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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 services to male victims are limited. This paper examines Federal funding for domestic violence efforts and the number of men offered shelter and other domestic violence services. The paper makes recommendations regarding IPV against men and the services they receive.

Advocacy Research and Policy

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

Hoff, B. (2012). "U.S. national survey: More men than women victims of intimate partner violence, psychological aggression" *Journal of Aggression, Conflict and Peace Research.* Vol. xx, Iss. Xx, pp. xx-xxx (publication pending)

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. 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 (Congressional Record, October 11, 2000), the National Institute of Justice had a prohibition on projects researching IPV against men. (U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, 2005, Nov.)

NISVS Findings

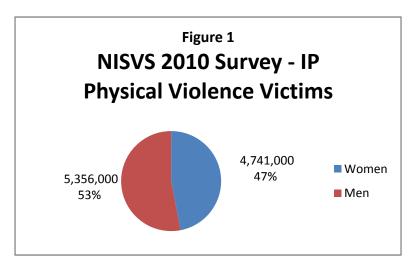


Figure 2
NISVS 2010 Survey - IPV Victimization

25,000,000
20,000,000
15,000,000
5,000,000
Physical Violence
Psychological Aggression Contrul sexual/reproductive health

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.

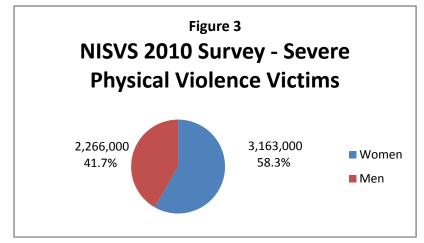
Department of Justice. According to the National Intimate Partner and Sexual Violence Survey (NISVS) released in December, 2011. Within the last 12 months an estimated 5,365,000 men and 4,741,000 women were victims of intimate partner physical violence. (Black et al., 2011, Tables 4.1 and 4.2) (see

Figure 1)

NISVS expanded the definition of intimate partner violence in

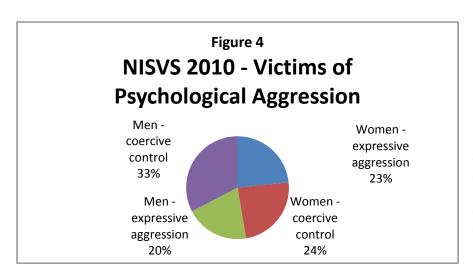
intimate partner violence in several respects. These include including psychological aggression (expressive aggression, coercive control) and including control over sexual or reproductive health (e.g. trying to get pregnant, refusing to wear a condom). (see Figure 2). In each of these categories, there were more male than female victims.

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.

But this is not reflected in the services delivered by domestic violence programs.



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)

Services to Male Victims

Many researchers, policy makers and service providers have been "gender blind" to male victims of IPV. 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

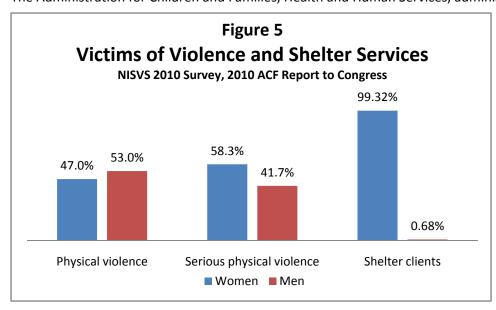
NVAW statistic, omitting the number of men victimized. Many of these cite the misinformation in the NCADV *Fact Sheet*.

The NISVS reflects this feminist ideology that intimate partner violence is by males against females, condoned by a patriarchal society. 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 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.

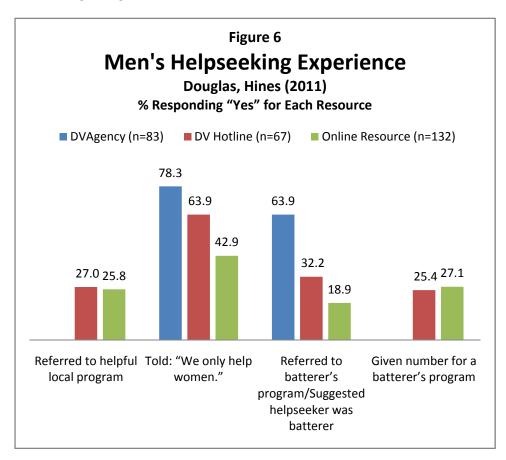
The Administration for Children and Families, Health and Human Services, administers the Family



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 5) 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.

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)

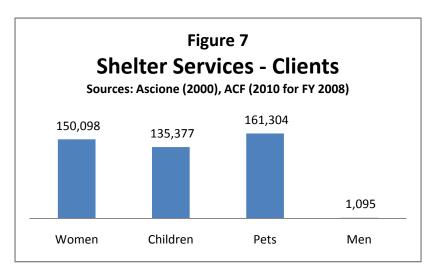
Douglas and Hines reported (p. 7) that a large proportion of men who sought help from DV agencies (49.9%), DV hotlines (63.9%), or online resources (42.9%) were told, "We only help women." Of the 132 men who sought help from a DV agency, 44.1% said that this resource was not at all helpful; further, 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.

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.

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.

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) 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, p. 285).

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
- 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

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

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