What can we learn from Domestic Homicide Reviews with male victims?

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Abstract

There is an increasing recognition of men as victims of intimate partner violence (IPV) within the academic literature and the public narrative. Statistics suggest that one in three victims in the United Kingdom (UK; specifically, England and Wales) are male, with some academic literature suggesting the ratio of female to male victims could be even closer (e.g., Archer, 2000). Domestic Abuse services and agencies (including the police and health services) can be an integral part of victim disclosure. However, the evidence suggests that there are a number of barriers that inhibit help-seeking (Bates, 2020); and when help is sought it is not always a positive experience (Taylor et al., 2021). These internal and external barriers can lead to missed opportunities to intervene and support men to escape abuse or prevent higher risk cases from escalation. The aim of the current study was to explore the engagement of male victims and the service responses through analysis of Domestic Homicide Reviews (DHRs). A thematic analysis of 22 DHRs was completed and the findings suggested there is often a dismissal of women's abusive acts towards men by services, and men (as victims) are also more likely to be arrested than their partners. Half of the DHRs stated that services had insufficient guidance regarding the identification and treatment of male IPV victims, and there were a significant number of men whose injuries were dismissed by the police and other safeguarding services. It is clear from the findings that domestic abuse services are not currently working inclusively, and this serves as an additional barrier to male help-seeking victims. Limitations of this study and future implications for research and policy are discussed.

Domestic abuse in England and Wales is defined as "any incident or pattern of incidents of controlling, coercive or threatening behavior, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality" (Crown Prosecution Service [CPS], 2017) this includes various types of abuse including psychological, physical, sexual, economic, and emotional. The most recent statistics suggest that over 2 million adults aged 16-74 experienced domestic abuse in the previous year, this equates to 1.56 million women and 757,000 men (Office for National Statistics [ONS], 2020). This means for every three victims of domestic abuse; one is male and two are female. We know that there are a significant number of adverse effects associated with being a victim of intimate partner violence (IPV), including mental health issues such as depression (Stockman, et al., 2015), anxiety (Bonomi et al., 2006), Post Traumatic Stress Disorder (PTSD; Fedele et al., 2018) and suicidal tendencies (Sharma et al., 2019). There are also a significant number of physical health problems associated with experiencing IPV including stomach ulcers, migraines, frequent headaches (Coker et al., 2000) and substance abuse issues (Tolman & Wang, 2005).

Over the past five decades a body of literature debating the extent to which there are gender differences in IPV perpetration and victimization has accumulated. The sources of this data often dictate the extent to which we see "gender parity". For example, for domestic abuse related prosecutions data suggests that men are overwhelmingly perpetrators (92%) and women victims (75%; ONS, 2019). However, surveys that ask about experiences of a range of crimes (e.g. ONS, 2020) suggest that the ratio is much closer with one in three victims being male, although this is still subject to under reporting by men. In addition, a body of academic literature suggests much closer gender symmetry in perpetration and victimization in studies using self-report measures (e.g., Archer, 2000; Bates et al., 2014). As Dutton (2010) claimed "once the criminal justice selective filer is removed, the outcome results homogenize for both genders" (p.14). The variation in these figures has been the subject of significant debate, but there is some agreement that figures from the justice system are likely to be an underestimate.

Regardless of which numbers we utilize, there is evidence of men's experience of IPV within this literature. Research that has explored this in depth has shown the prevalence and severity of their experiences of physical violence (e.g., Hester et al., 2015; Hines et al., 2007), psychological and emotional abuse (e.g., Bates, 2020), how these experiences can continue and change post-separation (e.g., Bates et al., 2020), more gender-specific experiences (e.g., legal and administrative aggression; Tilbrook et al., 2010), and the impact of men's victimization on their health and wellbeing (e.g., Hines & Douglas, 2011). There have also been more recent explorations of practitioner experiences and perspectives (e.g., Hine et al., 2020).

Despite this evidence, men face significant barriers in getting help and support from services (Taylor et al., 2021). This has been posited as being linked to the stereotypes and perceptions of IPV including that we see men's violence towards women as more serious (Sorenson & Taylor, 2005), that men are often seen to be perpetrators rather than victims (Allen & Bradley, 2017), that women are seen to rarely commit unprovoked violence (Stuart et al., 2006), and that blame is more likely attributed to male compared to female victims (Rhatigan, et al., 2011). Women's violence is frequently explained as a response to provocation or in the context of self-defense (e.g., Scarduzio et al., 2016); indeed, the most influential model within this area of practice, the Duluth Model, states that women's violence is most likely to manifest in the context of self-defense (Pence & Paymar, 1993).

These perceptions and attitudes have also been seen within the police and criminal justice system (CJS; Seelau, et al., 2003). Service responses to male victims points to a bias with many having described negative and frustrating experiences with the CJS (Hines et al., 2007; Lysova et al., 2020). Studies have shown that in response to IPV related police call outs where both parties are injured, the male partner was most likely to be arrested, and where neither partner was injured the man was 16 times more likely than the woman to be charged (Brown, 2004). Men who have engaged with the CJS described feeling disbelieved and segregated (McCarrick, et al., 2015; Taylor et al., 2021); when they do disclose, the evidence suggests their abuser will not be charged (Poon et al.,

2014). When specifically focusing on perceptions of those within police forces, research suggests male victims are more likely to be blamed by police officers (e.g., Stewart & Maddren, 1997). In a survey conducted by George and Yarwood (2004) 47% of male victims said they had been threatened with arrest, 55% of the men were ignored by the police and 21% were arrested instead of their female perpetrator. Indeed, research has suggested that where men have not reported their experiences it is for fear of not being believed or not being taken seriously (e.g., Drijber et al., 2013), threats of false allegations (Lysova et al., 2020), or fear of being arrested (e.g., Walker et al., 2019). This often extends to experiences with court processes; men are less likely to receive a protection order from their female partner compared to women (e.g., Russell, 2012). Indeed, Basile (2005) found that when applying for protection orders, women were granted the order 91% of the time compared to only 66% of the time for men. The gendered assumptions are seen within the UK court system as well, for example Donovan et al. (2020) found UK Magistrates were influenced by the societal stereotypes and gendered narratives; they rated cisgender women victims and cisgender male perpetrators as the highest risk cases; with cisgender and transwomen seen as posing the least risk.

Negative experiences with services may mean that many men do not engage with them even if they are revictimized (Hines & Douglas, 2016). Others have suggested that negative help-seeking experiences within the police may be linked to gender stereotypes but also a "culture of policing" (Brown, 2019, p.76), and the emphasis seen within the organization around masculinity. A Finnish study revealed that an incident that involved a male victim and two male police investigating officers was the least likely scenario to results in arrest and referral to support services (Fagerlund, 2020). Male victims are rarely viewed as "appropriate victims" (Lysova et al., 2020, p. 1266) within the CJS, and these stereotypes can be influential within practice in terms of assumptions made about complex family abuse dynamics. For example, Iddin (2020) reported that complexities of family violence dynamics were missed leading to the father being the only assumed perpetrator, and the mother subsequently seriously assaulting their child in one particular case.

Previous research has demonstrated that effective service response was key in helping women leave an abusive relationship (Waldrop & Resick, 2004) and research indicates that those who seek help may indeed have better outcomes compared to those who do not; for example IPV help-seekers have been found to have better health outcomes indicating that this intervention may indeed improve health for survivors (Cho et al., 2020). Furthermore, a failure to engage effectively with victims within a help-seeking and service provision context risks a missed opportunity to prevent escalation. IPV has significant negative and adverse outcomes associated with it, and in the most extreme cases can lead to Intimate Partner Homicide (IPH). There is still a relative lack of research evidence exploring IPH (Matias et al., 2020), but there is a continued need to examine the risk and predictive factors to identify both perpetrators and victims who are most at risk (Spencer & Stith, 2020). Research that has explored IPH has focused on male perpetrators and female victims, largely due to the greater number of these crimes; however some research has explored risk factors for men's and women's perpetration and has revealed the importance of factors such as prior domestic abuse (Campbell et al., 2007), the perpetrator's demonstration of controlling behavior (Spencer & Stith, 2020), death threats (Matias et al., 2020), and alcohol and intoxication (Weizmann-Henelius et al., 2012). Some of these studies have also differentiated the difference in risk factors for men and women; for example, Velopulos et al. (2019) found that alcohol and preceding arguments were a factor in a higher proportion of male victims, and that women were more likely to stab compared to men – although in this US based study, guns were still the most common weapon used. Prior abuse emerges from the literature as one of the most common and consistent risk factors of IPH, which points to the need to ensuring effective risk assessment and prevention strategies are in place within service provision as a preventative strategy.

Research has demonstrated that one of the reasons there may be declining figures in IPH could be related to the availability of domestic abuse services (e.g., Dugan, Nagin & Rosenfeld, 1999). Domestic abuse services and agencies (including the police and health services) can be an integral part of victim disclosure, yet we know men face significant barriers in help-seeking through

services not being seen as helpful or appropriate (Bates, 2020; Taylor et al., 2021; Tsui, 2014). This can lead to missed opportunities to intervene and support men escape abuse, as well as prevent some of the higher risk cases escalating. An exploration of men's engagement with services, and indeed their reaction they receive, is still absent from the literature. The aim of the current study was to explore the engagement of male victims and the service responses through analysis of Domestic Homicide Reviews (DHRs). Domestic homicide is a significant issue, between 2017 and 2019, 83 men were the victim of a domestic homicide in England and Wales (ONS, 2020). The purpose of a DHR is to establish the involvement of multiple agencies in terms of understanding any missed opportunities to intervene and support victims of domestic abuse. It is hoped by analyzing DHRs where a man was the victim, that patterns of issues can be identified with a goal of informing future services. Our key research questions were:

1) For each male victim in the DHRs, what was their engagement with services?
2) What was the response from services in terms of support?
3) Where were there missed opportunities to engage with male victims, and therefore could have reduced risk/escalation?

Method

Domestic Homicide Reviews

A DHR is a multi-agency review of the circumstances in which a person over the age of 16 appears to or has died from abuse, neglect or violence by a person to whom they were or have been in a relationship with, related to or shared a household with (Home Office, 2016a). These have been a statutory requirement for local authorities (councils) to conduct following a domestic homicide since April 2011 (ibid) under the Domestic Violence, Crime and Victims Act (2004). The purpose of a DHR is to establish the involvement of multiple agencies (where there was knowledge of the abuse) in terms of understanding any missed opportunities and to establish what lessons can be learned from this. They give a clear, thorough description and analysis of the relationship and all relevant

agencies involvement, this includes the police, the National Health Service (NHS) staff (ambulance crew, hospital staff and local general practitioners), social services, victim services (including local domestic abuse services) and housing officers. Throughout this study "services" will be used to describe any or all services/agencies involved in the abuse incidents such as the police, paramedics, social services, government agencies (e.g. housing) and victim support services (e.g. helplines and organizations).

A DHR panel is convened by each local authority/relevant council within each of the regions of England and Wales (Home Office, 2016b). The panel can have either a fixed or a bespoke membership and must include: members of the Community Safety Partnership[1] (CSP), an independent chair (independent to the agencies involved and not a member of the CSP), voluntary and community organisations, and a specialist/local domestic violence and abuse service representative. A formal report is compiled by the Chair after reviewing all evidence presented, with the narrative of each review being clear to "articulate the life through the eyes of the victim (and their children" and situate "the review in the home, family and community of the victim" (Home Office, 2016b, p7). Once a DHR has been completed, it is sent to a Home Office Review Panel and once cleared it is then returned to the local authority to publish[2].

Sample and Procedure

Ethical clearance was sought at a departmental level to approve this project. DHRs cover all adult family violence, but for the current study we were focused on those involving intimate partners. The data collected was DHRs of men who had been murdered by their female partner published between January 2015 and August 2020. An internet search was conducted to find the

[1] The CSP consists of police, local authority (councils), fire and rescue services, probation providers and the clinical commissioning groups which are a group of local health practices that commission health services within local areas.
[2] For more information about DHRs, please see the Statutory Guidance https://www.gov.uk/government/publications/revised-statutory-guidance-for-the-conduct-of-domestic-homicide-reviews

names of every council in England and Wales, and an initial search by for DHRs started here, the words “domestic homicide review” were used for a website search and if no relevant results were shown the words “domestic violence” were then used. If nothing was found from either search, a FOI request was then sent to the council either by email or completing an online form.

The data was collected by sending Freedom of information (FOI) requests to each council within England and Wales, and by looking for already published DHRs on the council websites. A total of 229 FOI requests were sent via email in May and June 2019, 113 were sent by filling out a FOI form on the council websites and for 34 councils the DHRs were found published on their website. This process was then updated in September 2020 and a further eight DHRs were found and examined. Due to COVID-19, 48 of the councils did not reply within in the time limit and some had responded saying that it could be a number of months until they could provide the information. Therefore, a search of the council's website was conducted instead.

Each of the 376 councils in England and Wales were asked if they published relevant DHRs within the time frame. Twelve councils were in the process of completing relevant DHRs and were not published therefore were not involved in the study and three councils refused to provide the DHRs they had “out of public interest”. One DHR was found where a woman had killed her partner however this was deemed self-defense and therefore not relevant and not included in this study. The final sample for review was conducted on 22 DHRs. All of the people about whom the DHR was written were given pseudonyms[3] within the published reports, so these were used for the purpose of this research to disguise their identity.[4]

Data analysis

[3] These were the pseudonyms assigned by the original review panel, so vary in format/type
[4] For a full list of the DHR included in the review, please see https://www.mankind.org.uk/statistics/domestic-homicide-review-library/

The DHRs were analyzed using thematic analysis following Braun and Clarke's (2006) guidelines. Firstly, the DHRs were read through multiple times, due to the length of the DHRs (between 52-102 pages) multiple readings were needed to become familiar with the data. Next codes were generated, this was a word or two which captured the overall view of a portion of the data. These codes were then analyzed to discover common themes or patterns across the data. The codes were reviewed and then finally defined and given names once fully analyzed. Thematic analysis was chosen, because it provides a way of identifying meaningful patterns within the data, and it allowed the different ways in which male victims were treated and other relevant issues to become clear.

Findings and Discussion

Four main themes were identified from the thematic analysis of 22 DHRs examined; 1) a dismissal of men's injuries; 2) Women's abusive acts often ignored or dismissed; 3) Male victims treated as offenders; and 4) Lack of support for male victims. Each theme with associated sub-themes are discussed below and presented in Table 1.

Table 1 about here

Theme 1: Dismissal of men's injuries

Sub theme 1a: Lack of exploring injuries. There was a lack of exploration around the origins of the men's injuries by services; half of the men about whom the DHRs were written had presented injuries to either the police, hospital staff or a safeguarding service which were not investigated. This was acknowledged as a factor within all applicable reviews. The injuries were often serious, including stabbing and head injuries; on one occasion when the police were called out to a report of a woman attacking a man, "Mr A" had facial injuries but would not say who had caused them. This was not pursued or followed up where more could have been done to explore this; indeed, there could have been efforts made to question "Mr A" alone. It could have also included making a formal DASH Risk

Assessment[5], the consideration of a Domestic Violence Protection Notice, or an arrest. This assault was importantly also independently witnessed.

> *"A member of the public contacted [location] Police reporting a female assaulting an elderly male outside the [name] bar. When the police attended it was noted that one of the parties, Mr A, had a facial injury but he would not state how he came about this. Both parties stated that they had a verbal argument over their relationship. No arrests were made. They were separated by police and sent to their respective homes."* (Taken from the DHR of "Mr A" who was assaulted and died from a number of injuries)

Similarly, "Bob M" was seen at hospital having been stabbed, when asked how he had been injured, he stated it was self-inflicted – an account reinforced by his partner when she was questioned by police. Again, there was no follow up and no further investigation; the severity and unusual circumstances should have prompted consideration that it was not self-inflicted:

> *"During the early hours of 25th June 2014 the ambulance service received a call that Bob M had been stabbed in the stomach. Having initially said he had been stabbed in town, en route to hospital, he said he had been angry with his girlfriend and had stabbed himself with a steak knife."…"Jane was interviewed and also stated Bob M did it to himself after an argument. Jane was released from custody with no further action"* (Taken from the DHR of "Bob M" who was fatally stabbed)

Sub-theme 1b: Multiple incidents. Five of the 22 men had been to hospital on more than one occasion with injuries, however no information was logged about the origin of these injuries, and no follow ups were conducted to explore the possibility of there being abuse. There has been previous research demonstrating the effectiveness of directly asking women about abuse and the benefits of routinely screening for IPV (Hammock et al., 2017; Wilbur, et al., 2013), asking people

[5] Domestic Abuse, Stalking and Harassment risk assessment used in domestic abuse incidents in the UK

who present suspicious or continuous injury about IPV is often standard practice (Taket, 2003); however this has only been seen with presenting women (Choo & Houry, 2015; Saberi et al., 2017). Indeed, the IRISi (an initiative used within doctor's surgeries for identifying IPV within England and Wales) practice booklet states: "*The evidence base for the IRIS model is that it is effective for female patients. However, every practice that is IRIS trained is given a male patient referral pathway so that they will be signposted towards services that support male survivors*" (Bolchover, 2018, p.8)

Repeated engagement with services was seen in a number of reviews; "Adult A" visited the hospital multiple times, once with a serious head injury with no exploration of the origin of these injuries. "Adam" similarly was not asked about IPV despite having to attend the hospital multiple times with injuries. "Mr D" had gone to the emergency hospital services with a human bite mark, he also stated that he lived with his partner, but again no further questions were asked relating to this injury. It was admitted in the latter review that this was "not explored thoroughly enough at the time to establish whether it was domestic abuse and that this was potentially a missed opportunity to learn more". This was also demonstrated in the DHR of "James" when he went to the hospital with a stab wound; indeed, there was an acknowledgement that if a woman presented with the same injury that more effort would have been made to support disclosure.

> *"When James attended MRI with a police officer for treatment of the stab wound, he was not asked any questions by attending professionals in relation to domestic abuse. There was no targeted enquiry and no apparent consideration that James may have been a victim of domestic abuse."* – (Taken from the DHR of "James" who was fatally stabbed)

In the key learning from this DHR, the panel said: "*The panel cannot assume that the lack of enquiry was gender related, however the panel expressed the view that had a female victim presented with a similar injury, then it is likely that more effort would have been made to support disclosure in line with NICE guidance*" (p.36).

This issue raised around assumptions of gender is not restricted to frontline health workers. In Mr D's DHR, it was also noted that there were a number of incidents where neighbors reported "Miss E" as the primary aggressor, shouting and throwing items, however "Mr D" was seen as the perpetrator and there were missed opportunities to undertake risk assessments with him. "Mr D" also had a nickname on police systems as "gay ---". In the case of "V", it was stated in the DHR that it was clear on occasion that "V's" partner was the aggressor, but she was treated as the victim. The DHR panel acknowledged that *"there was an element of gender bias when dealing with these incidents"* (p. 10).

None of the men who went to hospital with injuries were questioned about IPV alone away from their partner. However, two of the women who accompanied them to hospital were talked to individually about whether there was IPV. Direct questioning is crucial for many abuse victims regarding disclosure (Jahanfar & Malekzadegan, 2007; Taket, 2003). It is evident from the DHRs that men are less likely to be seen as victims even when they present significant and/or reoccurring injuries, for example for "Adam":

> *"He presented at the Accident and Emergency Department at Wexham Park Hospital with a cut to his head and was not given the opportunity to be seen without his partner to discuss how he received the injury as he was adamant he had caused it himself. Had Tracy presented with similar injuries, it is very likely that staff would have seen her alone"* (Taken from the DHR of "Adam" who was fatally stabbed)

The previous literature shows mixed support for the helpfulness of health professionals, but we do know that they can be key in identifying and referring women who have been IPV victims (Malpass et al., 2014). In contrast, a third of the men in the study conducted by Tsui et al. (2014) reported low levels of helpfulness from medical professionals, and Morgan et al. (2014) found that only 1.6% of men had been asked about their experiences of abuse by their family doctor. The lack of support, or even inquisitiveness, by hospital staff is concerning; medical and healthcare providers

are a key point of entry for IPV services for male victims (Tsui, 2014), therefore if men are not being recognized by these services it will create barriers to them to seeking help.

> *"There is evidence to suggest that there exists a gender bias across organisations. Men were not recognised as victims."* (Taken from DHR of "V" who was beaten to death)

This lack of recognition or follow up is likely to further contribute to men not recognizing their victimization through a lack of validation from those in services. It is known from previous studies that men fear not being believed (McCarrick, et al., 2015). If men's abuse is acknowledged by these services, it could facilitate them leaving the relationship; previous research found effective service response was key in helping women leave an abusive relationship (Waldrop & Resick, 2004).

There is little research regarding male victims of IPV and their experiences with hospital staff or presenting with injuries in hospital settings. It is clear from the current study that healthcare professionals in particular, are sometimes missing opportunities to support, refer or signpost men to IPV services. This could be through a lack of understanding of men as being victims of IPV or a lack of confidence in identification of these circumstances. This could be resolved in part with specific training which has been found to increase confidence in healthcare professionals in recognizing the needs of male patients (e.g., Williamson et al., 2015). These issues are exacerbated by the fact that healthcare professionals cannot always draw on clear referral pathways and systems for supporting men with IPV (Bates & Douglas, 2020). For example, within England and Wales, the main training and referral programme for GPs is called IRIS; it is heavily focused on female victims; indeed their referral to advisors are only available for women, for male victims the referral route is limited to signposting (as discussed above).

Theme 2: Women's abusive acts often ignored or dismissed.

Theme 2a: Ignoring risk. It was clear from this review that women were not perceived to be a serious threat to men in these circumstances. Half of the women in the DHRs committed abusive

acts towards their partner which were either ignored or dismissed by the police and safeguarding services. "Harry" had received threats to kill him by his partner on at least four occasions which the police were aware of. On all occasions 'no further action' was taken by the police despite specific threats to stab him, which was then later his cause of death.

> *"There is a hint of trivialisation in the responses of the police to Harry's reports of threats from Karen"* (Taken from the DHR of "Harry" who died from a stab wound to the neck)

Similarly, in the case of "William" his partner's ex-boyfriend had been found by the police with lacerations to his arms and stomach following a disturbance in their house. Other than one interview, his partner had no further engagement with the police about this incident and 'no further action' was taken to determine what happened. This demonstrated a pattern of abusive behavior by her where the risk was not correctly identified. There were suspicions that "William" was being financially abused by his partner by a drug and alcohol support service, however nothing was investigated, or any information passed on to the police or social services. His partner was later arrested for attacking "William" but released without charge. William was later killed after being beaten and strangled.

In the case of "Mr D", one of the neighbors called the police and reported that they heard "Mr D" crying out. It was reported that "Mr D" had been late home, his partner had smashed a glass and threatened to cut her arm. Both parties were spoken to, but no advice was given. A DASH was completed but with "Miss E" as the victim which found that "Mr D" posed a standard risk of harm towards Miss E. A DASH was not completed with "Mr D" at this time. At a later date the police attended "Miss E's" apartment due to the neighbor reporting another incident, the neighbor told the police that "Miss E" had told them that she had hit "Mr D" in the past, however nothing was done with this information and a DASH was completed with "Miss E" again as victim. It is worth noting that the couple were spoken to separately.

"…upon attendance at "Miss E's" address by the police she was identified as a victim on the majority of occasions due to preconceived ideas as opposed to what had been reported by third parties" (Taken from the DHR of "Mr D" who died by suicide)

In the review of "Mr D" one of the many domestic incidents where the police were called, he reported that he had been beaten by "Miss E" with a glass candle holder. He also said that he had been assaulted in the past; he went to the hospital and stated that he had been bitten, kicked, punched and hit over the head. A DASH was completed with "Mr D" graded as medium risk by officers due to the injuries and being in a volatile relationship. In comparison "Miss E" risk was graded medium at a different time when there was no evidence of violence and no injuries which suggests different perceptions of risk dependent on gender here.

"…the fact that Mr D was not regarded as the victim, despite third party reports, did not enable conversations and appropriate risk assessments to be undertaken with him. The Panel also felt that because he was a male there was an assumption made that he was the perpetrator of abuse for the domestic incidents reported to the police, therefore summarising that gender stereotypes were most probably at play during this time." (Taken from the DHR of "Mr D" who died by suicide)

Two of the men had reported significant injury when the police had responded to incidents however there was 'no further action' by services. "Adam" stated he was punched, had things thrown at him and was attacked with a meat cleaver and although he was assessed as medium risk from his partner there was no police action or any referrals. There was an incident where an ambulance was called for "MFJ"; he told the ambulance crew that his partner has struck him in the chest with a candlestick causing him chest pains and his partner also admitted this. The crew noted bruising and red marks across "MFJ's" back. However, the crew failed to pass this information to the police although it was a confirmed assault, "MFJ" was sent home with pain medication only.

> *"It was explained that his partner (not named) had twice struck him across the back with a candlestick. Examination showed red marks and bruising across the back. He recovered and was left with pain relief medication. The LAS [London Ambulance Service] did not share this information with the police or, apparently from the record of contact, consider possible safeguarding concerns, both which were omissions."* (Taken from the DHR of "MFJ" who was fatally stabbed)

Information and risk were further ignored in the case of "Andrew", where when he was arrested by police[6] made allegations of IPV and past knife injuries, however his partner "Olivia" was focused on as the victim. Two years prior to this "Andrew" had visited hospital from a blade injury to his leg. "Andrew" was not asked about IPV however it is stated in the review that a plausible account for his injury. "Andrew's" cause of death was stabbing and there were two previous accounts of either threats with a knife or an injury from one. Similarly, "Jonathan", who died by suicide, and his new partner were being harassed by his ex-partner. He called the police distressed about the harassment but was told nothing could be done and there was no evidence of harassment. He was only given "words of advice" if she contacted him again. It was also stated in the DHR that "Jonathan" was treated as "an involved party" and not a victim. The officer "Jonathan" spoke to told him that it was "unrealistic to not expect contact after ending a relationship". It was also stated in the DHR that there was minimization of the incidents, and it is clear that the risk was either ignored or not understood. This interaction with the police could have caused a loss of faith in reporting any further concerns he had about his partner. It was clear there were already barriers for him as a man in help-seeking, and indeed, it was stated in the review that attitudes need to change: "Work needs to continue at a local and national level to change male attitudes to being victims of domestic abuse." (p.50).

[6] The review did not contain more information as to why he was arrested

Theme 2b: Failure to recognize abuse by friends and family. Although this does not involve IPV services, a further theme seen within this analysis was that many friends, colleagues and others (e.g., neighbors and landlords) often noticed that these men had significant injuries but did not take action. In the case of "Mark" his family stated they knew that his partner had stabbed and bitten him and also witnessed her lunge at "Mark" and start scratching him. However, their action was to tell "Mark" and his partner to seek counselling. Other witnesses described "Mark" having injuries to his face two weeks prior to his death and a neighbor stated that the perpetrator had told them that she had broken "Mark's" nose on three occasions and caused a gash in his neck from biting him until he had to punch her to get her off. Although the neighbor had heard this, they did not report it to the police. In the case of "Jonathan" it was also noted that there were friends, family and colleagues who had noticed things however they did not report them. "Jonathan's" work colleagues had noticed things such as scratches, "Jonathan" seeming genuinely frightened of his partner and had also heard that she had threatened to stab him. He had also told a close friend "Joanne" and some colleagues that his partner would self-injure and then call the police and that she would also threaten to tell everyone he was a paedophile.

For other cases, there was a change in health and wellbeing that became the first sign of something being wrong, for example, for "William" it was his son and coworkers who noticed a decline in his health and appearance once he began a relationship with his partner and also knew of her aggressive reputation, however their concerns were never reported to any services and his son started to lose contact with his father. Research suggests that gender norms impact the decision to act, abuse perpetrated by a woman is less likely to be seen as serious and they are less likely to intervene or report (Allen & Bradley, 2017).

It has been argued that women are treated more leniently than men within the CJS (Player, 2013). Much of the time, women's abuse is seen as a crime of self-defense (Stuart et al., 2006) which fits the outdated gender norms that entrenches society and the CJS. For example, the Duluth Model

(Pence & Paymar, 2003) website details that “Many women who do use violence against their male partners are being battered. Their violence is used primarily to respond to and resist the violence used against them. On the societal level, women’s violence against men has a trivial effect on men compared to the devastating effect of men’s violence against women.” In the case of “Jonathan” his partner had disclosed to her family doctor that she had been violent to “Jonathan” when she was anxious, panicky, stressed and angry. Nothing was done with this information; it was not passed on to any relevant agency. “Jonathan's” partner was just given advice to give to her boyfriend about the support available to him which does not seem an appropriate course of action. In the case of “James”, although he had been stabbed, it was concluded by the Multi Agency Risk Assessment Conference (MARAC) that his partner had acted in self-defense as she stated that she had been assaulted by “James” throughout the relationship with no evidence of this being the case. There was no consideration that the violence could be bidirectional, so “James” was recorded as the perpetrator in the incident despite him being stabbed.

IPV is often thought to be less impactful to men compared to women (Thompson, Kingree & Desai, 2004; Walby & Towers, 2018), and these perceptions, along with the perception women’s violence is not seen as significant as men’s (e.g., Sorenson & Taylor, 2005) are influential. Indeed, we have seen the impact of these misperceptions in practice (e.g., Iddin, 2020), and the ways in which it can impact on professionals’ perceptions of risk and harm (Donovan et al., 2020).

Theme 3: Male victims treated as offenders

Theme 3a: Men more likely to be arrested. The DHRs revealed that in many cases, the men were more likely to be arrested than their female partners – this included in instances of bidirectional abuse but also where there was no evidence of the man’s abusive behavior. In the case of “Harry” the police responded to an IPV incident where his partner was the primary aggressor however, they were both arrested and charged with no evidence of “Harry” being aggressive. In the DHR of “Mark”, an incident was recalled where both parties were arguing, and both had hit out at

one another however only “Mark” was arrested, and his partner received no caution or warning. Similarly, in the review of “V”, both parties had been abusive to their ex-partners however only “V” had ever been arrested for it. For “Mr Cooper” it was stated that “Ms Blake’s” previous partner was assessed as a victim in an incident but then told to leave the house and threatened with arrest if he did not:

> *“A risk assessment form was completed in respect of him [Ms Blake’s previous partner] but no services offered as a result. However, despite recognising him [Ms Blake’s previous partner] as a victim he [Ms Blake’s previous partner] was told he would be arrested if he returned to Ms Blake’s house.”* (Taken from the DHR of “Mr Cooper” who died of a fatal stabbing)

In two of the DHRs, the male perpetrator was correctly arrested, however when their female partners committed similar offences towards the men no arrests were made.

> *“On police attendance both were believed to be under the influence of alcohol, and it was recorded that there had been a ‘heated’ verbal argument during which both parties had hit out at each other. Mark was arrested to prevent a breach of the peace.”* (Taken from the DHR of “Mark” who died from a stab wound)

Theme 3b: Not being seen as a victim. In several of the DHRs, despite evidence of their victimization, many of the men were not treated as victims. For example, “Mr Cooper” made it clear he had been a victim (and was not a perpetrator of violence himself) and yet was not treated in this way:

> *“Opportunities were missed in relation to Mr Cooper. He was never seen as a victim of domestic abuse even when he made clear that he too had been assaulted or threatened. He was only ever treated as an offender.”* (Taken from the DHR of “Mr Cooper”)

Similarly, “V” experienced a ‘double standard’ of treatment; where when allegations were made against him action was seen, but when he was the victim, nothing was done:

> *Where allegations were made of violence against FP1 [Female perpetrator], swift and positive action was taken and where the evidence existed, arrests were made. However when allegations were made of violence against V including on one occasion when FP1 [Female perpetrator] was arrest for 'Common Assault', V was not recognised as a victim of domestic abuse, nor FP1 [Female perpetrator] as a perpetrator. The Panel are of the view that there was an element of gender bias when dealing with these incidents.* (Taken from the DHR of "V" who was beaten to death)

The DHR here points explicitly to the gender bias that likely influenced the different treatment of the both parties in this case. These findings support the previous literature which argues there is a bias from police towards male victims causing a disparity of men arrested for IPV offences. Hamilton and Worthen (2011) found from their study that whilst men were more likely to be arrested for IPV there are certain predictors of arrest; including the presence of a witness, visible injury, the use of a weapon, and the existence of an active protection order. Having visible injuries was by far the most important factor although it was still partly determined by gender. The authors found that physical injury increased the odds of arrest by 14.1 times for women and 9.6 times for men, however given the ratio of male to female arrests and a greater proportion of men, it is likely more men were still arrested. It is known that female perpetrators are more likely to use a weapon (Hester, 2012) and therefore cause more significant injury accounting for the increase of females arrested when the victim is injured. However, in this current study many women used weapons such as candlesticks and knives causing serious injury to their partners and few arrests were made.

The existing stereotypes around IPV are also a mechanism which facilitates legal and administrative aggression (Tilbrook et al., 2010). These perceptions could lead to men being more likely to be arrested, and women manipulate these legal and administrative systems. Indeed, this has been seen within other research including around issues such as false allegations (e.g., Bates, 2020) and through post-separation abuse (e.g., Bates et al., 2020). The fear of not being believed or being accused of being a perpetrator is a significant barrier that prevents men from reporting (e.g.,

Taylor et al., 2021). This increased likelihood of arrest may deter men from reporting their abuse and so lead to further missed opportunities to intervene.

Theme 4: Lack of support for male victims

Theme 4a: Lack of service provision and resources. Within the DHRs there was an explicit acknowledgement of a lack of provision to support male victims:

> *"…no local agencies were known that deal solely in supporting male victims of domestic abuse"* (Taken from the DHR of "Mark")

> *"…the domestic abuse policy created by [name] NHS Foundation Trust also did not acknowledge well enough that men can be victims of domestic abuse too."* (Taken from the DHR of "Mr D")

This lack of provision has also meant many DHRs involved recommendations about improvements to services:

> *"It is recommended that the Safer [name] Partnership reviews the services to male victims of domestic abuse in the locality to ensure that, as far as is possible, services are available"* (Taken from the DHR of "Jonathan" who died by suicide)

> *"The Trust has also set up a pathway with Woman's Aid for referrals of patients who would like assistance. [Note: Given the circumstances of this review, consideration also could be given to a pathway for men]."* (Taken from the DHR of "MFJ" who was fatally stabbed)

The commentary around barriers to help-seeking for men has often focused around issues such as masculinity (e.g., Walker et al., 2020) and that many men do not recognise their abuse (e.g., see Huntley et al., 2019). However, the general lack of provision provides a system level barrier that means men are not able to find appropriate or available help-seeking sources.

There was a significant pattern throughout the reports of a lack of services, service referral and information for male victims. Two DHRs disclosed that they had no domestic abuse services for male victims, however there were services available for women within each DHR. Very few of these men were offered or referred to victim's services, more female partners were offered services even when there was bidirectional violence. Many of these men were not known at all to IPV services (e.g., helplines, charities).

A lack of suitable services would likely contribute to men feeling isolated (Tsui et al., 2010). One of the men in the DHRs was offered a referral to a voluntary treatment program for perpetrators which he declined, and no other offer of help was made. Many men were not offered services due to not being recognized as a victim, including for "James" despite having been stabbed. Twelve out of the 22 DHRs disclosed that they have insufficient guidance regarding the treatment of male victims or that it needed to be reviewed and improved. In the case of "Jonathan", three of the recommendations were regarding improving lacking services and information for men.

IPV services are known to be effective; Bennett et al. (2004) found that IPV victims can gain crucial information about violence, see an improvement in their decision making capability during their use of counselling and advocacy programs, increase their coping and self-efficacy skills when taking part in counselling programs, and feel safer when they are living in a shelter. Bennett et al. (2004) described counselling having a "small but significant" impact on victims. Other studies have discovered an array of positive outcomes from the use of DV services. Those studies who looked at men's experiences found services to be of little to no help (Machado, et al., 2016). Tsui, et al. (2010) found many men reported ringing multiple helplines for IPV victims but were offered no help. Men have reported being treated with suspicion and accused of being the perpetrator and not a victim. This can be seen within our findings where "Bob M" was offered 'help' in the form of a voluntary treatment program for offenders. This is similar to a man from the study by Tsui, et al. (2010) where he was referred to a 'victims services' for men however when he got there it was a program for

perpetrators. A lack of suitable services for male victims is clearly detrimental to this victim group given the potential positive effects that services can have on DV victims.

Theme 4b: Lack of attempts to engage with men. Within this subtheme, there was evidence within the DHRs that there was a lack of attempts by services and other professionals to engage with men. For example:

> *"There is nothing to indicate that any checks were made or that attempts were made to speak to Adult A or to engage him with DV services."* (Taken from the DHR of "Adult A" who was fatally stabbed)

> *"It is recommended that the Safer [place name] Partnership reviews its publicity and information available to male victims of domestic abuse to ensure that they are providing information to men in the most appropriate places"* (Taken from the DHR of "Jonathan" who died by suicide)

This also included reference to where men were often seen as perpetrators, and the DHR revealed missed opportunities to work with them as victims:

> *"Mr D was often seen as the perpetrator and therefore there were missed opportunities to undertake a DASH risk assessment with him as the victim. Similarly to the point above, Mr D was not referred to the local specialist support service for domestic abuse or victim support team because he was not recognised as the victim"* (Taken from the DHR of "Mr D who died by suicide)

It is clear from previous research that men do not report IPV for a multitude of reasons such as fear of not being believed, shame and embarrassment (Shuler, 2010). It is also clear from these findings that men are often not offered the appropriate help. Increasing information available and making services more accessible for men may help reduce the stigma around men's victimization and by doing so increase the number of men who seek help from these resources and go on to

report their abuse. If men's services are utilized more it could increase the chance of more services for men being created, which is needed if there is going to be a significant change to the number of male victims who seek help from their abusive partners.

The lack of information and guidance about male victims is problematic, if agencies are not knowledgeable about this victim group then they will be unsure how to act. This could account for other mistakes made by services in not asking appropriate questions, arresting the wrong person and the problems men encounter when attempting to seek help from domestic abuse services. Therefore, it is not surprising that each DHR with this issue recommended extra training and/or new policies for staff members across multiple agencies. It is important for all domestic abuse agencies to keep their policies and guidance up to date, as there are new understandings of this, we need to adapt. It therefore seems appropriate for other councils to review their policies and services they offer victims as they may find some areas lacking which risks putting men and additionally women in danger.

Conclusions and implications

This study represents a novel exploration of men's experiences of IPV utilizing a unique data set and contributes to the literature in demonstrating issues within both policy and practice around how we respond to and work with male victims. That being said, it is not without its limitations. Firstly, the sample does not reflect the true number of DHRs during that period. Several councils reported issue with sharing the DHRs, we know at least nine exist that were not shared. A problem that has been identified previously is that there is no central library of DHR which inhibits best practice learning; a number of organizations, including the ManKind Initiative, have held discussions with the Home Office on how to resolve this but this has not yet changed. The current study has established that IPV services are not always inclusive of male victims and men face significant barriers in terms of reporting violence and seeking help. These findings help solidify the argument that men are sometimes treated poorly by IPV services and many services may be biased towards

them. There is evidence within the current review of this for the police and healthcare professionals as many men's injuries were ignored by hospital staff and ambulance crews. The lack of guidance and domestic abuse services around working specifically with men remains a neglected area.

These findings suggest that more training needs to be given to service staff regarding male victimization and IPV; this includes addressing and challenging pre-existing stereotypes about gender. We know these stereotypes influence men's disclosure (e.g., Walker et al., 2020), their treatment when they do approach services (e.g., Brown, 2019), and their treatment by the police and criminal justice agents (e.g., McCarrick et al., 2015). We need to ensure the same level of professional curiosity and application of safeguarding procedures are applied equally. Indeed, professionals working within public services are under legal obligations to ensure men are treated in the same way as women (e.g., see Care Act 2014), and to treat men and women of the same risk differently would be a breach of equality legislation (e.g., Equality Act, 2010). This could include procedures to identify potential male victims when they present significant and/or recurring injury within health care services. The IRISi program has to be reformed to ensure it is as applicable to male victims as it is female victims. There is also a need for training regarding the seriousness of women's violence, particularly to any first responders. Appropriate training could allow for police to identify the aggressor in the situation without having to resort to dual arrests, unless they are necessary.

Regarding the lack of suitable IPV services available to men, an increase of awareness of services could be beneficial to male victims. This could be putting up relatable posters and information in emergency rooms, family doctors and hospitals, as well as sports clubs, gyms, pubs and barbers. Once there is more awareness of these services, they can be properly utilized by men and therefore more resources will be allocated to male victims. Increased awareness of male victimization could greatly reduce the stigma attached to male victims, which is a major part in why men do not report their abuse.

Some of the key recommendations from this review are consistent with other similar published discussions. For example, Bates and Douglas (2020) identified the need for policy and legislation that was inclusive “in name and spirit”; indeed, current UK legislation frames IPV within the wider gendered umbrella of the Violence Against Women and Girls’ Strategy (VAWG) which includes gender neutral definition of IPV but the language used within the document refers to the notion that IPV is a problem of men’s violence towards women (Bates et al., 2018). The ManKind Initiative charity in submissions to the Government and Parliament has raised concerns that the draft Statutory Guidance for the forthcoming Domestic Abuse Act reinforces a narrative that the focus on domestic abuse should be on female victims and not all victims. Again, in mirroring the second recommendation of Bates and Douglas (2020), the findings of the current study include the need for services to work to engage men within the sector (e.g., IDVAs, MARACs) and wider service use. Furthermore, there is a need to fund and resource support offered to victims and perpetrators outside the transitional/stereotypical male perpetrators female victim narrative. These are significant changes that are required to enable systemic and effective change within the sector. Furthermore, with reference to future DHRs, there is a need to ensure that there are appropriate specialist representatives that work with male victims on the panel, as this is known to not always be the case (Snowball & Rowlands, 2019).

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Table 1:

Main themes and sub-themes from the Thematic Analysis

Main theme	**Sub-theme**
1. Dismissal of men’s injuries	1a) Lack of exploring injuries
	1b) Multiple Incidents
2. Women’s abusive acts ignored or dismissed	2a) Ignoring risk
	2b) Failure to recognize abuse by friends and family
3. Male victims treated as offenders	3a) Men more likely to be arrested
	3b) Not being seen as a victim
4. Lack of support for male victims	4a) Lack of service provision and resources
	4b) Lack of attempts to engage with men