications, and identify support services is a crucial step forward in supporting older adults.

UK national policy has facilitated the development of support networks for women and their children, but support for male victims is largely helpline focused and few services exist (Panteloudakis, 2014; Perryman & Appleton, 2016). A further problem is that perpetrator services and therapeutic interventions within the UK are mainly offered to men (Lawrence, 2014). The widespread use of the feminist paradigm for policy impact and IPA intervention is problematic when catering for the needs of male victims and female perpetrators. Cannon and Buttell (2015) argue that important psychosocial and cultural contexts are overlooked when focusing on gendered causes of IPA. They also highlight that this approach has determined the availability of treatment options such as the Duluth model (Pence & Paymar, 1993). The underlying assumptions of this model are that men are always the aggressors and

that women are always the victims, and therefore it cannot realistically cater for the needs of male victims.

A gendered approach to IPA can also influence the professionals that are delivering the therapeutic practice. For example, Lawrence (2014) interviewed 20 professionals and found that their practice was heavily influenced by the gender paradigm; these professionals constructed IPA in a way that male perpetrated violence was considered to be by choice, and that women's violence was due to defense or retaliation. Working in this gender-informed way can be detrimental to the therapeutic needs of both victims and perpetrators. Lawrence concludes that a more psychological theory and relational awareness is crucial to progressing IPA practices.

Indeed, in a review of current UK IPA perpetrator programs, Bates, Graham-Kevan, Bolam and Thornton (2017) found there was still a stronger gendered influence within policy and practice. One of their key findings concerned a reluctance for some practitioners to engage with research that informs practice; this indicates the strong ideological influences that exist within current support services that are potentially holding back the advancement of the area. It is important for future research to systematically examine the perpetrator characteristics of domestic violence and IPA for older cohorts in general. This knowledge would help to establish gender differences of the perpetrators across diverse age groups as well as their relationship to the victim. The development of such knowledge would enable service delivery and treatment programmes to be more inclusive to needs of specific client groups rather than a one size fits all approach.

In a recent review of treatment practices, Hamel (2014) argues that evidence-based intervention strategies should be implemented more frequently to inform the decision making of treatment programs. In this review, Hamel found evidence to

support the success of Duluth models, cognitive-behavioral therapies, and couples counseling for IPA reduction. However, the success of these interventions is reliant on the population to which they are administered. The incorporation of an evidence-informed approach would help to move treatment practices on from gendered way of thinking allowing for diversity within the treatment programs that are available for IPA.

Interventions derived from the Duluth model of IPA (Pence & Paymar, 1993) often utilise the “power and control wheel” as being central to its curriculum due to the belief that men’s violence is driven by men’s patriarchal ideology and male privilege. As a consequence, the model focuses on re-educating men about their socially constructed sense of entitlement. Despite its popularity, research has been consistent that such approaches are not effective (Babcock, Green & Robie, 2004). However, this model seems to have experienced “immunity” from having to answer to any external empirical evaluation, with the political concerns given more weight than the science (Corvo, Dutton & Chen, 2008; p.112). It is important that interventions in this area are informed by science and evidence, rather than ideology or concerns with politics (Bates et al., 2017).

## **Conclusion**

A number of funding cuts in the UK have had a negative impact on the domestic abuse sector. As a result, service providers are often looking for effective ways to cut back on costs (Ishkanian, 2014); the consequence of this are generic approaches to service delivery. IPA incurs a number of psychological, behavioral, social and financial harms for the victims of this crime, and specialist knowledge and expertise is of paramount importance to service delivery. However, the pressure of delivering generic services to appease funding bodies dilutes the level of knowledge

and expertise offered (Towers & Walby, 2012). The support that is currently available is largely designed around the needs of younger female victims. Notwithstanding that young females are representative of a large proportion of IPA victims, there is a much-needed growing body of research highlighting the prevalence of male victims of this crime, as well as older adult victims. Furthermore, underlying causes such as stereotypes and public attitudes toward tolerating violence require approaches to support education and prevention, as well as protection and prosecution (Ishkanian, 2014). Therefore, it is important that researchers, service providers, law enforcement agencies and policy makers also consider their own assumptions and perceptions of IPA to ensure that the needs of marginalised groups of people such as older male victims are not forgotten. Future research should consider the role of culture, religion, and political groups in maintaining attitudes and beliefs that are accepting to intimate partner abuse. Moving away from gendered and age-based conceptualisations will assist the development of more adequate policy implications that will be more effective to service delivery and treatment.

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