

THE NEW YORK CITY MEN IN SAFE SHELTER ADVISORY COMMITTEE

Guidelines & Best Practices to Address the Service Needs of

MALE VICTIMS OF DOMESTIC VIOLENCE

[A TRAINING MANUAL]



ABSTRACT

Guidelines and Best Practices to Address the Service Needs of Male Victims of Domestic Violence: A Training Manual

Guidelines and Best Practices to Address the Service Needs of Male Victims of Domestic Violence is a training manual for domestic violence service providers. This manual is comprised of two sections: Part One provides background literature on male victimization as well as statistical and demographic data on the small but growing population of male victims receiving domestic violence services in New York City. Part Two is a desk reference that offers clinical and administrative guidelines to consider when providing services to male clients. Although domestic violence is primarily a crime against women, the research literature indicates that men of all sexual orientations and gender identities can be victims as well. The unique needs of male victims can be recognized and addressed through best practices that will ensure and maintain the safety and integrity of the services currently provided to women who comprise the vast majority of victims. While various challenges exist in this undertaking, reasonable accommodations clinically, programmatically and administratively can be made to responsibly integrate services for men into the predominately female domestic violence service system.

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FOREWORD

In this manual you will find an expansive compilation of information on male victims of domestic violence. It includes a thorough treatment of the role of gender in abusive behavior, detailed descriptions of male victims' help-seeking in New York City, and an in-depth interpretation of men's justifications for staying in abusive relationships. However, many questions about this social problem remain unanswered.

Namely, significant discrepancies in opinion exist regarding the magnitude and scope of men's victimization by intimate partners. For example, some studies report that as many as 95% of domestic violence victims are women, while different research suggests that men and women are victimized in equal measure. Others in the domestic violence field have argued that men's violence against women is categorically different from other forms of intimate partner violence, given men's disproportionate social and economic power.

Likewise, research shows mixed results regarding the effect of sexual orientation on men's risk of intimate partner violence victimization.

Though the causes and consequences of domestic violence against men require additional research to be better understood, the information provided in this resource make a few things clear. First, regardless of gender, sexual orientation, race, or socioeconomic status, patriarchy harms every New Yorker. While women contend with gendered structural oppression, some men struggle with the expectation of a "masculine ideal" in which they must be stronger than their partners. Men might decide against asking for help or even discussing their victimization for fear of seeming emasculated. Men in heterosexual relationships face the risk of not being believed while men with same sex partners may be discriminated against or offered resources irrelevant to their experiences when seeking formal domestic violence services.

Second, domestic violence is bred from situations in which an imbalance of power exists. Abuse further limits victims' life choices through fear, coercion, and isolation. While gender is usually the predominant axis on which this oppression turns, abusers exploit other forms of marginalization to control their partners. Victims' vulnerability can be related to factors such as their economic instability, status as undocumented citizens, physical ability, mental illness, or gender identity. Our challenge is to assess the unique intersection of social structures and identities that each domestic violence survivor experiences in order to provide every New Yorker with an equal opportunity to live safe and fulfilling lives.

Sara Shoener, DrPH

I. Introduction

1. The New York City Men in Safe Shelter Advisory Committee: Recommendations for Guidelines and Best Practices

The New York City (NYC) Men in Safe Shelter Advisory Committee,¹ comprised of experienced and knowledgeable local domestic violence service providers, was established to create and recommend guidelines and best practices to address the service needs of male victims of domestic violence (DV) in NYC DV Programs. This Committee was convened in response to the observation and professional concern that a small but distinct increase² in male victims of domestic violence was being seen in the DV emergency residential (safe) shelter setting³ but was being responded to with varying levels of service: This indicated the need for clear guidelines and best practices to insure gender appropriate services. It was and remains the emphasis of this Committee that these efforts not jeopardize the quality of service provided to women who continue to comprise the overwhelming majority of domestic violence victims.

In this training manual the Committee offers recommendations and guidelines for the effective delivery of domestic violence services to male victims of all sexual orientations and gender identities in both DV emergency residential (safe) shelter and in non-residential DV program settings.⁴ It is the position of the Committee that men's gender specific needs as domestic violence victims ought to be recognized, understood and addressed effectively through services proportionate to their numbers in the victimized population. Historically, the quantifiable need of women who were and are the vast majority of domestic

¹ The Committee was established by Cecile Noel, MSW, Executive Deputy Commissioner of the New York City Human Resources Administration's Emergency and Intervention Services which includes the Office of Domestic Violence. The members of the NYC Men in Safe Shelter Advisory Committee are listed on page 4.

² Men comprised one percent (1%) of the DV emergency residential shelter population from 2003 to 2010 with variability seen from a low of an eighth of one percent (0.8%) or 25 men, to a high of one and a half percent (1.5%) or 62 men (Table 1). The overall trend was an increase from the 0.8% percentage of male clients seen in the first three years of this eight year period (2003 through 2005) to percentages ranging from 1.0% to 1.5% seen in the last five years of this eight year period (2006 through 2010). Subsequently in years 2011, 2012 and 2013 respectively, 76 men, 70 men and 74 men comprised about one and a half percent (1.6%, 1.5%, and 1.7%) of the shelter population in these years (NYC Human Resources Administration, 2011-2013 e).

³ DV emergency residential (safe) shelter is a placement in a communal or independent living setting at a confidential location with security. Staff assist domestic violence victims who have left an abusive partner to establish independent and safe lives by providing specialized services that include group and individual counseling, child care, advocacy and linkages to other agencies and services. Length of stay in emergency residential shelter is limited by New York State regulations.

⁴ Non-residential domestic violence programs are provided by community based organizations that offer specialized after care services or the extension of critical supports and services that victims need upon the completion of their emergency residential shelter placement. Non-residential programs also serve victims who may either not want emergency shelter, may not be able to access emergency shelter, or who may choose to seek support services before leaving an abusive partner.

violence victims has traditionally required that policy and services, nationally and locally, be structured to address the victimization of heterosexual females by abusive male intimate partners. However, just as domestic violence service provision has grown to serve the needs of victims/survivors of various faiths, ethnicities, special needs, disabilities and languages, some adjustment is required to properly serve male victims of domestic violence as well.

The most recent Centers for Disease Control and Prevention (CDC) survey on domestic violence, the *2010 National Intimate Partner and Sexual Violence Survey (NISVS, 2011)* indicates that nearly 30% (3 in 10) or about 34 million women, and approximately 10% (1 in 10) or about 11 million men, have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime along with one or more of the following consequences: concern for safety, fearfulness, called a crisis hotline, needed medical care, housing services, victim's advocate services, legal services, experienced one or more Post Traumatic Stress Disorder (PTSD) symptom(s), injury, missed at least one day of work/school, contracted a communicable disease, and for women, became pregnant.^{5 6} This 2010 CDC Survey, the *NISVS 2011*, also found that 35% or 38 million women, and 29%, or more than 30 million men, reported rape, physical violence, and/or stalking by an intimate partner but with no consequential impact reported. Estimates from the previous CDC survey of 1995-1996, the *Violence Against Women Survey (VAWS, 2000)*, found that 25%, or about 25 million women, and approximately 8%, or about 7 million men, had been raped and/or physically assaulted by a current or former spouse, an opposite-sex or same-sex cohabitating partner, or date, sometime in their lifetime.⁷ These 2010 and 1995-1996 CDC surveys indicate that approximately 8% to 29% of the U.S. male population has experienced some form of intimate partner violence at some point in their lifetime. A regional Bureau of Justice Statistics study profiling intimate partner violence cases in the state courts of 16 large urban counties found that in 2002, 14% of the victims were male and 86% were female.⁸ *The U.S. Bureau of Justice National Crime Victimization Surveys of both 1993-2001*, the *NCVS*

⁵ Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011

⁶ Victim percentages vary: In the *2010 NISVS (2011)* the percentage of survey participants who reported violence and also reported a specific consequence of the violence differs from both the percentage of survey participants who reported violence with no subsequent consequence, and also differs from the percentage of victims who specifically reported severe physical violence. In 2010, the percentage of male survey participants who reported rape, physical violence and/or stalking by an intimate partner in their lifetime and who furthermore reported a consequence from the violence (10%) was lower than the percentage of men who reported such violence without reporting a consequence (29%) and was also lower than the percentage of men who specifically reported severe physical violence (14%). For women the percentage that reported rape, physical violence and/or stalking by an intimate partner in their lifetime and who furthermore reported a consequence (30%) was about the same as those who reported such violence without a consequence (36%), but was higher than the percentage of female survey participants who specifically reported severe physical violence (24%), (Black, Basile, Breiding, Smith, Walters, Merrick, Chen and Stevens, 2011).

⁷ Tjaden & Thoennes, 2000 b

⁸ Smith & Farole, 2009

2003,⁹ and of 1993-2008, the *NCVS 2009*,¹⁰ found that men accounted for 15% of all intimate partner crime abuse victims.¹¹ Men thereby formed a solid minority of the victim population relative to women who accounted for 85% of the victims in those years. The *1993-2008 National Crime Victimization Survey (NCVS, 2009)* also found that of the 15% of intimate partner crime victims who were men, 8% were rape/sexual assault victims, 41% were aggravated assault victims, and 51% were simple assault victims.¹² Although intimate partner violence is primarily a crime against women, these crime studies indicate that men have comprised a solid minority of the victim population, 15%, despite the fact that the majority of victims have been and continue to be women.

Compared to the statistics gleaned from these national and regional studies, men in NYC formed a smaller portion of victims when counted as recipients of domestic violence services in both NYC DV emergency residential shelters and in non-residential DV programs. While the *1993-2008 National Crime Victimization Survey (NCVS, 2009)* found that men accounted for 15% of all intimate partner crime victims nationally, locally in NYC men were roughly 2.2%¹³ of all victims receiving NYC domestic violence services: Men were both 1.2% of all NYC DV emergency residential shelter clients in 2009, and they were an estimated 2.3% of all NYC non-residential DV program clients in program year September 2009 to October 2010.¹⁴ Also, in 2009 men placed approximately four percent (3.8%) of all calls to the NYC Domestic Violence Hotline,¹⁵ which was one referral route to the receipt of both DV emergency residential shelter and non-residential DV program services. From the Committee's viewpoint, the NYC male victim population can be seen as a

⁹ Rennison, 2003: The *1993-2001 NCVS* was published in 2003.

¹⁰ Catalano, S., Smith, E., Snyder, H. & Rand, M., 2009: The *1993-2008 NCVS* was published in 2009.

¹¹ The survey authors' use of the term "victim" does not necessarily meet the committee's definition of domestic violence victimization. Unknown is the context of the reported violence: Was the violent act perpetrated for power and control or in self defense? Was the act perpetrated in the context of other behaviors designed to instill fear and gain compliance or did it occur in the context of mutual abuse and conflict? For example, one can be the victim of a specific episode of violence even though he or she is the very abusive partner who systematically perpetuates the violence in the relationship.

¹² Catalano, Smith, Snyder & Rand, 2009: Table 1: "Violence by Intimate Partners, by Type of Crime and Gender of the Victims," 2008: Male victims (101,050) comprised 15% of all victims (652,640) of whom 8% (8,310) were rape/sexual assault victims, 0% were robbery victims, 41% (40,970) were aggravated assault victims, and 51% (51,770) were simple assault victims. Female victims (551,590) comprised 85% of all victims (652,640) of whom 6% (35,690) were rape/sexual assault victims, 7% (38,820) were robbery victims, 13% (70,550) were aggravated assault victims, and 74% (406,530) were simple assault victims.

¹³ 2.2% is derived from the total number of men served (54+770=824) divided by the total number of victims served (4,423+32,844=37,267) which equals 2.2%: Fifty-four (54) men comprised one and two tenths of a percent (1.2%) of all clients (4,423) receiving DV emergency residential shelter services in 2009 (Table 1) and 770 men comprised an estimated two and three tenths of a percent (2.3%) of all 32,844 clients estimated to have received non-residential DV program services in program year 9/2009 - 10/2010 (Table 2).

¹⁴ Table 1: Men in NYC DV Emergency Residential Shelters (2003 - 2010) and Table 2: Men in NYC Non-Residential DV Programs (9/2009 - 10/2010)

¹⁵ Table 4 A: NYC DV Hotline Callers Requesting and Placed in DV Emergency Residential Shelter by Gender (2009)

minority group within the larger domestic violence population who demonstrates a growing need for services, but about whom little is known. It is therefore the Committee's intent to provide contextual information on the dynamics of abuse as experienced by men, and as understood qualitatively thus far. Accordingly, the goal of the Committee is to set standards that will enable providers to establish services consistent and compatible with those already provided to female victims. To this end, the needs of male domestic violence victims of varying sexual orientations and gender identities will be reviewed. Unless service providers and readers already possess knowledge in the area of sexual orientation and gender identity, it is likely that the "Terms and Definitions" provided in Appendix A will be essential to understanding the material presented. *It is recommended that Appendix A be used as a reference throughout this document.*

For service providers currently working in DV emergency residential shelters and in non-residential DV programs, the consideration of a changing population will likely encompass concerns about maintaining the safety of female victims while providing appropriate and relevant services to male victims. Various challenges exist in this undertaking. The Committee herein seeks to establish a philosophy of care and best practice to responsibly integrate services for men into the predominately female domestic violence service system.

2. Philosophy of Care

The Committee's philosophy of care is rooted in the belief that all victims of domestic violence deserve professional and appropriate care to aid them in their healing and recovery. The Committee also recognizes that male victims/survivors may have unique needs that are currently neither understood nor addressed by the mainstream model of care. It is the opinion of the Committee that the delivery of appropriate and effective services to male victims can best be provided through a commitment to both identifying their gender specific needs and to developing the organizational capacity and competencies by which to do so.

3. Defining Domestic Violence: The Regulations of the New York State Office of Children and Family Services

The point of entry for many domestic violence services is the violation of penal law between intimates. Penal law violations for example include but are not limited to physical assault and sexual assault. The regulations of the New York State (NYS) Office of Children and Family Services (OCFS) defines domestic violence as an act or acts that would constitute a penal law violation occurring between individuals who are

either 1) household members; 2) family members related by blood, by marriage, or by a common child; 3) individuals who are unrelated but who have had intimate or continuous social contact with one another and have access to one another's households; or 4) between unrelated persons who are or have been in an intimate relationship, regardless of whether or not they have lived together at anytime.¹⁶

In social service practice domestic violence is less often viewed as an isolated incident of abuse per se, and is more often viewed as a pattern of coercive behavior perpetrated by one family member, household member, or intimate partner over another, with the purpose of establishing and maintaining power and control. Also from the standpoint of practice, the abusive act or acts can encompass a range of coercive and controlling behaviors that may or may not be penal law violations. These acts, however, are designed specifically to instill intimidation and/or fear in the victim through behaviors such as emotional abuse or economic abuse for example. From the perspective of many NYC domestic violence service providers, domestic violence is a fixed imbalance of power created by the abuser over time, even if there is neither physical abuse nor a penal law violation. Most NYC service providers also view dating violence as domestic violence when it involves the use of power and control by one partner over the other partner; this includes heterosexual and same-sex couples who are neither related through marriage nor through a common child. This perspective is consistent with New York State's definition of domestic violence which includes unrelated intimates who, like related intimates, have access to family court as well as criminal court.¹⁷

4. Defining Domestic Violence: The Committee's Perspective

For the purposes of the Committee's focus, domestic violence or intimate partner violence is meant to address relationships in which there is an imbalance of power, whereby one partner unilaterally exercises power and control over the other. Domestic violence is therefore an intimate relationship rooted in a fixed imbalance of power in which one person holds the power position, and the other person holds the subordinate position: This power differential poses consequences¹⁸ (emotional, physical, financial, and

¹⁶ New York State Assembly, Amended Bill A627, 2011; New York State Office of Children & Family Services, 2011.

¹⁷ Prior to 2008 unrelated intimates were denied the option available to related intimates to access family court as well as criminal court. Unrelated individuals were thereby precluded from seeking the full range of legal protections afforded related individuals. In 2008 the New York State Legislature expanded its definition of "who had access to family court," thereby enabling unrelated intimates such as teens, lesbian, gay, bisexual and transgender (LGBT) individuals, and those in heterosexual dating relationships, to gain the full protections previously denied them. Full protection for unrelated persons includes the right to obtain civil protective orders in family court, mandatory arrest of abusers, tracking orders of protection on the state registry, extended orders of protection in aggravating circumstances, and increased penalties for violation of orders of protection (New York State Office for the Prevention of Domestic Violence, 2008 and New York State Legislature, Press Release, 2008).

¹⁸ Consequences in this context refers to the abuser's steady targeting and denial of access to the aspects of life that the victim values. This is a key component of domestic violence that can be identified through the use of the tool entitled "*Screening and*

sexual) for the subordinate person in the form of a narrowing of life opportunities, and is usually associated with fear, but need not be, particularly for male victims who, (due to gender socialization and other variables), appear less likely to express, recognize or acknowledge fear.¹⁹ Domestic violence hinges on a fixed imbalance of power and can be distinguished from the dynamic of mutual abuse that characterizes some types of intimate partner violence in which both partners are violent, but neither partner systematically exerts power and control over the other. When both partners are violent in the context of shared power, this may be viewed as mutual violence rather than domestic violence.

II. Domestic Violence and Male Victimization: The Background Literature

1. Definitional Parameters

In the domestic violence or intimate partner violence literature a distinction is made between “common couple violence”²⁰ and “coercive controlling violence.”²¹ Common couple violence, also known as “situational couple violence,”²² is characterized by mutual physical abuse where the “...line between victim and perpetrator is unclear and constantly shifting.”²³ This is relatively “minor reciprocal [physical] violence”²⁴ which is less severe and less frequent. It is also motivated by conflict not by power and control. Coercive controlling violence,²⁵ however, is characterized by more systematic, serious and frequent physical abuse; it is most often unilateral, not mutual, and is “imbedded in a general pattern of control.”²⁶ With coercive controlling violence, power and control can be exerted through means other than physical violence, such as abuse that is sexual, financial or emotional, inclusive of controlling daily activities and social interaction, as well as threats to physically injure, take away children, expose HIV/AIDS status, immigration status, sexual

Assessment to Distinguish Victims and Perpetrators of Lesbian, Gay, Transgender and Bisexual (LGTB) Domestic Violence” (Dolan-Soto, 2000). This tool can also be used to assess domestic violence in heterosexual relationships. A copy of the tool is provided in Appendix B.

¹⁹ Migliaccio, 2002

²⁰ Kelly & Johnson, 2008

²¹ Kelly & Johnson, 2008

²² Situational couple violence is the preferred term to common couple violence because many feel that the word “common” minimizes the dangers of such violence (Kelly and Johnson, 2008).

²³ Hines & Malley-Morrison, 2001, p. 81

²⁴ Hines, Brown & Dunning, 2007, p. 64

²⁵ Coercive controlling violence was previously referred to in the literature as terroristic violence. Coercive controlling violence is the preferred term to terroristic violence, however, because the former highlights the core dynamic of power and control which is the pattern of intimidation and coercion coupled with physical violence against an intimate partner (Kelly and Johnson, 2008)

²⁶ Hines, Brown & Dunning, 2007, p. 64

orientation, etc. Unlike situational couple violence which is predominantly motivated by conflict, control is the central feature of coercive controlling violence and by definition encompasses the power and control dynamic central to the Committee's definition of domestic violence.

Although women are the predominant victims of domestic violence men can also be victims. When heterosexual men are physically assaulted by female partners they may or may not fight back. Those men who do not fight back (beyond essential self-protection) are those whom we consider victims because the violence is unilateral or one-sided and not mutual.²⁷ Men who are victims of physical abuse by women have chosen not to fight back, usually due to their belief that men should never hit women, the potential damage they know they could inflict,²⁸ fear of arrest, and/or fear of losing their children.²⁹ Alternatively, if disabled, some men are unable to defend themselves and disability is actually a risk factor for the abuse of husbands by wives.³⁰ Other reasons given for non-disabled men refusing to use their strength to self-defend when attacked by female partners are 1) the concern that restraining her would escalate her attack; 2) fear of future revenge based on threats made during the current attack; and 3) the feeling that they were at least partly deserving of the physical abuse because of the effects of previous and chronic emotional abuse by their female partners.³¹

The same definition of psychological or emotional abuse³² applies to both male and female victims. Emotional abuse is comprised of six components: "1) verbal attacks (ridicule, verbal harassment, name calling); 2) isolation (social and/or financial); 3) jealousy and possessiveness (even with family, friends and

²⁷ We do not consider men to be victims if they fight back beyond essential self-protection against their female abusers. By comparison, female victims who fight back and engage in "violent resistance" against male abusers are considered victims as are male victims in same-sex relationships who fight back against their male abusers. For male victims physically abused by female partners, however, it is our opinion that these men are victims only if they do *not* fight back beyond essential self-protection. Unlike female victims, who on average have less physical strength than men, and male victims of same-sex partners who are at least of equal potential strength, men victimized by female abusers, as a group, still maintain the advantage of superior strength. If they chose to use this advantage in response to their female partners' assaults, their status as a potential victim becomes complicated; is he a victim of unilateral power and control, or a participant in a mutually abusive dynamic? The tool provided in Appendix B, the "Screening and Assessment to Distinguish Victims and Perpetrators of Lesbian, Gay, Transgender and Bisexual (LGTB) Domestic Violence" (Dolan-Soto, 2000) can theoretically clarify whether a man in a heterosexual relationship is most likely the victim of a female partner. Until such assessments and accompanying research become well established, however, we think it safe to remain restrictive in our definition of male victimization by female partners until more is known about this population.

²⁸ Hamel, 2005

²⁹ Migliaccio, 2002

³⁰ Hines, Brown & Dunning, 2007

³¹ Migliaccio, 2002

³² Emotional abuse should not be confused with violations of male privilege that might be labeled "emotional abuse" by some men when female partners do not defer to their sense of male entitlement or sexist double standards.

pets); 4) verbal threats to harm, abuse or torture; 5) threats to divorce, abandon or have an affair, and 6) threats to damage or destroy personal property.”³³ For men as well as women, verbal abuse can lead to lowered self esteem and self blame. This in turn may cause a victimized partner to assume responsibility for the abuse, wondering, for example, how he must change in order to avoid future attacks. Psychological victimization can inhibit some men from defending themselves against physical attacks if and when emotionally abusive female partners have encouraged them to feel deserving of or responsible for the violence.^{34 35}

Despite any advantage a man may have in physical strength and size, he can still become a victim of severe physical violence by an opposite-sex or same-sex partner. According to the CDC *2010 National Intimate Partner and Sexual Violence Survey (NISVS, 2011)*³⁶ fourteen percent (14%)³⁷ of men (1 in 7) have experienced severe physical violence ³⁸ by a female or male intimate partner at some point in their lifetime.³⁹ Generalizing from this national survey sample to men nation wide indicates that as many as thirteen million men (13,107,850)⁴⁰ may have experienced severe rather than minor physical violence inflicted by a female or male intimate partner. Following this 2010 CDC Survey (*NISVS, 2011*) a 2013 CDC follow up report⁴¹entitled “*The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation*” subsequently provided a sexual orientation analysis of the 2010 CDC Survey data: It revealed that 14% of the heterosexual men and 16% of the gay men had specifically experienced severe physical violence by an intimate partner and that furthermore, the majority of heterosexual men identified “female only” perpetrators (99.5%) while the majority of gay men identified “male only” perpetrators (90.7%).

³³ Hines & Malley-Morrison, 2001, p. 82 cite Follingstad et al., 1990 and Walker, 1984

³⁴ Migliaccio, 2002

³⁵ Feeling responsible for the violence because he is the victim of emotional abuse and not because he initiates or mutually participates in the violence.

³⁶ Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011

³⁷ Victim percentages vary: Refer to footnote 6 on page 8

³⁸ The definition of severe physical violence in this survey includes being hurt by hair pulling, being hit with a fist or some - thing hard, being kicked, being slammed against something, being choked or suffocated, being beaten, being burned on purpose and being victimized by a partner’s use of a knife or gun (Black, Basile, Breiding, Smith, Walters, Merrick, Chen and Stevens, 2011, p. 10, 44)

³⁹ By comparison 25% of women (1 in 4) have experienced severe physical violence by a partner at some point in their life.

⁴⁰ This nationwide estimate was calculated by applying the survey percentage of 14% to the 2010 census estimate for men 18 years and older who numbered 93,627,500 (Howden and Meyer, 2011).

⁴¹ Walters, Chen & Breiding, 2013, p. 27

According to the *1993-2008 National Crime Victimization Survey (NCVS, 2009)*⁴² 15% of the victims of intimate partner violence in 2008 were men: Of these male victims, just under half reported experiencing aggravated or severe assault (44%) while just over half disclosed experiencing simple or minor assault (56%).⁴³ ⁴⁴ While 83% of all of these assaults sustained by men in 2008 were committed by female partners,⁴⁵ the study did not detail what percentage of the severe assaults had been inflicted specifically by female partners versus male partners. In the *1995-1996 National Violence Against Women Survey_(2000)*⁴⁶ the lifetime percentages of male survey participants who had specifically experienced severe forms of physical violence by female partners was provided as follows: Of the 6,934 male survey participants, 14 men or two tenths of one percent (0.2%) reported forcible rape by a female partner, 62 men or one percent (1%) had a knife or gun used on them, 35 men or a half of one percent (0.5%) were victims of choking or an attempted drowning, and 35 men or a half of one percent (0.5%) had been beaten up or battered by a female partner.⁴⁷ Generalizing from this 1995-1996 national CDC survey sample (*VAWS, 2000*) to men nationwide⁴⁸ suggests the following lifetime estimations based on the male survey respondents who reported violence by female perpetrators; approximately two hundred thousand men (187,255) or two tenths of a percent (0.2%) may have been forcibly raped by a female partner, roughly one million men (936,275) or one percent (1%) may have had a knife or gun used on them, approximately a half a million men (468,137) or a half of one percent (0.5%) may have been victims of choking or an attempted drowning, and another approximate half a million men (468,137) or a half of one percent (0.5%) may have been beaten up by a female partner.⁴⁹ ⁵⁰ Also, in the *1985 National Family*

⁴² Catalano, S., Smith, E., Snyder, H. & Rand, M., 2009

⁴³ Of the total 101,050 male victims in 2008, 92% or 92,740 experienced physical assault. Of the 92,740 physically assaulted, 44% or 40,806 sustained aggravated assaults and 56% or 51,934 sustained simple assaults (Catalano et al., 2009).

⁴⁴ By comparison female survey victims experienced 15% (vs. 44%) aggravated assaults and 85% (vs. 56%) simple assaults: Overall, however, and compared to men, women were the majority recipients of both aggravated assaults (63% vs. 37%) and simple assault (89% vs. 11%).

⁴⁵ By comparison approximately 99% of the intimate partner violence against females in 2008 was committed by men (Catalano et al., 2009).

⁴⁶ Tjaden & Thoennes, 2000 a: *The Violence against Women Survey* was conducted in 1995-1996 and was published in February, 2000.

⁴⁷ These headcounts of male assault victims were derived from the percentages of male assault victims reported in the *Violence Against Women Survey* (Tjaden and Thoennes, 2000 a) and are provided in Appendix D in Table 13 (entitled Violence Against Women Survey (2000) Data - Adapted Figures: From Percentages of Male Assault Victims to Estimated Headcounts).

⁴⁸ The population of men nationwide was approximately 93,627,500 as calculated by the average of the 1995 and 1996 census population estimates for men 18 years and older (U.S. Census Bureau).

⁴⁹ These nationwide estimates were calculated by applying the survey percentages of male victims to the average of the 1995 and 1996 census estimates for men 18 years and older who numbered 93,627,500.

⁵⁰ Compared to male survey participants, female survey participants were 23 times more likely to have been raped (4.5% vs. 0.2%), were one and a half times (1.5) times more likely to have had a knife or gun used on them (1.4 % vs. 0.9%), were 12 times more

Violence Re-Survey (NFVR, 1986) approximately five percent (4.8%) of married men or 2.6 million husbands nationwide reported similar forms of severe violence inflicted by their wives.⁵¹ Researchers contend that the male counterparts to female victims of coercive controlling violence have never been studied because, among other reasons, there is denial that they exist, or that if they do exist, the extent to which men are victimized by women does not constitute a significant social problem.⁵² These researchers further qualify that “there is no one place where abused men gather [and]...can be studied, as was the case for women before the shelter movement: we knew they existed, but we knew little about them because there were few places where we could study them.”⁵³

In summary, domestic violence is rooted in power and control. Men can be psychologically subordinated and severely physically assaulted by female partners⁵⁴ and they can also become victims of power and control inflicted by male intimate partners.

2. A Comparison of Male and Female Victimization and Perpetration

In this section we will discuss the prevalence of victimization and perpetration for both genders, inclusive of males in both opposite-sex and same-sex relationships. Thereafter a comparison of women’s violence to men’s violence is provided in the areas of methods, consequences and motivation to offer context for a review of the study that follows on male domestic violence hotline callers who reported abuse by their wives.

First, data on male victimization by sexual orientation will be reviewed. Little is known about the national prevalence of sexual violence, physical assault and stalking for individuals in same-sex relationships: The 2000 CDC analyses⁵⁵ of the previous 1995-1996 CDC Survey (*VAWS, 2000*)⁵⁶ found that men in “same-sex

likely to have been the victims of choking or an attempted drowning (6% vs. 0.5%), and were 17 times more likely to have been beaten up or battered (8.4 % vs. 0.5 %).

⁵¹ Hines, Brown & Dunning, 2007, p.64

⁵² Hines, Brown & Dunning, 2007, p.64

⁵³ Hines, Brown & Dunning, 2007, p.64

⁵⁴ Hamel, 2005

⁵⁵ Prevalence and Consequences of Male-to-Female and Female-to-Male Intimate Partner Violence as Measured by the *National Violence Against Women Survey* (Tjaden & Thoennes, 2000 a) and the Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the *National Violence Against Women Survey* (Tjaden & Thoennes, 2000 c).

⁵⁶ Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the *National Violence Against Women Survey* (Tjaden & Thoennes, 2000 b). Men reporting violence from opposite sex and same sex cohabitating partners were compared only on the variable of physical assault and not on the variables of rape or stalking (detailed below in footnote 63).

relationships” compared to those in “opposite-sex relationships” reported a higher lifetime prevalence of rape, physical violence/assault and/or stalking by an intimate partner. Conversely, the 2013 sexual orientation analysis⁵⁷ of the recent 2010 CDC Survey (*NISVS, 2011*) found no significant difference in the lifetime prevalence of intimate partner rape, physical violence and/or stalking amongst self-identified gay, bisexual and heterosexual men.

For men in same-sex relationships it has been proposed that the rate of domestic violence may be double that of heterosexual relationships. Since men have been estimated to commit 95% of the “battering” in heterosexual relationships, two men in a same-sex relationship may double the probability that one might be a “batterer.”⁵⁸ This perspective is consistent with the following findings of the previous 1995-1996 CDC Survey (*VAWS, 2000*): 1) 86% of the men who reported a history of physical assault specifically reported that they had been assaulted by a male partner;⁵⁹ 2) 70% of the men who reported a history of assault or rape since age 18 were assaulted/raped specifically by a man;⁶⁰ 3) two thirds of men who had been stalked were stalked by men;⁶¹ 4) fifteen percent (15%), or twice as many men who had lived with a male as a couple reported that they had been raped, physically assaulted and/or stalked by a “male cohabitant” in comparison to 8% of the men who had lived with a female as a couple and reported the same violence by a “wife or female cohabitant,” and 5) intimate partner violence was found to be more prevalent amongst male same-sex couples than among female same-sex couples, 15% versus 11%.^{62 63} These 1995-1996 CDC Survey (*VAWS, 2000*) findings support the perspective that gay men are at increased risk for intimate partner violence compared to heterosexual men, which if true, likely results from the masculine socialization that men experience regardless of their sexual orientation: According to Cruz “Gay men are socialized based on gender rather than sexual orientation.”⁶⁴

⁵⁷ The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation (Walters, Chen and Breiding, 2013). Heterosexual, bisexual and gay men were only compared on the variable of physical violence and not on the variables of rape or stalking (as detailed below in footnote 66).

⁵⁸ Island & Letellier, 1990, p.14: The authors compare same sex *male* relationships to heterosexual relationships.

⁵⁹ Tjaden & Thoennes, 2000 c

⁶⁰ Tjaden & Thoennes, 2000 c

⁶¹ Tjaden & Thoennes, 2000 c

⁶² Tjaden & Thoennes, 2000 b: The authors clarify that “it is unknown how many same-sex or opposite-sex cohabitants identified themselves as homosexual, bisexual, or heterosexual at the time of the interview.” p.29-30

⁶³ Tjaden & Thoennes, 2000 b: The 1995-1996 physical assault data was available for both the presumably heterosexual men (those with a history of opposite-sex cohabitation) and for the presumably gay men (those with a history of same-sex cohabitation). However, the 1995-1996 rape and stalking data was only available for the presumably heterosexual men and not for the presumably gay men who were evidently too few in number to provide an adequate sample size from which to potentially glean rape and stalking data (a sample size of n=65 for the latter versus a sample size n=6,879 for the former). (Tjaden and Thoennes, 2000 b. p.29, Exhibit 8).

⁶⁴ Cruz, 2003, p. 2

This concern that gay men may be at higher risk for abuse than heterosexual men is not, however, substantiated by the recent findings of the 2013 sexual orientation analysis⁶⁵ of the 2010 CDC Survey (*NISVS, 2011*): These outcomes were 1) no significant difference found in the lifetime prevalence of rape, physical violence and/or stalking across sexual orientation for the male survey respondents who reported that they had experienced intimate partner violence at some point in their lifetime; these were 26% of the gay male survey respondents, 29% of the heterosexual male survey respondents, and 37% of the bisexual male survey respondents;⁶⁶ 2) the majority of the bisexual male survey respondents (79%) reported opposite-sex “female only” perpetrators instead of same-sex “male only” perpetrators (21%), a finding that contradicts the perspective that bisexual men, like gay men, are at higher risk for intimate partner violence due to the assumption that their perpetrators are predominantly male rather than female and 3) both gay and heterosexual male survey respondents reported similar lifetime prevalence rates of “severe physical violence” by an intimate partner, 16% and 14% respectively.^{67 68} This finding of no difference in the prevalence of severe physical violence experienced by gay and heterosexual men does not support the clinical concern that gay men are at higher risk for severe assault from abusive male partners than are

⁶⁵ *The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation* (Walters, Chen and Breiding, 2013)

⁶⁶ Regarding no difference found in “rape, physical violence and/or stalking” experienced: This 2013 finding of no difference actually applies to physical violence only since physical violence was the only variable on which the groups were compared (the heterosexual, bisexual and gay male survey participants). These groups were not compared on the variable of rape or on the variable of stalking since there was no 2010 rape data for any of the men regardless of sexual orientation, and the 2010 stalking data was only available for the heterosexual men but not for the bisexual or gay men. According to the authors this was “because the numbers of men who reported rape by an intimate partner among gay, bisexual and heterosexual men in the United States are too small to report...[and] the number of men who reported stalking by an intimate partner among gay and bisexual men were too small to report” (Walters, et al., 2013, p.19, Table 4). Nonetheless, the overall lifetime prevalence of at least one episode of “physical violence” was similar for heterosexual, bi-sexual and gay men. Unknown, however, is the frequency or number of “physical violence” episodes, beyond one, experienced by each group. The frequency of “physical violence” experienced by each group may or may not be similar even though the three groups share similar prevalence rates for at least one lifetime episode of “physical violence” by an intimate partner.

⁶⁷ The authors state that 1) the bisexual men were too few to be included in this category of analysis and that 2) the survey respondents who reported a victimization history but who did not report their sexual orientation were not included in this sexual orientation sub-group analyses and therefore comparisons between this special report (2013) and the main summary report (2010) cannot be made (Walters, Chen and Breiding, p. 33-34).

⁶⁸ Regarding no difference found in “severe physical violence:” Although the overall lifetime prevalence of at least one episode of “severe physical violence” was similar for heterosexual, bi-sexual and gay men, unknown is the frequency or number of “severe physical violence” episodes, beyond one, experienced by each group. The frequency of “severe physical violence” experienced by each group may or may not be similar even though the three groups share similar prevalence rates for at least one lifetime episode of “severe physical violence” by an intimate partner.

heterosexual men from abusive female partners.⁶⁹ The literature, however, includes estimates of intimate partner violence that are higher for gay men than they are for heterosexual men, 20% and 40% for gay men⁷⁰ versus 5% and 7% for heterosexual men.⁷¹ Regardless of which percentages are most accurate the actual *number* of gay male victims will nonetheless be lower than the actual *number* of heterosexual male victims since gay men are a minority of the American male population (approximately ten percent) and heterosexual men are the majority (approximately ninety percent).⁷² For example, the 2013 sexual orientation analysis⁷³ of the 2010 CDC Survey (*NISVS, 2011*) found that similar proportions of gay men (11%) and heterosexual men (10%) reported a least one lifetime experience of rape, physical violence and/or stalking with consequential impact, however, similar proportions of gay men and heterosexual men

⁶⁹ Defining severity: It is recommended that a narrow definition of "severe physical violence" be used in future research rather than the broader definition used both in the 2010 *NISVS* CDC Survey (Black, et. al, 2011) and in the subsequent 2013 sexual orientation analysis of this survey (Walters, et. al, 2013). The survey definition of severe physical violence broadly included any one or more of the following eight assault types: 1) "Hurt by pulling hair," (women 10.4 % vs. men 2.9%); 2) "Hit with fist or something hard," (women 14.2% vs. men 9.4%); 3) "Kicked," (women 7.1% vs. men 4.3%); 4) "Slammed against something," (women 17.2% vs. men 2.7%); 5) "Tried to hurt by choking or suffocating" (women 9.7 % vs. men 1.1%); 6) "Beaten," (women 11.2% vs. men 2.6%); 7) "Burned on purpose," (women 1.1% vs. men 0.6%); and 8) "Used a knife or gun," (women 4.6% vs. men 2.8%); (Black et al., 2011: Table 4.7, p.44 and Table 4.8, p.45). By contrast a narrow definition of severe physical violence (as suggested here) could be the use of only four of the most severe of the eight assaults listed in the broader survey definition which are 5) "Tried to hurt by choking or suffocating," 6) "Beaten," 7) "Burned on purpose," and (8) "Used a knife or gun." When applying this narrow definition to the 2010 CDC *NISVS* survey data (in parentheses above) there is a greater difference between the genders in the victimization rate averages that resulted from experiencing any of the four most severe assaults of the eight assault types (the proposed narrow definition of severe physical violence) compared to the lesser difference that resulted from experiencing any of the eight assault types (the broad survey definition of severe physical violence). The broader definition results in a ratio of three women severely physically assaulted for every one man assaulted (the female average of 9.4% divided by the male average of 3.3% equals 2.85 or a ratio of 3 to 1) while the narrow definition results in a ratio of four women severely physically assaulted for every one man assaulted (the female average of 6.7% divided by the male average of 1.8% equals 3.7 or a ratio of 4 to 1). This finding suggests that the use of a narrow operational definition for severe physical violence might better determine whether or not gay men's and heterosexual men's prevalence rates of severe physical violence are similar or different. Suggested for future research on intimate partner violence for men by sexual orientation is that distinctions between severe and extremely severe violence be measured along with the frequency of the violence rather than just the lifetime prevalence of the violence which need only have happened once in a lifetime. (Please note that in the actual 2010 CDC survey (*NISVS, 2011*) the lifetime prevalence rates for severe physical violence for both women (24.3% in Table 4.7, p.44) and men (13.8% in Table 4.8, p.45) were not the victimization rate averages calculated above to illustrate how proportional gender differences in severe assault victimization can vary depending on the use of either the broad survey definition of severe physical violence (the eight assault types) or the narrow definition of severe physical violence (the four most severe of the eight assault types proposed above).

⁷⁰ Greenwood, Relf, Huang, Pollack, Canchola & Catania, 2002; Cruz, 2003; NCADV Male Victims of Violence, 2008-2011; NCADV Domestic Violence and Lesbian, Gay, Bisexual and Transgender Relationships, 2008- 2011

⁷¹ Hines, Brown & Dunning, 2007, p.64 cite Straus & Gelles, 1986; Tjaden & Thoennes, 2000 a

⁷² Island & Letellier, 1990

⁷³ *The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation* (Walters, Chen and Breiding, 2013)

(11% and 10%) translates numerically into millions more heterosexual men reporting this violence than gay men reporting this violence, a difference of about ten million heterosexual men (10,583,000)⁷⁴ versus approximately a quarter of a million gay men (297,000)⁷⁵ or a ratio of 36 heterosexual men for every one gay man reporting this violence. Hypothetically if the proportion of gay men reporting a lifetime prevalence of rape, physical violence and/or stalking with consequential impact (11%) had been two (22%), three (33%) or four (44%) times higher than the proportion of heterosexual men reporting this same violence (10%), heterosexual men would still outnumber gay men 18:1, 12:1 and 9:1 respectively. From the standpoint of men seeking domestic violence services, the potential population of heterosexual male victims should not be underestimated relative to the potential population of gay male victims regardless of whether or not the risk level for heterosexual men is lower than or similar to that of gay men.⁷⁶

In heterosexual relationships, the proportion of female to male victims of physical violence most often reported in the literature are the following three ratios: 1) 95% female victims to 5% male victims, 2) 85% female victims to 15% male victims, and 3) 50% female victims to 50% male victims.⁷⁷ The studies reporting women as the majority of victims (95% or 85%) are based most often on crime and domestic violence surveys and appear to reflect power and control, or namely coercive controlling violence.⁷⁸ Conversely the studies reporting a 50% - 50% ratio are most often based on surveys of the general population and appear to more often reflect situational couple violence rather than power and control or specifically coercive controlling violence.⁷⁹ The first survey to report a 50% - 50% ratio was the 1985 *National Family Violence Re-Survey (NFVR, 1986)* which revealed that the same proportion of men and women reported that they had used some form of physical violence against a partner at least once. This same survey, however, also found that the frequency and severity of the men's assaults were higher than that of the women's assaults by 21% and 42% respectively.⁸⁰ Therefore, although men and women initiated violence at the same rate, 50% - 50%, men were more frequently and severely violent than women, even in the context of situational couple violence.⁸¹ Furthermore, studies indicate that minor

⁷⁴ *The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation* (Walters, Chen and Breiding, 2013, p. 19, Table 4)

⁷⁵ *The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation* (Walters, Chen and Breiding, 2013, p.19, Table 4)

⁷⁶ The reader is reminded of the Committee's position that one episode of violence does not automatically indicate that the recipient of the violence is the victim in the relationship. The criteria for consideration is that 1) the violent episode is motivated by power and control, not by self defense nor by retaliation for past abuse, and that 2) the episode is not an isolated incident but occurs in the context of a pattern of behaviors intended to coerce, manipulate and/or intimidate the subordinate partner or the partner who will eventually become subordinate by the intention and design of the abusive partner.

⁷⁷ Hines, Brown & Dunning, 2007

⁷⁸ Hines, Brown & Dunning, 2007; Johnson, 1995 and 2006

⁷⁹ Hines, Brown & Dunning, 2007; Johnson, 1995 and 2006

⁸⁰ Mouradian, 2000

⁸¹ Johnson, 2006

violence by women increases the probability of severe retaliatory assaults by men.⁸² For example, a woman hits her male partner first by smacking him in the face, but he responds disproportionately by slamming her to the floor or against the wall. Nonetheless, the finding that men and women initiate assault against their partners at the same rate has been and continues to be highly debated,⁸³ but what we do know is that in both situational couple violence and coercive controlling violence, the greater physical, financial and emotional injury suffered by women makes them predominant victims.⁸⁴ Men who are larger and stronger can, on average, better defend themselves and are thus less prone to injury.⁸⁵ It is for this reason that acts of violence by men result in more injury than do the same acts committed by women.⁸⁶ Also men's and women's methods of assault differ: Women's assaults more often involve kicking, slapping, throwing objects and using weapons.⁸⁷ By comparison men more often use fists and strangulation⁸⁸ thereby employing assault tactics that increase the potential for life threatening consequences.⁸⁹ In intimate partner violence situations the injury and hospitalization rates are much higher for women than for men.⁹⁰ In the 1995-1996 *Violence Against Women Survey (2000)*, female survey participants relative to male survey participants were 22 times more likely to have been raped, 8 times more likely to have been stalked, and 3 times more likely to have been physically assaulted. With regard to minor and moderate assaults, female survey participants were one and a half (1.5) times more likely to have been hit with an object, 2 times more likely to have been kicked/bitten or have had something thrown, 3 times more likely to have been slapped /hit /pushed /grabbed /shoved, and almost 4 times more likely to have had their hair pulled. With regard to severe assaults, female survey participants were 2 times more likely to have had a knife or gun used on them, 12 times more likely to have been the victim of choking or an attempted drowning, and 17 times more likely to have been beaten up or battered. Regarding the consequences and sequele reported by the survey assault victims, female victims were more likely than male victims to report having received threats to harm or kill during their most recent physical assault: they were also 3 times more likely to report hospitalization, twice as likely to report fearing bodily injury or death during their most recent physical assault, and were 3 times more likely to report that they had been threatened with a knife or a gun.⁹¹ The issue of fear is also a distinguishing feature in the comparison of men's and women's violence. With verbal abuse, men's physical advantage translates into a greater capacity for his threats to terrorize and control,

⁸² Straus, 1993

⁸³ Johnson, 2006

⁸⁴ Straus, 1993

⁸⁵ Hines & Saudino, 2003

⁸⁶ Straus, 1993

⁸⁷ Hines, Brown & Dunning, 2007; Cook, 1997

⁸⁸ National Coalition Against Domestic Violence, 2006

⁸⁹ Belknap & Melton, 2005; Hines & Saudino, 2003; Straus, 1993

⁹⁰ Foster, 2005

⁹¹ Tjaden & Thoennes, 2000 a: These figures are available in Appendix "D " Table 13

even though both sexes can use verbal abuse.⁹² In the *1993-1998 National Crime Victimization Survey (NCVS, 2000 revised 2002)*, a substantial number of female respondents (19%) gave “fear of reprisal” as their reason for not having reported their intimate partner violence to police, while no male victims gave this reason. This outcome may in part have been due to gender socialization, (men are socialized to suppress fear), but it may also have been due to their having less reason to fear retaliation since twice as many male victims (15%) as female victims (7%) chose not to report the violent episode to police because it was a “minor crime,” suggesting that the male victims actually had less reason to be fearful.⁹³ ⁹⁴ An additional and critical difference between men’s and women’s violence is that of motivational context. “[Although] men and women alike employ violence to express anger, release tension or force communication, women tend to use violence for self-defense, escape, and retaliation, while men employ violence for the purposes of dominance [and] coercion [to both] control [their]... partner’s behavior, protect [their]... self image and [as a tool for] punishment.” ⁹⁵ Women who assault their male partners more often assault in self defense against current abuse, or in retaliation for previous abuse.⁹⁶ There are, nonetheless, a minority of cases in which women take on the role of the power and control assaulter. It is estimated that 5% to 10% ⁹⁷ of women who engage in violent behavior do so for power and control, or as the abuser. This is unilateral (one sided) violence that is frequent and can be either minor or severe.⁹⁸ Women are estimated to commit 3% to 5% of all coercive controlling violence while men are estimated to perpetrate the vast majority or 95% to 97% of this violence.⁹⁹ ¹⁰⁰ Even in this case of coercive controlling violence, however, “highly victimized wives tend to be more unilaterally victimized than highly victimized husbands” since wives report more frequent and severe injuries than do husbands.¹⁰¹

⁹² Hamberger, 1994

⁹³ Rennison & Welchans, 2000 revised 2002

⁹⁴ Approximately half of both male (53%) and female victims (47%) surveyed in the *1993-1998 National Crime Victimization Survey (NCVS, 2000 revised 2002)* revealed that they had not reported their intimate partner victimization to police; both genders most often gave the reason that it was a “private or personal matter,” (35% of the males and 52% of the females). More recently the *1993-2008 National Crime Victimization Survey (NCVS, 2009)* found that 72% of the intimate partner violence (IPV) against males and 49% of the IPV against females was reported to police in 2008. For those victims who did not report their IPV in 2008, (28% of the males and 51% of the females), their reasons for not having reported were not specified.

⁹⁵ Bograd, 1999, p.278

⁹⁶ Belknap & Melton, 2005

⁹⁷ Hamberger, 1997

⁹⁸ Hamberger, 1997

⁹⁹ Johnson (2006) estimates that 3% of “intimate terrorists” are women and 97% are men. Hamberger (1994) cites Pagelow (1984 and 1992) who estimates that 5% of “batterers” are female and 95% are male.

¹⁰⁰ According to Johnson who has worked with some male victims at his local shelter, “...it is indisputable that *some* men are terrorized by their female partners,” but men are not terrorized by women nearly as frequently as women are terrorized by men (Johnson, 1995, p. 292).

¹⁰¹ Bograd, 1999, p. 279

If male violence against women is rooted in patriarchy, a man's social right, and previously his legal right, to control 'his' woman,¹⁰² what might lie at the root of female power and control over a male partner? Clinical observation suggests a couple of explanations; in some cases women abuse their husbands because they don't think he is man enough, for instance he refuses to bully other men (i.e., doctors and contractors, etc.) as she would like.¹⁰³ This viewpoint reminds us that women, as well as men, can internalize rigid sex roles and may believe that a man must be an 'alpha man' or a 'macho man,' in complete control of all interactions. If not, he is deserving of punishment as suggested by her abusive behavior. In other cases mental health and/or trauma issues such as personality disorders, bi-polar disorder,¹⁰⁴ and early trauma and childhood abuse¹⁰⁵ appear to be associated with female power and control over a male partner. The following study offers an illustration of this dynamic. In the study, *Characteristics of Callers to the Domestic Violence Abuse Helpline for Men*,¹⁰⁶ the participants were 246 men who called this male focused domestic violence hotline from December 2002 to November 2003.¹⁰⁷ Men called seeking shelter (16%), support groups (53%), legal assistance (89%) and financial assistance (13%). These callers reflected the spectrum of employed men, unemployed men, disabled men, and stay-at-home dads.¹⁰⁸ Almost half of the callers (43%) were employed, 30% of whom were employed in predominately male occupations such as police/fire men, and 13% of whom were employed in highly specialized/professional occupations such as doctor/lawyer. Stay-at-home dads (3%) were the vast minority of hotline callers, while approximately ten percent (9.5%) were unemployed, and 18% were disabled.¹⁰⁹ Just over half of the men reported that they were currently in a relationship with their partner (52 %) and had children in the house (56%).

Male callers reported the following information about their wives, the majority had a history of trauma (92%), just over half used alcohol (52%) and just under half had a mental illness (46%). Approximately two thirds of the wives purportedly threatened suicide (70%) and homicide (59%) and approximately one third (39%) were said to have used drugs. Male callers also alleged specific acts of abuse by their wives but the following information on reported abuse does not distinguish between male callers who were abused and those falsely claiming to have been abused, and also does not rule out the possibility that the caller may

¹⁰² Belknap & Melton, 2005

¹⁰³ Cook, 1997

¹⁰⁴ Hamel, 2005

¹⁰⁵ Belknap & Melton, 2005

¹⁰⁶ Hines, Brown & Dunning, 2007

¹⁰⁷ The Domestic Abuse Helpline for Men (DAHMH) opened in 10/2000 as the first (USA) help line set up to assist male victims of "interpersonal violence" as well as all others needing assistance (Hines, Brown and Dunning, 2007).

¹⁰⁸ Hines, Brown & Dunning, 2007

¹⁰⁹ According to the authors, the substantial number of male callers employed in predominately male occupations challenges the stereotype of the "wimpy" male victim (Hines, Brown and Dunning, 2007).

have omitted his own abusive behaviors.¹¹⁰ Of what is known from the reports, the nature of the abuse relayed by male callers was the following: Ninety-five percent (95%) of the men stated that their wives tried to control them through 1) threats and coercion (threats to kill self or husband, threats to call police and have husband falsely arrested, threats to leave husband, and threats to have children removed from the home); 2) through intimidation tactics (“making him afraid by smashing things, destroying his property, abusing pets or displaying weapons”); 3) through emotional abuse (name calling, mind games, humiliating him and inducing guilt); and 4) by controlling all of the money (“not allowing him to see or use the check book or credit cards”).¹¹¹ Thirty-five (35) men or 22.2% stated that their wives had choked them, 15 men or 9.5% reported being spit on, 3 men or just about 2% (1.9 %) reported having been stabbed, and 1 man reported that he had been sexually assaulted by his wife (“raped with a dildo”).¹¹² ¹¹³ Several of the men required police and or medical intervention for incidents of abuse. Callers further alleged groin attacks, scratching, and having the domestic violence system used against them, for example false accusations of domestic violence to gain sole custody of the children, or falsely obtaining restraining orders.¹¹⁴ These latter tactics can be seen as more typical of the alleged female abusers, while their controlling behaviors and severe physical assaults can be seen as more analogous to that of male abusers.¹¹⁵

In conclusion, the perspective that gay men are at higher risk than heterosexual men is consistent with the earlier 1995-1996 CDC survey finding (*VAWS, 2000*) that 15% or twice as many men who had lived with a male as a couple reported that they had been raped, physically assaulted and/or stalked by a “male cohabitant” in comparison to 8% of the men who had lived with a female and who reported this same violence by a “wife or female cohabitant.” Conversely this perspective of higher risk for gay men is not,

¹¹⁰ The authors acknowledge that reports of abuse without evidence was an “admitted flaw” of the study and they delineated their reasons for believing that what the men reported was accurate with regard to their wives’ behaviors (Hines, Brown and Dunning, 2007, p.68- 69).

¹¹¹ Hines, Brown & Dunning, 2007, p. 67- 68

¹¹² Hines, Brown & Dunning, 2007, p. 66

¹¹³ The 2000 analyses of the previous 1995-1996 *Violence Against Women Survey (2000)* found that two tenths of one percent (0.2%) of the male survey participants reported that they had been severely sexually assaulted by a female partner (“forcibly raped”). Generalizing from this national survey sample to men nationwide suggests that approximately two hundred thousand men (187,255) or two tenths of a percent (0.2%) may have been forcibly raped by a female partner. At the time of this survey the population of men nationwide was approximately 93,627,500 as calculated by the average of the 1995 and 1996 census population estimates for men 18 years and older (U.S. Census Bureau). The 2011 and 2013 analyses of the recent 2010 *NISVS (2011)* CDC Survey, however, did not provide rape data on male survey participants because “the number of men who reported rape by an intimate partner among gay, bisexual and heterosexual men in the United States [was] too small to report.” (Walters, et al., 2013, p. 19, Table 4)

¹¹⁴ The authors clarify that the domestic violence system is rightfully set up to protect women and children but should concurrently recognize male victims (Hines, Brown and Dunning, 2007).

¹¹⁵ With regard to this study, Kelly and Johnson (2008) opine that the alleged female abusers using the domestic violence system against their victimized male partners is akin to male abusers using male privilege against victimized female partners.

however, substantiated by the recent *2010 Findings on Victimization by Sexual Orientation (2013)* which analyzed the 2010 CDC (*NISVS, 2011*) survey data and found no significant difference amongst heterosexual, gay and bi-sexual men in either their lifetime prevalence of “rape, physical violence and/or stalking” or in their lifetime prevalence of “severe physical violence.” With regard to heterosexual male victims specifically, it appears that abusive female partners are motivated to use coercive controlling violence to gain power and control due to mental health problems rooted in histories of early abuse and trauma, and/or due to their own internalized sexism (i.e., preferring reverse patriarchy over an egalitarian partnership). In the aforementioned study on male domestic violence hotline callers, the husbands’ reports of their wives were consistent with a trauma/mental health explanation for female power and control over a male partner. The majority of the wives reportedly had a history of trauma (92%) and higher rates of alcohol use, mental illness and drug use than the general population. Fifty-two (52%) percent of the wives’ reportedly used alcohol versus 13% of the general population of American women who drink more than seven drinks per week;¹¹⁶ 46% of the wives reportedly had mental illness compared to 20%¹¹⁷ of the general population, and 39% of the wives reportedly used drugs compared to 9% ¹¹⁸ of the general population.

3. Male Victimization Survey Data

The range of male victimization in intimate relationships is inclusive of but not limited to psychological abuse, physical assault, sexual assault, stalking, injuries and homicide.¹¹⁹ National U.S. and Canadian surveys provide a window into the scope of male victimization in the following studies: 1) Lupri and Grandin’s 2004 analysis of the *1999 Canadian National Survey on Heterosexual Intimate Partner Abuse (2000)*¹²⁰ sheds light on the impact of psychological abuse upon male victims; 2) Coker and her colleagues’¹²¹ 2002 gender comparison analysis of the 1995-1996 CDC *Violence Against Women Survey (2000)* data assesses both the health effects of domestic violence on male and female victims and the impact of psychological abuse upon male victims; 3) Tjaden and Thoennes’ 2000¹²² gender comparison analysis of the 1995-1996 CDC *Violence*

¹¹⁶ National Institutes of Health and the Office of Research on Women’s Health, 2011

¹¹⁷ Cherry, 2011

¹¹⁸ Reinberg, 2011

¹¹⁹ Intimate partner homicide for men, however, is less often an indication of overall victimization in the relationship as it is for women. Men murdered by female partners were usually the abusive partner who was killed by the victimized female partner in self-defense (Campbell, Glass, Sharps, Laughon and Bloom, 2007). In male same-sex intimate partner homicides, however, clinical observation suggests that the murdered partner was more often the victimized partner in the relationship, not the abuser, and was likely murdered in connection to leaving the abusive partner (Island and Letellier, 1990).

¹²⁰ Canadian Center for Justice Statistics, 2000: Data from the *1999 Canadian National Survey on Heterosexual Intimate Partner Abuse* is provided in the 1999 General Social Survey published in *Family Violence in Canada: A Statistical Profile, 2000*.

¹²¹ Coker, Davis, Arias, Desai, Sanderson, Brandt & Smith, 2002

¹²² Tjaden & Thoennes, 2000 a

Against Women Survey (2000) data enumerates ten sub-types of physical assault, the percentages of men and women reporting each type of assault, as well as forcible rape and stalking by an opposite sex partner; 4) Rennison and Welchans' 2000 revised 2002 U.S. Department of Justice gender analysis of the *1993-1998 National Crime Victimization Survey (NCVS, 2000 revised 2002)* provides the incidence of injury by gender,¹²³ as do Black and his colleagues in their 2011 CDC analysis of the *2010 National Intimate Partner Sexual Violence (NISVS)* survey data.¹²⁴

Psychological/Emotional Abuse: Although female-initiated emotional abuse carries less potential to terrorize and control than male-initiated emotional abuse,¹²⁵ women can nonetheless dominate relationships by using emotional abuse, verbal abuse, and coercive control tactics without physical violence.¹²⁶ In the Lupri and Grandin analysis of the *1999 Canadian National Survey on Heterosexual Intimate Partner Abuse (2000)* seven percent (7%) of the male participants reported physical abuse by a female partner, while 18% reported some form of emotional abuse, and nine percent (9%) specifically reported experiencing controlling behaviors intended to prevent communication with others and to monitor their whereabouts "at all times."¹²⁷ In this Canadian survey controlling behavior was considered to be a sub-type of emotional abuse, and those male respondents who reported this sub-type also reported physical abuse at a rate ten times higher than those men who did not report this controlling behavior.¹²⁸ This finding suggests that for men, being psychologically abused by a female partner in this controlling manner may increase the likelihood of being physically abused by her as well. In the 2002 study on the health effects of intimate partner violence by Coker and her colleagues,¹²⁹ psychological abuse was as strongly associated with negative health outcomes as was physical abuse for both male and female victims in the 1995-1996 CDC *Violence Against Women Survey (2000)*. The negative health findings associated with abuse were 1) current poor health; 2) depressive symptoms; 3) substance use; 4) developing a chronic disease; 5) chronic mental illness; and 6) injury. Despite women's predominance as victims in this study, for men as well as for women, depressive symptoms were significantly associated with all forms of abuse (physical, sexual, and psychological), suggesting that abuse can cause depression in men as it can in women. Additionally, just psychological abuse alone negatively impacted men as well as women. In the same study psychological abuse was measured alone, without the co-occurrence of physical and/or sexual abuse. Furthermore, psychological abuse was comprised of two components, a verbal abuse component

¹²³Injury analysis by gender was only provided in the *NCVS of 1993-1998* (Rennison & Welchans, 2000 revised 2002) but was not provided in the most recent *NCVS of 1993-2008* (Catalano et al., 2009) nor in the preceding *NCVS of 1993-2001* (Rennison, 2003).

¹²⁴ Black, Basile, Breiding, Smith, Walters, Merrick, Chen & Stevens, 2011

¹²⁵ Hamberger & Potente, 1994

¹²⁶ Hamel, 2005

¹²⁷ Lupri & Grandin, 2004, p. 4

¹²⁸ Lupri & Grandin, 2004

¹²⁹ Coker, Davis, Arias, Desai, Sanderson, Brandt & Smith, 2002

(i.e., name calling) and a power and control component (i.e., monitoring partner's whereabouts). For both men and women, psychological power and control was stronger in its association with depressive symptoms than was verbal abuse alone. While women were more often the victims of power and control abuse than men, the actual *effect* of power and control abuse was found to be equally toxic for both genders.

Injury and Assault: "Although abused women are at higher risk for injury than abused men, studies have shown that abused men are at risk for physical injury as well."¹³⁰ Although men can inflict more harm with their fists, women may compensate by throwing things such as dishes, boiling water, and frying pans, or by brandishing a weapon.¹³¹ *The Nursing Standard Journal (2008)* provides a clinical picture of how male victims may present in the medical setting; "male victims may experience broken limbs, bruising, knife wounds, teeth marks, deep scratches and lacerations, inappropriate comments, fear, intimidation, tearfulness and [may] refuse to be physically examined by nurses, particularly female nurses."¹³² An in-depth narrative study of twelve abused husbands reported the following injuries sustained; "...multiple bruises and abrasions, dislocated ribs, injured genitalia, minor head trauma, numerous lacerations and internal injuries. [In this study the] weapons used by the wives included clothes hangers, steak knives, scissors, screwdrivers, cellular phones, fingernails, metal pots and pans, rolling pins, keys and other thrown objects."¹³³

The incidence of national male injury is provided in the 2000 revised 2002 Bureau of Justice Statistics analysis of the 1993-1998 *National Crime Victimization Survey (NCVS)* data:¹³⁴ The average total number of male victims during this time period was just under one hundred and fifty thousand (144,620). Thirty-two percent (32%) or 47,000 of these male victims were injured, and four percent (4%) or just above six thousand (6,380) were severely injured. Severe injuries included knife wounds, internal injuries, broken bones, and/or being knocked unconscious. Of the forty-seven thousand (47,000) male victims with minor or severe injuries, 10 or fewer, or a fifteenth of one percent (0.15 %) or less, reported receiving treatment in a hospital emergency facility.¹³⁵ More recent injury data by gender is provided in the *2010 National Intimate*

¹³⁰ Hines & Malley-Morrison, 2001, p. 79

¹³¹ Hines & Malley-Morrison, 2001

¹³² Barber, 2008, p. 38

¹³³ Lupri & Grandin, 2004, p. 6 cite Migliaccio, 2002

¹³⁴ Rennison & Welchans, 2000 revised 2002: Injury analysis by gender was only provided in the *NCVS of 1993-1998* and was not provided in the most recent *NCVS of 1993-2008* nor in the preceding *NCVS of 1993-2001*.

¹³⁵ In comparison to male victims, the average total number of female victims during this time period was just under 1 million (937,490). Fifty percent (50 %) or 471,110 of whom were injured, and 5% or 43,910 of whom sustained serious rather than minor injuries. Women were thereby 7 times more likely to be seriously injured than men (43,910 versus 6,380), a ratio of 7:1. Of the 471,110 female victims with both minor and severe injuries, 8% or 39,858, reported treatment in a hospital emergency facility

Partner Sexual Violence Survey (NISVS, 2011) which found that four percent (4%) of men (1 in 25) had been injured as a result of intimate partner rape, physical assault, and/or stalking.¹³⁶ Data on the incidence of forcible rape, stalking and the physical assault of men by female partners is provided in Tjaden and Thoennes' 2000 gender comparison analysis of the 1995-1996 CDC *Violence Against Women Survey (VAWS, 2000)*: Male participants (6,934) and female participants (7,278) reported the types of violence they had experienced in their lifetime by an opposite-sex marital or cohabitating partner, current or former. While women reported proportionally higher rates of victimization than men in the categories of forcible rape, stalking and physical assault men nevertheless reported victimization by female partners in all of these categories as well. Of the 6,934 male survey participants, 14 men, or two tenths of one percent (0.2%) reported forcible rape by a female partner, 35 men or a half of one percent (0.5%) reported victimization by stalking, and 485 men, or 7% reported physical assault by a female partner. Male survey participants specifically reported the following minor assaults committed by a female partner: Two hundred and twenty-two (222) men or 3% had been hit with an object, 305 men or 4% had something thrown, 180 men or 3% had been kicked or bitten, 368 men or 5% had been slapped or hit, 354 men or 5% had been pushed, grabbed or shoved, and 159 men or 2% had their hair pulled.¹³⁷ Male survey participants also reported severe assaults committed by female partners: Sixty-two (62) men or one percent (1%) had a knife or gun used on them, 35 men or a half of one percent (0.5%) had been victims of choking or an attempted drowning, and 35 men or a half of one percent (0.5%) had been beaten up or battered by a female partner. Furthermore, the following consequences were reported from amongst the 485 men assaulted by female partners: Thirteen (13) men or a third of one percent (0.3%) reported hospitalization, 112 men or 26% reported that their female partner/perpetrator had threatened to harm or kill them during their most recent physical assault, and 85 men, or about nineteen and a half percent (19.6%) reported that they had feared bodily injury or death during their most recent physical assault.¹³⁸ Finally, from amongst the 6,934 male survey participants, 125 men or approximately two percent (1.8 %) reported that they had been threatened with a knife or a gun by a female partner. Although men's victimization rates were lower than

without subsequent hospitalization, and another 1% or 5,840, reported emergency treatment with subsequent hospitalization (Rennison and Welchans, 2000 revised 2002).

¹³⁶ In comparison to 4 % of men, 14% of women were injured as a result of intimate partner rape, physical assault, and/or stalking in 2010 (Black et al., 2011).

¹³⁷ Tjaden & Thoennes, 2000 a: These abuse categories are listed in Table 13 located in Appendix D: Percentages per category were provided by Tjaden and Thoennes (2000 a) but the corresponding headcounts, or absolute numbers were calculated for this document and are thereby an adaptation of the Tjaden and Thoennes figures. The addition of a "severe assault" category in Table 13 was also added for purposes related to this document and was not originally provided by the authors.

¹³⁸ From amongst the 485 total number of male assault victims, 446 were sampled about hospitalization and 13 of the 446 male victims reported that they had been hospitalized; 425 male assault victims were sampled regarding receiving threats to harm/kill and 112 of them reported receiving such threats; 433 male assault victims were sampled regarding fear of bodily injury/being killed and 85 of them reported this fear (Tjaden and Thoennes, 2000 a) (Table 13, Appendix D).

those of women in all of the abuse categories, men nevertheless reported the same range or scope of victimization as did women.¹³⁹

Fatalities: In 70% to 80% of all heterosexual intimate partner homicides, regardless of which partner was killed, physical abuse of the women by the men precipitated the murders.^{140 141 142} Women more often murder male intimates in self defense while men more often murder female intimates in response to jealousy and the need for control, particularly during the possible or actual termination of the relationship.¹⁴³ Studies conducted to identify women who may have committed power and control murders have been too few and too small to be conclusive.¹⁴⁴ Even though male victims are rarely pursued, stalked and/or murdered for leaving violent female partners,¹⁴⁵ the termination of an intimate relationship still poses an increased risk of violence for men as well as for women: Research has shown that both male and female spouses living separately are more often victimized by their spouse than when they live together.¹⁴⁶ The 1995-1996 CDC *Violence Against Women Survey (2000)* found that married women living apart from their husbands were nearly four (4) times more likely to report violence compared to married women living with their husbands. Similarly, married men living apart from their wives were nearly three (3) times more

¹³⁹ Compared to male survey participants, female survey participants were 23 times more likely to have been raped (4.5% vs. 0.2%), 8 times more likely to have been stalked (4.1 % vs. 0.5%) and 3 times more likely to have been physically assaulted (20.4 % vs. 7%). Regarding minor/moderate assaults, women were one and a half times (1.5) more likely to be hit with an object (4.9% vs. 3.2%), 2 times more likely to have something thrown (7.8% vs. 4.4%) and 2 times more likely to be kicked or bitten (5.3% vs. 2.6%): Women were 3 times more likely to have been slapped/hit (14.9% vs. 5.3%) pushed/grabbed/shoved (16.9 % vs. 5.1 %), and were almost 4 times more likely to have had their hair pulled (8.5% vs. 2.3 %). Regarding severe assaults, women were one and a half times (1.5) times more likely to have had a knife or gun used on them (1.4 % vs. 0.9%), 12 times more likely to have been the victims of choking or an attempted drowning (6% vs. 0.5%), and 17 times more likely to have been beaten up or battered (8.4 % vs. 0.5 %). Regarding the consequences and sequale reported by assaulted women, they were 3 times more likely to report hospitalization (8.8% vs. 2.9%), they were more likely to report receiving threats to harm or kill (32.6 % vs. 26.4 %), were twice as likely to report fearing bodily injury or death during the most recent physical assault (44.7% vs. 19.6%) and women were 3 times more likely to report that they had been threatened with a knife or gun (5.2 % vs. 1.8 %) (Tjaden and Thoennes, 2000 a) (Table 13, Appendix D).

¹⁴⁰ Campbell, Webster, Koziol-McLain, Block, Campbell, Curry, Gary, Sachs, Sharps, Ulrich & Wilt, 2003

¹⁴¹ In 2007, approximately 45% of female homicide victims (1,640) and 5% of male homicide victims (700) were killed by an intimate partner, a ratio of 9 female murders for every 1 male murdered by an intimate partner (Catalano et al., 2009).

¹⁴² In 2007, 14% or 2,340 of all the U.S homicides were committed by intimate partners. Of these 2,340 intimate partner homicide victims, 70% (or 1,640) were female and 30% (or 700) were male; females thereby comprised 70% of the homicide victims in 2007, a proportion that has changed little since 1993 (Catalano et al., 2009).

¹⁴³ Saunders, 2002

¹⁴⁴ Cook, 1997; Saunders, 2002

¹⁴⁵ Gauthier & Bankston, 2004

¹⁴⁶ Tjaden & Thoennes, 2000 b

likely to report victimization by their wives than were married men who lived with their wives.¹⁴⁷ When separation and post divorce violence occur in relationships in which there was little or no violence prior to the separation, the abandoned partner, male or female, may perpetrate violence that is limited to a few incidences during the separation/divorce period, although this violence can be quite severe. This is “separation-instigated violence,”¹⁴⁸ however, which differs from the chronic situational couple violence that may carry over into the separation process¹⁴⁹ and differs also from the coercive controlling violence, or classic abuse, that may escalate upon the threat of separation¹⁵⁰ and may erupt into stalking and/or murder upon actual separation.

In same-sex relationships intimate partner homicide has not been systematically studied, but data from the *Federal Bureau of Investigation’s (FBI) Supplemental Homicide Reports* estimate that male same-sex intimate partner homicides accounted for six percent (6%) of the total murder rate for men in the USA from 1981 to 1998.¹⁵¹ If this estimated percentage persists to date, then a more accurate estimate of American men murdered by intimates would be the sum of men murdered by both same-sex and opposite-sex intimates, the former of which have rarely been considered. To better understand the phenomenon in which male partners are killed by power and control intimates and not by victimized partners in self defense, same-sex intimate partner homicides need to be better understood, as do the presently under-documented group of women who may have killed male partners out of possessiveness, jealousy and control rather than in self defense.

In summation, the surveys reviewed found that psychological abuse caused depression in men and in women, psychological power and control caused more severe depression than verbal abuse in both men and women,¹⁵² and that finally, men who reported psychological power and control rather than verbal abuse were also ten times more likely to report physical abuse by a female partner.¹⁵³ Men sustain the same range of assaults as women, although with less consequential injury (4% versus 14%)¹⁵⁴ and in much lower numbers (1 male assault victim for every 5 female victims).¹⁵⁵ Even though heterosexual men are much less

¹⁴⁷ Tjaden & Thoennes, 2000 b: “The survey data do not indicate whether the violence happened before, after, or at the time the couple separated. Thus it is unclear whether the separation triggered the violence or the violence triggered the separation,” p.37

¹⁴⁸ Kelly & Johnson, 2008, p. 487

¹⁴⁹ Kelly & Johnson, 2008

¹⁵⁰ Hamel, 2005

¹⁵¹ Campbell, Glass, Sharps, Laughon & Bloom, 2007: By comparison the estimate for female same-sex partner homicide was a half of one percent (0.5%) or 12 times less than the male proportion.

¹⁵² Coker, Davis, Arias, Desai, Sanderson, Brandt & Smith, 2002

¹⁵³ Lupri & Grandin, 2004

¹⁵⁴ Injuries sustained in 2010 were the result of intimate partner rape, physical assault and/or stalking (Black et al., 2011)

¹⁵⁵ A ratio of one to five: 101,050 male assault victims to 512,770 female assault victims in 2008. Of the 101,050 male assault victims, 8,310 were rape/sexual assault victims, 40,970 were aggravated assault victims, and 51,770 were simple assault victims: Of

likely than women to be stalked and/or murdered for leaving violent partners,¹⁵⁶ there is evidence of some increased risk for violence for separated men.¹⁵⁷ No reliable research to date potentially reveals any minority group of women who may have killed male partners for power and control rather than in self-defense.¹⁵⁸ Also, no systematic research to date indicates the proportion of men who have been murdered by same-sex intimate partners; however a previous estimate is six percent (6%).

4. Male Socialization and Societal Expectations

In conjunction with other factors, gender socialization appears to play an important role in whether or not heterosexual or gay men choose to leave or stay in relationships with abusive partners. Discussed first are the dynamics of victimization for heterosexual men followed by the dynamics that predominate for gay men.

Men in heterosexual relationships may stay with their abusive partners for many of the same reasons women stay, but they may also stay for reasons that are different. Shared reasons include traumatic bonding, commitment to marriage, genuine love, children, and law enforcement issues. Differences include child custody and male gender socialization dynamics that can play out in specific ways for male victims. As with women, abused men may stay with violent partners as a consequence of the abuse, separate and apart from practical considerations such as housing, money, and keeping the family together. Research suggests that men can fall victim to the dynamic of traumatic bonding in which the power partner alternates abuse and kindness to create a bond with the subordinate partner. This bond is sustained by the intermittent positive reinforcement of kindness which is intended to keep the subordinate partner from leaving. More quantitative research is needed, however, to further validate and generalize these conclusions.¹⁵⁹ The literature suggests that men, like women, may choose to stay with abusive partners for the following reasons: Their loyalty to the institution of marriage, the avoidance of stigma if divorce is perceived as a sign of failure,¹⁶⁰ the need to maintain their standard of living, the desire to stay with their children, and the need to protect their children by not leaving them with the abusive parent.¹⁶¹ Also like

the 512,770 female assault victims (which does not include the 38,820 non-assault female victims of intimate partner robbery), 35,690 were rape/sexual assault victims, 70,550 were aggravated assault victims, and 406,530 were simple assault victims (Catalano, et al., 2009).

¹⁵⁶ Gauthier & Bankston, 2004

¹⁵⁷ Tjaden & Thoennes, 2000 b

¹⁵⁸ On an anecdotal level, individual cases of female abusers who powered and controlled their husbands and ultimately had their husbands killed for leaving or attempting to leave them have been documented on the Investigative Discovery Channel/Cable TV.

¹⁵⁹ Hines & Malley-Morrison, 2001

¹⁶⁰ Migliaccio, 2002

¹⁶¹ Hines & Malley-Morrison, 2001

women, men may stay if and when they feel unable to obtain help from the police; past studies show that low levels of responsiveness to domestic violence have “crossed gender lines” with police officers refusing to arrest wives because they found it difficult to accept that a husband could be abused.¹⁶² For both women and men it can be embarrassing to disclose abuse, but for men there is an added layer of embarrassment due to the gender role expectation that they as men should be in control of the relationship.¹⁶³ Another difference between female and male victims is that unlike wife abuse, husband abuse is not recognized in the legal system and consequently it is more difficult for abused men to use this defense in court to obtain custody of their children.¹⁶⁴ Although it is easier for men in general to leave an abusive relationship given their relative social and economic power,¹⁶⁵ they may nonetheless stay with abusive partners for any or all of the reasons discussed above.¹⁶⁶

Male gender socialization and societal expectations also appear to contribute to men staying in heterosexual relationships with abusive female partners. While female survivors struggle against abusive husbands and structural oppression, men struggle with the maintenance of the “masculine ideal” by which American society expects them to be stronger than their wives.¹⁶⁷ Therefore for men abused by female partners, expressing fear, asking for help or even discussing the situation may induce feelings of emasculation. Men are not only expected to be stronger than their wives, but historically they have been expected to control their wives; if, however, their wife controls them, feelings of humiliation and shame are likely to result from failing to live up to this societal expectation.¹⁶⁸ It is further expected that men should not complain or express vulnerability or pain. They should “take it like a man,” be self-sufficient and not present themselves as victims in need of protection.¹⁶⁹ “To be a male victim of domestic violence means to be weak” and a failure in his role and responsibility as protector, unable to provide safety for himself or his children against his own wife’s assaults.¹⁷⁰ “Suppression of pain is considered a sign of strength,” so if abused, a man would likely minimize the impact of an assault, especially if assaulted by a female partner.¹⁷¹ From a young age boys face this dilemma on the playground; when hit by another boy they can hit back, cry, or run away, with each choice bearing its own consequence. Hitting back makes a boy aggressive (or appropriate by some expectations), and crying or running away makes him a wimp, but the denial of

¹⁶² Migliaccio, 2002, p. 44

¹⁶³ Hamel, 2005

¹⁶⁴ Hines & Malley-Morrison, 2001

¹⁶⁵ Straus, 1993

¹⁶⁶ Hines & Malley-Morrison, 2001

¹⁶⁷ Migliaccio, 2002, p. 31

¹⁶⁸ Hamel, 2005

¹⁶⁹ Hamel, 2005

¹⁷⁰ Hamel, 2005

¹⁷¹ Hamel, 2005, p. 29

emotional or physical pain labels him strong.¹⁷² Given that men have been socialized to minimize pain, the possibility that law enforcement, social services, and family or friends might disbelieve or minimize reports of assault, further undermines the male victims' ability to disclose or seek help.¹⁷³

Heterosexual male victims, like female victims, may stay with violent partners due to a lack of awareness that they are victims: For both genders, psychological and verbal abuse can induce feelings of self-blame that may undercut their ability to see themselves as victims and consequently their ability to recognize that they need to leave.¹⁷⁴ Of the 12 husbands interviewed in *Abused Husbands: A Narrative Analysis*,¹⁷⁵ those who remained in their relationships and who did not fight back or self defended reported using the following coping mechanisms for dealing with their wives violent outbursts: 1) avoidance (i.e., staying away from home as much as possible); 2) appeasement (usually rooted in unwarranted acceptance of at least part of the blame for the abuse); 3) dissociation, "mind-body split," perceiving the violence although not acknowledging that it is happening to them; and 4) denial that the violent outbursts were actually abuse, since no "real" injuries were sustained. Rationalizations for the abuse reported by the men were also similar to those reported by female survivors; examples were 1) there was little history of violence before the marriage; 2) an outside source was thought to be the reason for the abuse (i.e., wife's pregnancy as an excuse for the violence); 3) "Jekyll and Hyde" behavior gave the impression that outside factors (rather than internal issues) were causing the violent behavior since the spouse was able to conduct herself non-violently in other settings (i.e., at work, in public places, etc.); 4) a husbands' empathy for his wife's childhood history of emotional or physical victimization; and 5) wives' promises to change, most commonly the broken promise to attend counseling. For those men who did leave, it was the realization that the violence was not going to stop that led to their departure.¹⁷⁶

For an understanding of the issues involved in staying and leaving for gay victims of domestic violence, Island and Letellier (1990) offer a comprehensive analysis to elucidate the factors that influence the stages of both victimization and recovery for abused men in same-sex relationships. Unlike heterosexual men who are rarely pursued, stalked and/or killed for leaving violent female partners,¹⁷⁷ gay battered men are followed, hunted down, attacked¹⁷⁸ and/or murdered¹⁷⁹ for leaving same-sex partners and ex-partners. Also, like other victims of abuse, gay battered men are susceptible to the "cycle of violence" a dynamic that

¹⁷² Hamel, 2005 cites Fontes, 1998

¹⁷³ Hamel, 2005

¹⁷⁴ Migliaccio, 2002

¹⁷⁵ Migliaccio, 2002

¹⁷⁶ Migliaccio, 2002

¹⁷⁷ Gauthier & Bankston, 2004

¹⁷⁸ Island & Letellier, 1990

¹⁷⁹ Campbell, Glass, Sharps, Laughon & Bloom, 2007, p. 117

inadvertently keeps domestic violence victims psychologically trapped in the relationship with abusive partners. It is therefore a misconception that same-sex male domestic violence is by definition 'mutual' just because both individuals are men; the use of power and control by one partner to subordinate and victimize the other partner occurs in same-sex relationships as well.¹⁸⁰ According to Island and Letellier, partners in gay male relationships often set out with the intention to share power and to be equals. Consequently the victimized gay partner may tend to believe that any violence perpetuated entirely by the abuser is the shared responsibility of both partners, not the sole responsibility of the abusive partner as it should be.¹⁸¹ This perceptual tendency undercuts the victimized partner's ability to recognize his own victimization early enough to get out of the relationship before the cycle of violence begins.¹⁸² Furthermore this perceptual tendency can induce a feeling of culpability that is encouraged by the batterer who blames the victimized partner for the violence, (i.e., you provoked me), and indeed tries to convince him that the battering is a shared problem.¹⁸³ Moreover, if and when the victimized partner fights back or retaliates, the victim as well as friends, family, and health care providers may misconstrue this to be mutual abuse, even though the victim's reactionary violence was self defensive or motivated by retaliation, and not by the need to establish systematic power and control in the relationship.¹⁸⁴ If the partner who was first battered initiates an assault against his controlling abuser in retaliation, the person considered to be the batterer is not the retaliator but the controlling abuser. Therefore the "batterer" is determined by their role in the relationship with regard to the underlying power imbalance and not necessarily by who hit whom.¹⁸⁵

Apart from these relationship dynamics, socio-cultural issues can serve as impediments to gay male victims realizing their victimization. For example, gay men may adhere to the false notion that male aggression and violence are natural and innate aspects of what it is to be male. The very abuse that would be labeled domestic violence in a heterosexual relationship may be tolerated by a male victimized by a same-sex partner due to both the misconception that men are "violent by nature"¹⁸⁶ and to the absence of role models of healthy same-sex relationships for many gay men.¹⁸⁷

Apart from these socio-cultural dynamics is the role of personality and mental health in domestic violence perpetration and victimization. From the perspective of Island and Letellier, batterers not only have a behavioral problem that is specifically criminal (i.e., assault, battery, forcible rape, etc.) but they also have a

¹⁸⁰ Island & Letellier, 1990

¹⁸¹ Island & Letellier, 1990

¹⁸² Island & Letellier, 1990

¹⁸³ Island & Letellier, 1990

¹⁸⁴ Island & Letellier, 1990

¹⁸⁵ Island & Letellier, 1990, p. 87

¹⁸⁶ Island & Letellier, 1990, p. 103

¹⁸⁷ Island & Letellier, 1990

mental health problem as evidenced by what the authors believe are the batterers' specific intentions to harm their partners. Accordingly, Island and Letellier propose that "Abusive Personality Disorder" be included as a diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders*.¹⁸⁸ The authors further contend that victims, however, do not have a mental health problem, but may have certain normal personality characteristics or traits that increase their vulnerability to victimization if involved with an abusive partner.¹⁸⁹ "Prospective victims, those who eventually become victims, are fundamentally normal, and...come from any and all psychological, sociological, biological and demographic backgrounds ...[with] no greater incidence of mental disorders, character flaws, organic dysfunction, or personality deviance than any other group of males."¹⁹⁰ Although fundamentally normal, certain non-pathological personality characteristics may increase vulnerability to victimization when in a relationship with an abusive partner.¹⁹¹ An example would be an individual who is a responsible independent problem solver with high ego strength and some experience of having managed life's difficulties well.¹⁹² He could easily over estimate his capacity to handle what may be escalating domestic violence, and could likewise underestimate his limitations, neither knowing nor appreciating how strategically powerful and damaging an abusive partner can become. Furthermore if he is trusting, empathic, thoughtful and moral, he may also have a "reservoir of guilt"¹⁹³ that can be tapped and exploited by the abusive partner as research has shown that "guilt proneness [is] associated with empathic concern, perspective taking, and [with] subscription to conventional morality."¹⁹⁴

In addition to the gender socialization and personality dynamics just discussed, men victimized by same-sex partners face the following external impediments to leaving; friends may discourage his leaving if they assume that the abuse is mutual, or that he can stop the abuse by fighting back or that leaving will make him less of a man.¹⁹⁵ The gay male victim may lack family support if estranged from his family of origin who cannot or will not accept homosexuality. He may also understandably fear seeking professional help from social service, medical/mental health providers and law enforcement personnel who often discriminate against or marginalize lesbian, gay, bisexual and transgender (LGBT) people. Finally, there may be nowhere for him to go; there are no shelters exclusively for men, let alone for gay men specifically, and access to mainstream domestic violence shelters may be rare to non-existent.¹⁹⁶ When prospective victims become

¹⁸⁸ Island & Letellier, 1990

¹⁸⁹ Island & Letellier, 1990

¹⁹⁰ Island & Letellier, 1990, p. 105

¹⁹¹ Island & Letellier, 1990

¹⁹² Island & Letellier, 1990

¹⁹³ Island & Letellier, 1990, p. 106

¹⁹⁴ Wolf, Cohen, Panter & Insko, 2009, p.338, cite Leith & Baumeister, 1998 and Tangney, 1991,1994

¹⁹⁵ Island & Letellier, 1990

¹⁹⁶ Island & Letellier, 1990

actual victims, coping or survival strategies may include 1) appeasing the abuser regardless of the victim's own needs, wishes and desires; 2) avoiding arguments because he knows they lead to violence; 3) tolerating minor instances of abuse to avoid major violent episodes which inadvertently train him into submission; 4) coddling and doting upon the abusive partner to circumvent violent episodes; 5) isolating himself socially to avoid triggering the batterer's pathological jealousy and 6) learning to "walk on eggshells" (i.e. trying very hard not to upset his partner).¹⁹⁷ While coping with the abuse and as manipulated by his abusive partner, the victimized partner increasingly comes to believe that he causes the violence. Concurrently the victimized partner makes at least one failed attempt to leave, if not several, but returns,¹⁹⁸ usually because he is already caught in the cycle of violence. When the victimized partner first leaves their home due to an abusive or violent episode, the abusive partner apologizes, usually promising that it will never happen again in order to get the victimized partner to return. This manipulation by the abusive partner reinforces the victimized partners' hope that 1) the abuse will never happen again; 2) that they will get help; 3) that he can help his violent partner change; and/or 4) that the abusive partner will return to his pre-abusive persona, etc. The victimized partner may subsequently attempt to seek help for the relationship but these attempts are sabotaged by the abusive partner.¹⁹⁹ The victimized partner's hope thereby lessens over time as the abuse has not stopped or may have escalated: Now the abusive partner uses threats and fear rather than promises and hope to keep the victimized partner from attempting to leave again. Ongoing threats from the abusive partner along with failed attempts by the victimized partner to get help or leave may lead him to believe that he will face greater danger if he leaves than if he stays.²⁰⁰

When a stressor such as violence and departure from a significant relationship is extreme, Post Traumatic Stress Disorder (PTSD) can develop in people with no pre-existing mental health conditions.²⁰¹ Individuals with PTSD experience symptoms in the following areas: 1) mood (anxiety, depression, irritability, guilt); 2) cognition (memory/concentration problems, learned helplessness); 3) re-experiencing (flashbacks, distressing dreams); 4) avoidance (numbing, detachment); and 5) hyper-arousal (startle response, hyper-vigilance, angry outbursts, poor sleep). People without any prior history of mental instability can suffer from PTSD and can recover to lead normal lives.²⁰² According to Island and Letellier, "ex-victims" become recovered "ex-victims" or survivors by having no contact with the abuser for at least six months, and by fully recovering from PTSD symptoms as well as from the abuse itself, which can take up to two to three years. To achieve healing, battered men may have undergone psychotherapy or self help programs, and may have received tremendous assistance from public agencies, friends and relatives, or may have moved to another

¹⁹⁷ Island & Letellier, 1990

¹⁹⁸ Island & Letellier, 1990

¹⁹⁹ Island & Letellier, 1990

²⁰⁰ Island & Letellier, 1990

²⁰¹ Island & Letellier, 1990

²⁰² Island & Letellier, 1990

state to start over again. Critical components of recovery include 1) complete severance of all contact with the abuser forever as even superficial contact (on the street for example) can hamper recovery; 2) the understanding that victims do not provoke violence and that all behavior is a choice - the batterer chooses to be violent and the victim chooses to stay in or get out of relationships with violent men; 3) the realization by the survivor that he can only change himself, he cannot change others nor is he responsible for the behavior of others; and 4) the willingness of the survivor to reject any attempts by others to manipulate, control or dominate him.

In conclusion, men in both heterosexual and same-sex relationships, like women, may stay with abusive partners because of the dynamics of the abuse itself. Men whose partners have successfully manipulated them into believing that they deserve the violence or that it is caused by some outside factor other than the abuser him or herself, may stay because they don't realize that they are victims. Male gender socialization issues likewise play a role in men staying with abusive partners. Heterosexual men may feel too ashamed to admit to victimization by a woman. Gay men may not realize that they are victims because they have internalized the false belief that violence in male same-sex relationships is by definition mutual. While gay men may be told by friends to fight back and "be a man" rather than leave and be "a wimp," heterosexual men may feel that they can not even talk about being abused by a female partner. Patriarchy and heterosexism therefore pose challenges for male victims when they try to get help. Men in heterosexual relationships may not be believed, and gay men who try to get help may be marginalized or discriminated against like others in the LGBT community. The degree to which not getting help translates into the potential for severe physical danger may be most relevant for gay men who appear more likely to be pursued, stalked, beaten up and/or murdered for leaving violent male partners than are heterosexual men who leave violent female partners. Systematic research is needed, however, to substantiate or refute this clinical observation.²⁰³

²⁰³ The perspective that gay men are at higher risk than heterosexual men is consistent with the earlier 1995-1996 CDC survey finding (*VAWS, 2000*) that 15% or twice as many men who had lived with a male as a couple reported that they had been raped, physically assaulted and/or stalked by a "male cohabitant" compared to 8% of the men who had lived with a female as a couple and reported this same violence by a "wife or female cohabitant." Conversely this perspective of higher risk for gay men is not, however, substantiated by the recent *2010 Findings on Victimization by Sexual Orientation (2013)* which analyzed the 2010 CDC (*NISVS, 2011*) survey data and found no significant difference amongst heterosexual, gay and bi-sexual men in either the lifetime prevalence of "rape, physical violence and/or stalking" or in the lifetime prevalence of "severe physical violence." Both CDC Surveys, however, only compared men on physical violence and not on rape or stalking violence as detailed above in footnotes 63 (p.18) and 66 (p.19). The systematic research needed in this area will likely include adequate sample sizes of gay and bisexual men in future studies to allow sexual orientation comparisons to be made for men on the variables of rape and stalking as well as on the variable of physical violence.

III. Statistics: The New York City (NYC) Male Domestic Violence (DV) Victim Population Receiving Services

1. Introduction:

The following statistical analysis of men in the New York City (NYC) domestic violence (DV) system provides their level of representation in certain segments of the system, as well as their corresponding sexual orientation and gender identity data. Also assessed are the types of DV emergency residential shelters and non-residential DV programs that proportionally served relatively higher numbers of men within the NYC DV System. Discussed below are the following statistics for NYC male victims of domestic violence: Table 1 provides the number and percentage of male clients who received DV emergency residential shelter services from amongst the 44 domestic violence shelters from 2003 to 2010; Table 2 details the number and estimated percentage of men who received services from amongst the 15 NYC Non-Residential DV Programs in program year September 2009 to October 2010; Table 3 provides the number and estimated percentage of transgender individuals who received services from the 15 NYC Non-Residential DV Programs from September 2009 to October 2010; Table 4 reports the number and percentage of callers by gender to the NYC Domestic Violence Hotline who both requested and were placed in DV emergency residential shelters in 2009; Tables 5 through 8 detail the comparison of ethnicity and parental status for men and women in NYC DV Emergency Residential Shelters in 2009 and 2010: Tables 5 through 8 also provide demographic data for men in shelter in 2009 and 2010; Table 9 details the sexual orientation and gender identity of men in a sub-set of DV emergency residential shelters in 2009, and Table 10 provides the sexual orientation and gender identity of men in one non – residential DV program:²⁰⁴ Table 11 details the DV emergency residential shelters (or shelter types) that served proportionately more male clients in 2009, and Table 12 highlights the non-residential DV programs (or program types) that served proportionately more male clients in program year September 2009 to October 2010.

A. Male Representation

²⁰⁴ Table 9 highlights the sub-set of 6 (of 44) NYC DV Emergency Residential Shelters managed in 2009 by Safe Horizon, and table 10 highlights 1 of the 15 NYC Non-Residential DV Programs managed to date by the NYC Gay and Lesbian Anti-Violence Project. Safe Horizon and the NYC Gay and Lesbian Anti-Violence Project are both vendors of the NYC Human Resources Administration who share a mutual mandate to extend domestic violence services to the LGBT community. The NYC Gay and Lesbian Anti-Violence Project specializes in providing domestic violence services to the LGBT community, and Safe Horizon is culturally sensitive to the needs of this population having received training from the NYC Gay and Lesbian Anti-Violence Project. Please note that culture pertains not only to ethnicity but to any other human affiliation such as religion, socio-economic class, gender, gender identity, sexual orientation, etc.

Tables 1 through 4 provide the following information; the percentage of men in NYC DV Emergency Residential Shelters from 2003 to 2010 (Table 1), the number and estimated percentage of men in non-residential DV programs from September 2009 to October 2010 (Table 2), the number and estimated percentage of transgender individuals in non-residential DV programs from September 2009 to October 2010 (Table 3), and the number and percentage of male NYC Domestic Violence Hotline callers who both requested DV emergency residential shelter and were placed in DV shelter in 2009 (Table 4).

1. Men in NYC DV Emergency Residential Shelters: Table 1

The impetus for developing best practice recommendations and guidelines for men receiving domestic violence services resulted from the observation of the small but distinct increase in the number of men seen in DV emergency residential shelters over an eight (8) year period, from 2003 through 2010 (Table 1). Over this period men on average comprised one percent (1%) of the shelter population with variability seen from an eighth of one percent (0.8%) to one and a half percent (1.5%).²⁰⁵ For the first 3 years of this 8 year period, men comprised an eighth of one percent (0.8%) of the DV emergency residential shelter population from 2003 through 2005. Over the next 3 years, from 2006 through 2008, their numbers increased, first from an eighth of one percent (0.8%) up to one and two tenths of a percent (1.2%) in 2006, and then up to one and a half percent (1.5%) in 2007 and 2008. This one and a half percent (1.5%) level of representation in 2007 and 2008 reflected an increase to almost double the level initially seen of an eighth of one percent (0.8%) in 2003 through 2005.²⁰⁶ After the one and a half percent (1.5%) peak in male representation seen in both 2007 and 2008, the number of men decreased to one and two tenths of a percent (1.2%) in 2009, and then further decreased to one percent (1.0%) in 2010. These lesser numbers, however, were nonetheless higher than the eighth of one percent (0.8%) level initially seen throughout the first 3 years of this eight year period.²⁰⁷

²⁰⁵ Subsequently in 2011, 2012 and 2013, 76 men, 70 men and 74 men respectively comprised approximately one and a half percent (1.6%, 1.5% and 1.7%) of the shelter population in these years (NYC Human Resources Administration, 2011-2013e).

²⁰⁶ It is not known whether this increase is statistically significant: No "tests of statistical significance" were conducted on this data.

²⁰⁷ The statistics for Table 1 are from the NYC Human Resources Administration (2003-2010 a)

Table 1:

Men in NYC DV Emergency Residential Shelters (2003-2010)

Calendar Year	Total Number	Number of Females	Percentage of Females	Number of Males	Percentage of Males ²⁰⁸	Ratio of Female to Male Heads of Household
2003	3169	3143	99.2 %	26	0.8 %	121:1
2004	3284	3259	99.2 %	25	0.8 %	130:1
2005	3695	3665	99.2 %	30	0.8 %	122:1
2006	3947	3900	98.8 %	47	1.2 %	83:1
2007	4060	4001	98.5 %	59	1.5 %	68:1
2008	4168	4106	98.5	62	1.5%	66:1
2009	4423	4369	98.8 %	54	1.2 %	82:1
2010	4450	4404	99.0 %	46	1.0 %	96:1

²⁰⁸ Men comprised one percent (1.1%) of the emergency residential shelter population from 2003 to 2010 with variability seen from a low of an eighth of one percent (0.8%) or 25 men, to a high of one and a half percent (1.5%) or 62 men (Table 1). The overall trend was an increase from the eighth of a percent (0.8%) of the male clients seen in the first three years of this eight year period (2003 through 2005) to percentages ranging from 1.0% to 1.5% seen in the last five years of this eight year period (2006 through 2010). Subsequently in 2011, 2012 and 2013 respectively, 76 men, 70 men and 74 men comprised about one and a half percent (1.6%, 1.5% and 1.7%) of the shelter population in these years (NYC Human Resources Administration 2003-2010 a and NYC Human Resources Administration 2011-2013e).

2. Men in NYC Non-Residential DV Programs: Table 2

In program year September 2009 to October 2010 the 15 NYC Non-Residential Domestic Violence Programs provided services to 770 men. Men thereby comprised an estimated average of two percent (2.3%) of all non-residential clients served monthly, and an estimated average of two percent (2.3%) of all non-residential clients served that program year.²⁰⁹

Table 2:

Men in NYC Non-Residential DV Programs (9/2009 - 10/2010)

The 15 NYC Non-Residential Domestic Violence Programs	Number of Men Served Per Year	Estimated Number of Men Served Per Month	Estimated Average Monthly Caseload * Women & Men
Program 1: Barrier Free Living	9	0.75	201
Program 2: Safe Horizon	355	29.58	173
Program 3: NYC Gay & Lesbian Anti-Violence Project	201	16.75	179
Program 4: Violence Intervention Program	146	12.20	204
Program 5	1	0.08	82
Program 6	4	0.33	189
Program 7	1	0.08	147
Program 8	0	0	187
Program 9	11	0.92	118
Program 10	0	0	122
Program 11	1	0.08	101
Program 12	1	0.08	338
Program 13	12	1.00	177
Program 14	1	0.08	123
Program 15	27	2.25	396
TOTAL	770	64.18	2,737 *

Men served by all Programs per Month: Estimated Percentage	2.3%	$64.18 / 2,737 \times 100 = 2.3\%$
Men served by all Programs per Year: Estimated Percentage	2.3%	$\frac{2,737 \times 12 = 32,844}{770 / 32,844 \times 100} = 2.3\%$

*Monthly average caseloads cannot be added to derive a yearly total because of the month to month duplication of some clients. We are confident, however, that the lower end of the possible percentage of men is at least 2.3% given that the yearly caseload estimation is inflated due to some client duplication.

²⁰⁹ The statistics for Table 2 are from the NYC Human Resources Administration (9/2009 – 10/2010 b)

3. (A) Transgender Individuals in NYC Non-Residential DV Programs: Table 3A

In program year September 2009 to October 2010, forty-four (44) self-identified transgender individuals were provided services by 3 of the 15 NYC Non-Residential Domestic Violence Programs. Transgender individuals thereby respectively comprised an estimated average of a thirteenth of one percent (0.13%) of all non-residential clients served monthly, and an estimated average of a thirteenth of one percent (0.13%) of all non-residential clients served that program year.²¹⁰

Table 3 A:

Transgender Individuals in NYC Non-Residential DV Programs (9/2009 - 10/2010)					
The 15 Non-Residential Domestic Violence Programs	Number of Transgender Men: F-M Served per Year	Number of Transgender Women: M-F Served per Year	Number of Transgender Individuals Served per Year	Estimated Number of Transgender Individuals Served per Month	Estimated Average Monthly Caseload *
Program 1: Barrier Free Living	0	1	1	0.1	201
Program 2: Safe Horizon	0	1	1	0.1	173
Program 3: NYC Gay & Lesbian Anti Violence Project	8	34	42	3.5	179
Program 4	0	0	0	0	204
Program 5	0	0	0	0	82
Program 6	0	0	0	0	189
Program 7	0	0	0	0	147
Program 8	0	0	0	0	187
Program 9	0	0	0	0	118
Program 10	0	0	0	0	122
Program 11	0	0	0	0	101
Program 12	0	0	0	0	338
Program 13	0	0	0	0	177
Program 14	0	0	0	0	123
Program 15	0	0	0	0	396
Total	8	36	44	3.7	2737

Transgender Individuals Served by all Programs per Month:	Estimated Percentage:	0.13 %	$3.7 / 2,737 \times 100 = 0.13\%$
Transgender Individuals Served by all Programs per Year:	Estimated Percentage:	0.13 %	$2,737 \times 12 = 32,844$ $44 / 32,844 = 0.13 \%$

* Monthly average caseloads cannot be added to derive a yearly total because of the month to month duplication of some clients. We are confident, however, that the lower end of the possible percentage of transgender individuals is at least a thirteenth of a percent (0.13%) given that the yearly caseload estimation is inflated due to some client duplication.

²¹⁰ The statistics for Table 3A are from the NYC Human Resources Administration (9/2009 – 10/2010 b)

3. (B) Transgender Individuals in NYC Non-Residential DV Programs: Table 3B

Of the 44 transgender individuals in the NYC Non-Residential Domestic Violence System in program year September 2009 to October 2010, the minority, 8 or 18% were transgender men (F-M), and the majority, 36 or 82% were transgender women (M-F).²¹¹ The ratio of transgender men to transgender women was one to five (1:5), or 1 transgender man for every 5 transgender women. Also, of these 44 transgender non-residential clients, 42 or 95% were seen by program 3, the NYC Gay and Lesbian Anti-Violence Project that specializes in providing domestic violence services to the LGBT community. Of the two remaining transgender individuals, one was seen by Safe Horizon’s Non-Residential Program, and the other was seen by the Barrier Free Living Non-Residential Program.²¹²

Table 3 B:

Breakout of the Non-Residential DV Programs that Served Transgender Individuals (9/2009-10/2010)

3 Non-Residential Domestic Violence Programs	Trans Men (F-M)	Trans Women (M-F)	Ratio: F-M : M-F	Transgender Individuals
Program 1: Barrier Free Living	0	1	-----	1 (2.5%)
Program 2: Safe Horizon	0	1	-----	1 (2.5%)
Program 3: NYC Gay & Lesbian Anti-Violence Project	8	34	-----	42 (95%)
Total	8 (18%)	36 (82%)	1: 4.5 or 1:5	44 (100%)

²¹¹ Transgender men (F-M) are recognized as men and transgender women (M-F) are recognized as women as per their stated identifications. It is recommended that gender categorization reflect the client’s preferred identity.

²¹² The statistics for Table 3B are from the NYC Human Resources Administration (9/2009 – 10/2010 b)

4. (A) NYC DV Hotline Callers Requesting & Placed in DV Emergency Residential Shelter by Gender: Table 4 A

In 2009, over one hundred and thirty-eight thousand (138,563) unduplicated calls were made to the NYC Domestic Violence (DV) Hotline. Of these calls, approximately eleven thousand (11,085) or eight percent (8%) represented hotline callers (both women and men) who specifically requested DV emergency residential shelter. Of these 11,085 callers requesting shelter just under three thousand (2,807) or twenty-five percent (25.32%) were subsequently placed in shelter. Men were four hundred and twenty one (421) or approximately four percent (3.8%) of the 11,085 callers requesting shelter. Of these 421 male callers, 26 or 6.18% were placed in shelter and they comprised approximately one percent (0.9%) of all of the callers (2,807) placed in shelter that year (2009). Twenty-two (22) or two tenths of one percent (0.2%) of the callers were self-identified transgender women (M-F).²¹³ No callers identified themselves as transgender men (F-M). Women were approximately ten thousand (10,642) or 96% of the 11,085 callers requesting shelter. Of these 10,642 female callers, just under three thousand (2,781) or 26% were placed in shelter and they comprised 99% of all of the callers (2,807) subsequently placed in shelter that year (2009).

²¹³ We do not know if any or how many of the 22 self-identified transgender NYC DV Hotline callers (counted by Safe Horizon) were actually placed in DV emergency residential shelter since HRA did not collect gender identity data in the shelter setting. (It is recommended that gender categorization reflect the client's preferred identity). We do know, however, that there were at least ten self-identified transgender individuals in shelter in 2009 (table 9), six of whom were transgender men (F-M) and four of whom were transgender women (M-F). There were no self-identified transgender male callers to the NYC DV Hotline which suggests that the 6 transgender men in shelter in 2009 were most likely placed there by sources other than the NYC DV Hotline (i.e., police, hospital/medical personnel, agency referrals, self-referral, etc.). There were 22 self-identified transgender female callers (M-F) to the NYC DV Hotline in 2009, but it is not known whether any of the four transgender women (M-F) actually in shelter in 2009 had been placed there by the NYC DV Hotline or by referral sources other than the NYC DV Hotline.

Table 4 A:

NYC DV Hotline Callers Requesting & Placed in DV Emergency Residential Shelter by Gender (2009)²¹⁴

Gender & Gender Identity	Number of Unduplicated DV Hotline Calls	Number of Callers Requesting Shelter	Percentage of Callers Requesting Shelter	Number of Callers Placed in Shelter	Percentage of Callers Placed in Shelter	Percentage of Callers by Gender Placed in Shelter	Percentage Placed in Shelter by Gender
All Callers	138,563	11,085	8%	2,807	25.32%	-----	-----
Men	---	421	3.8%	26	0.23%	6.18%	0.9%
Trans-gender Women (M to F)	---	22	0.2%	0	0	0	0
Trans-gender Men (F to M)	---	0	0	0	0	0	0
Women	---	10,642	96%	2,781	25%	26.13%	99.1%

²¹⁴ The statistics for Table 4 A are from Safe Horizon (2009 a) and from the NYC Human Resources Administration (2009 - 2010 c)

4. (B) NYC DV Hotline Callers Requesting & Placed in DV Emergency Residential Shelter by Gender: Table 4 B

In 2009 approximately half or 26 of the 54 male clients in DV emergency residential shelter were placed there by the NYC Domestic Violence (DV) Hotline. While these 54 men in the shelter system comprised one percent (1.2%) of the overall shelter population in 2009, the subset of 26 men placed in shelter by the NYC DV Hotline comprised one sixth of a percent (0.6%) of the entire shelter population that year. In 2009, two thousand seven hundred and eighty-one (2,781) women of the 4,369 women in shelter were placed there by the NYC DV Hotline. While these 4,369 women comprised 98.8% of the overall shelter population in 2009, the subset of 2,781 women placed in shelter by the NYC DV Hotline comprised just about two-thirds or 63% of the entire shelter population that year.²¹⁵

Table 4 B:

Breakout of NYC DV Hotline Callers Placed in DV Emergency Residential Shelter by Gender (2009)

Gender & Gender Identity	Number of Shelter Clients by Gender	Shelter Clients: Gender Proportion Within the Entire Shelter Population	Number of Shelter Clients Placed by the NYC DV Hotline by Gender	Shelter Clients Placed by the NYC DV Hotline: Gender Proportion within the Entire Shelter Population
Men	54	1.2%	26	0.6%
Transgender Men (F to M)	----	----	----	----
Transgender Women (M to F)	----	----	----	----
Women	4,369	98.8%	2,781	63%
Total	4,423	100%	2,807	63.6%

²¹⁵ It is assumed that those callers who were referred to shelter by the NYC DV Hotline in 2009 were actually placed in shelter in 2009. The statistics for Table 4 B are from Safe Horizon (2009 a) and from the NYC Human Resources Administration (2009 - 2010 c)

B. Male Demographics

Tables 5 through 8 compare the ethnicity and parental status of male and female clients in DV emergency residential shelters in 2009 and 2010. Also provided is corresponding demographic data for men in DV emergency residential shelter during these same years (Tables 5 - 8).

5. Ethnicity & Parental Status 2009: Men & Women in NYC DV Emergency Residential Shelters: Table 5

The description for Table 5 is included below with the description for Table 6.

6. Male Demographics 2009 in NYC DV Emergency Residential Shelters: Table 6

Of the 54 men in shelter in 2009, approximately two-thirds were black (57%), just above one-third were Latino (35.2%) and the minority of men were white, just above five and a half percent (5.6%), (Table 5a). When comparing the ethnic breakdown of male clients to female clients in shelter in 2009, the percentage of black men to all men in shelter (57.4%) was approximately the same as the percentage of black women to all women in shelter (54.7%), a ratio of one to one (1:1) (Table 5c). Likewise the percentage of Latino men to all men in shelter (35.2%) was about the same as the percentage of Latino women to all women in shelter (36.9%), also a ratio of one to one (1:1). Conversely, the percentage of white men to all men in shelter (5.6%) was more than the percentage of white women to all women in shelter (3.8%), a ratio of one and a half to one (1.5:1) (Table 5c). No self-identified Asian or Pacific Islander men or Native/Alaskan men were in shelter in 2009 (Table 5a). The majority of men were American citizens/legal residents (93%), and the minority were legal immigrants/aliens (6%) and undocumented persons (2%), (Table 6). The majority of men (65%) fell within the age range of 25 to 44 with a substantial minority in their early 20s (19%), and smaller minorities either in their late teens (9%) or 45 or older (7%), (Table 6). More than half of the men presented to shelter with children (59%), while less than half presented as "single" without children (41%), (Table 5b). Amongst the men with children (59%), the majority (81%) presented with 1 or 2 children, while the minority (19%) presented with 3 or more children (Table 6). Finally, of the men for whom 2009 educational data was available (82%), the majority of them (82%) had either completed the 12th grade, were high school graduates, or had some college/graduate school, while the minority, (18%), had less than a 12th grade education (Table 6).²¹⁶

²¹⁶ The statistics for Tables 5 and 6 are from the NYC Human Resources Administration (2009 - 2010 d).

Table 5:

Ethnicity & Parental Status: Men & Women in NYC DV Emergency Residential Shelters (2009)

Total Individuals = 4,423 100% of Shelter Population	Females = 4,369 98.8 % of Shelter Population	Males = 54 1.2% of Shelter Population
A. Percentage: Ethnicity	Females	Males
Percentage Black	54.7%	57.4%
Percentage Latino	36.9%	35.2%
Percentage White	3.8%	5.6%
Percentage Asian / Pacific Islander	2.6%	0.0%
Percentage Native / Alaskan Native	0.2%	0.0%
Percentage No Selection	1.0%	1.9%
Percentage Ethnicity Unknown	0.8%	0.0%
Total	100 %	100 %
B. Percentage: Parental Status	-----	-----
Presented to shelter with children	88.4%	59.3%
Presented to shelter without children	11.6%	40.7%
Total	100%	100%
C. Proportional Ratios: Ethnicity & Gender	Calculation	Ratio
Ratio of Black: Males to Females	(F) 54.7 % / (M) 57.4 % = 1.0	(M) 1 : 1 (F)
Ratio of Latino: Males to Females	(F) 36.9 % / (M) 35.2 % = 1.0	(M) 1 : 1 (F)
Ratio of White: Males to Females	(M) 5.6 % / (F) 3.8 % = 1.5	(M) 1.5 : 1(F)

Table 6: **Male Demographics in NYC DV Emergency Residential Shelters (2009)**

Immigration Status		
Description	Number	Percent
Citizen USA/Legal Resident	50	92.6%
Legal Immigrant/Alien	3	5.6%
Undocumented	1	1.9%
Not Available	0	0.0%
Total	54	100.0 %
Age Categories (Heads of Household Only)		
Description	Number	Percent
16 years or younger	0	0%
Between ages 17 and 19	5	9.3%
Between ages 20 and 24	10	18.5%
Between ages 25 and 34	17	31.5%
Between ages 35 and 44	18	33.3%
45 years or older	4	7.4%
Total	54	100.0 %
Family Size (including Head of Household)		
Number of Family Members	Families	Percent
1 – Did not present with children	22	40.7%
2 – Presented with one child	16	29.6%
3 – “ “ two children	10	18.5%
4 – “ “ three children	5	9.3%
5 – “ “ four children	1	1.9%
6 – “ “ five or more	0	0.0%
Total Number of Family Members	54	100.0 %

Education (Heads of Household Only)		
Description	Number	Percent
Not Stated	10	18.5%
Grade 1	1	1.9%
Grade 2	0	0.0%
Grade 3	0	0.0%
Grade 4	0	0.0%
Grade 5	0	0.0%
Grade 6	0	0.0%
Grade 7	0	0.0%
Grade 8	0	0.0%
Grade 9	0	0.0%
Grade 10	4	7.4%
Grade 11	3	5.6%
Grade 12	13	24.1%
H.S Grad	15	27.8%
Trade School	0	0.0%
College 1	2	3.7%
College 2	0	0.0%
College 3	2	3.7%
College Grad	3	5.6%
Grad Student	1	1.9%
Post Graduate	0	0.0%
PH.D / Doctorate	0	0.0%
Not Available	0	0.0%
Total	54	100.0 %

7. Ethnicity & Parental Status 2010:

Men & Women in NYC DV Emergency Residential Shelters: Table 7

The description for Table 7 is included below with the description for Table 8.

8. Male Demographics 2010 in NYC DV Emergency Residential Shelters: Table 8

In 2010 the majority (92%) of the 46 men in DV emergency residential shelter were black and Latino; each of these groups fell just below fifty percent (46%). The minority (8%) were both white males (6%) and one self-identified Asian-Pacific Islander (2%), (Table 7a). When comparing the ethnic breakdown of male clients to female clients in shelter in 2010, the percentage of black men to all men in shelter (45.7%) was about the same as the percentage of black women to all women in shelter (54.4%), a ratio of one to one (1:1) (Table 7c). Likewise the percentage of Latino men to all men in shelter (45.7%) was about the same as the percentage of Latino women to all women in shelter (36.9%), a ratio of one to one (1:1). Conversely, the percentage of white men to all men in shelter (6.5%) was double the percentage of white women to all women in shelter (3.6%), a ratio of two to one (2:1) (Table 7c). The majority of men in shelter were American citizens/legal residents (89%), and the minority were legal immigrants/aliens (4%) and undocumented persons (7%), (Table 8). The majority of men (65%) fell within the age range of 25 through 44, and the minorities were in their early 20s (15%) or were 45 or older (19.6%), (Table 8). In 2010 the majority of the men entered shelter with children (72%) and the minority entered shelter as "single" without children (28%), (Table 7b). Amongst the men with children, (72%), just over two thirds (67%) presented with 1 or 2 children, while one third (33%) presented with 3 or more children (Table 8). Finally, of the men for whom there was 2010 educational data (87%), the majority, approximately two-thirds (65%), had completed the 12th grade or higher (were high school graduates or had some trade/college/graduate school) while approximately one third (35%) had less than a 12th grade education (Table 8).²¹⁷

²¹⁷ The statistics in Tables 7 and 8 are from the NYC Human Resources Administration (2009 - 2010 d)

Table 7:

Ethnicity & Parental Status: Men & Women in NYC DV Emergency Residential Shelters (2010)

Total Individuals = 4,450 100% of Shelter Population	Females = 4,404 99% of Shelter Population	Males = 46 1% of Shelter Population
A. Percentage: Ethnicity	Females	Males
Percentage Black	54.4%	45.7%
Percentage Latino	36.9%	45.7%
Percentage White	3.6%	6.5%
Percentage Asian / Pacific islander	3.0%	2.2%
Percentage Native / Alaskan	0.2%	0.0%
Percentage No Selection	1.0%	0.0%
Percentage Ethnicity Unknown	0.8%	0.0%
Total	100 %	100 %
B. Percentage: Parental Status	-----	-----
Presented to shelter with children	88.9%	72.%
Presented to shelter without children	11.1%	28%
Total	100%	100%

C. Proportional Ratios: Ethnicity / Gender	Calculation	Ratio
Ratio of Black: Males to Females	(F) 54.4 % / (M) 45.7 % = 1.2	(M) 1 : 1.2 (F) or 1:1
Ratio of Latino: Males to Females	(M) 45.7 % / (F) 36.9 % = 1.2	(M) 1.2 : 1 (F) or 1:1
Ratio of White: Males to Females	(M) 6.5 % / (F) 3.6 % = 1.8	(M) 1.8 : 1 (F) or 2:1

Table 8: **Male Demographics in NYC DV Emergency Residential Shelters (2010)**

Immigration Status		
Description	Number	Percent
Citizen USA/Legal Resident	41	89.1%
Legal Immigrant/Alien	2	4.3%
Undocumented	3	6.5%
Not Available	0	0.0%
Total	46	100%

Age Categories (Heads of Household Only)		
Description	Number	Percent
16 years or younger	0	0.0%
Between ages 17 and 19	0	0.0%
Between ages 20 and 24	7	15.2%
Between ages 25 and 34	16	34.8%
Between ages 35 and 44	14	30.4%
45 years or older	9	19.6%
Total	46	100%

Family Size (including Head of Household)		
Number of Family Members	Families	Percent
1 -Did not present with children	13	28.3%
2 -Presented with one child	10	21.7%
3 - " " two children	12	26.1%
4 - " " three children	9	19.6%
5 - " " four children	0	0.0%
6 - " " five children	1	2.2%
7 - " " six children	1	2.2%
8 - " " seven or more	0	0.0%
Total Number of Family Members	46	100%

Education (Heads of Household Only)		
Description	Number	Percent
Not Stated	6	13.0%
Grade 1	0	0.0 %
Grade 2	0	0.0 %
Grade 3	0	0.0 %
Grade 4	0	0.0 %
Grade 5	0	0.0 %
Grade 6	2	4.3 %
Grade 7	0	0.0%
Grade 8	0	0.0%
Grade 9	2	4.3%
Grade 10	5	10.9%
Grade 11	5	10.9%
Grade 12	-----	-----
H.S Grad	14	30.4%
Trade School	1	2.2%
College 1	4	8.7%
College 2	4	8.7%
College 3	1	2.2%
College Grad	0	0.0%
Grad Student	1	2.2%
Post Graduate	1	2.2%
PH.D/Doctorate	0	0.0%
Not Available	0	0.0%
Total	46	100.0 %

C. Male Sexual Orientation & Gender Identification

Tables 9 and 10 provide sexual orientation and/or gender identification data respectively for 19%²¹⁸ of the men in DV emergency residential shelters in 2009, and for 26%²¹⁹ of the men in non-residential DV programs in program year September 2009 to October 2010.

9. Sexual Orientation & Gender Identification in a Sub-Set of NYC DV Emergency Residential Shelters: Table 9

Of the 54 men in DV emergency residential shelters in 2009 (Table 1), 10 were served by a subset of 6 DV emergency residential shelters managed by the vendor Safe Horizon²²⁰ (Table 9). Of these 10 men, 3 identified as heterosexual men (30%) and 7 identified as gay men (70%). All 3 of the heterosexual male clients presented to this sub-set of shelters with children while the 7 gay male clients presented without children (Table 9). In addition to these 10 male clients, Safe Horizon DV Emergency Residential Shelters also served 6 transgender men (F-M) and 4 transgender women (M-F) for whom there was no sexual orientation data. The sexual orientation of a transgender man (F-M) would be gay if attracted to men, and heterosexual if attracted to women.²²¹

²¹⁸ Nineteen percent (19%) represents 10 men out of the 54 men who were in DV emergency residential shelters in 2009.

²¹⁹ Twenty-six percent (26%) represents 201 men out of the 770 men who were in non-residential DV programs from September 2009 to October 2010.

²²⁰ Safe Horizon, a current vendor of HRA, previously managed a sub-set of six DV emergency residential shelters from amongst the total 44 shelters that comprised the NYC DV Emergency Residential Shelter System in 2009. All 44 shelters in 2009 were managed by a total of 38 vendors who reported to the NYC Human Resources Administration for fiscal and administrative oversight.

²²¹ The statistics in Table 9 are from Safe Horizon (2009 b).

Table 9:

Sexual Orientation & Gender Identification in a Sub-Set of NYC DV Emergency Residential Shelters (2009)

Sexual Orientation/ Identification	Shelter 1 of Shelter & Dwellings	Shelter 2 of Shelter & Dwellings	Shelter 3 of Shelter & Dwellings	Shelter 4 of Shelter & Dwellings	Shelter 5 of Shelters	Shelter 6 of Dwellings	Number of Men and Transgender Individuals		Percentage of Men and Transgender Individuals
Number of Heterosexual Single Males	0	0	0	0	0	0	0		0
Number of Heterosexual Males with Children	2	0	1	0	0	0	3	30% of 10 men	15%
Number of Gay Single Males	2	3	2	0	0	0	7	70% of 10 men	35%
Subtotal: Men							10		
Number of Transgender Men (F- M)	0	1	1	4	0	0	6	60% of 10 Trans-gender Individuals	30%
Number of Transgender Women (M-F)	0	2	2	0	0	0	4	40% of 10 Trans-gender Individuals	20%
Subtotal: Transgender Individuals							10		
Total	4	6	6	4	0	0	20		100%

**10. Sexual Orientation & Gender Identification in an LGBT Non-Residential DV Program:
Table 10**

Of the 770 non-residential male clients served by the 15 NYC Non-Residential DV Programs from September 2009 to October 2010 (Table 2), 201 of these men, or 26% were seen by the New York City (NYC) Gay and Lesbian Anti-Violence Project.²²² Of these 201 male non-residential clients, 170 or 85% identified their sexual orientation as gay, 6 or 3% identified as bisexual, and 5 or 2% identified as heterosexual. This non-residential program also served 8 transgender men (F-M) for whom there was no sexual orientation data.²²³

Table 10:

Sexual Orientation & Gender Identification in an LGBT Non-Residential DV Program (9/2009 - 10/2010)
NYC Gay and Lesbian Anti-Violence Project

Gender	Number Served	Sexual Orientation	Percent
Female	142	N/A	34%
Male	201	Unknown 19 Gay 170 Bisexual 6 Heterosexual 5 Self Identified <u> 1</u> 201	49% 9.6% 84.9% 2.7% 2.3% <u>0.5%</u> 100%
Transgender Male (F-M)	8	N/A	2.0%
Transgender Female (M-F)	34	N/A	8.0%
Intersex	1	N/A	0.24 %
Not disclosed	28	N/A	7.0%
Total	414	N/A	100%

²²² The New York City (NYC) Gay and Lesbian Anti-Violence Project is a community based non-residential DV program that specializes in providing domestic violence services to the LGBT community. The NYC Gay and Lesbian Anti-Violence Project is one of 12 vendors who manage the 15 programs that comprise the NYC Non-Residential DV Program System. Vendors report to the NYC Human Resources Administration for fiscal and administrative oversight.

²²³ The statistics in Table 10 are from the NYC Human Resources Administration (9/2009 – 10/2010 b) and from the NYC Gay and Lesbian Anti-Violence Project (9/2009 – 10/2010).

D. Proportion of the NYC DV System Serving Male Clients

In years 2009 and 2010, six (6) of the 44 DV emergency residential shelters, and 3 of the 15 non-residential DV programs served proportionally more male clients than did their emergency residential shelter and non-residential program counterparts.

11. Comparing Shelter Type for Proportion of Men Served in NYC DV Emergency Residential Shelters: Table 11

In 2009 there were 44 DV emergency residential shelters in the NYC Domestic Violence Shelter System managed by vendors who report to the NYC Human Resources Administration for fiscal and administrative oversight. While all 44 shelters served the predominant population of female clients, in 2009 a sub-set of 6 shelters managed by the vendor Safe Horizon served proportionally more men, or specifically 3 male clients for every 2 served by the remaining 38 shelters. The 6 Safe Horizon Shelters together comprised 14% of the shelter system and served 19% of the male clients, while the remaining 38 shelters comprised the majority of the system (86%) and served 81% of the male clients. The Safe Horizon Shelters were able to accommodate proportionally more male victims, in part, due to their collaborative exchange of expertise and services with the NYC Gay and Lesbian Anti-Violence Project which consequently broadened the range of victims served.²²⁴

²²⁴ The statistics in Table 11 are from both the NYC Human Resources Administration (2003-2010 a) and from Safe Horizon (2009 b).

Table 11:

Comparing Shelter Type for Proportion of Men Served in NYC DV Emergency Residential Shelters (2009)

NYC Comparison of Safe Horizon DV Shelters to All Other DV Shelters

NYC DV Emergency Shelter System	Safe Horizon Shelters	All Other Safe Shelters
Total Number of Shelters ²²⁵	6 of 44	38 of 44
Percentage of Shelter System	6/44 = 14%	38/44 = 86%
Total Number of Men per Year	10 of 54	44 of 54
Percentage of Men per Year	10/54 = 19%	44/54 = 81%
Proportion of Men per Year	19% /14% = 1.36	81% /86% = 0.94

Proportional Ratio: Shelter Type & Proportion of Men Served	Calculation
Safe Horizon Shelters compared to All Other Shelters	1.36/0.94 = 1.5
Ratio	1.5:1 = or approximately 3:2

²²⁵ The total shelter system provided 2,208 beds; of this total, Safe Horizon contributed 472 beds and the remaining 38 shelters combined contributed the remaining 1,736 beds.

12. Comparing Program Type for Proportion of Men served in NYC Non-Residential DV Programs: Table 12

In program year September 2009 to October 2010, the 15 NYC Non-Residential DV Programs together provided services to men who comprised an estimated average of two percent (2.3%) of all non-residential clients receiving services monthly, and an estimated average of two percent (2.3%) of all non-residential clients served that year (Table 2). While 12 of the 15 non-residential DV programs provided services to the predominant population of female victims, 3 programs served proportionally more males in addition to serving females. One of the 3 programs, the New York City (NYC) Gay and Lesbian Anti-Violence Project specializes in domestic violence services to the LGBT community. The other two programs, Safe Horizon and the Violence Intervention Program, were both recipients of LGBT domestic violence training provided by the NYC Gay and Lesbian Anti-Violence Project. In program year September 2009 to October 2010, Safe Horizon, the NYC Gay and Lesbian Anti-Violence Project and the Violence Intervention Program together comprised 20% of the non-residential DV program system and served 91%²²⁶ of the male clients seen that year. By comparison the remaining 12 programs comprised 80% of the non-residential DV program system and served 9% percent of the male clients served that year.²²⁷

²²⁶ Of this ninety-one percent (91%), Safe Horizon served forty-six percent (46%), the NYC Gay and Lesbian Anti-Violence Project served twenty-six percent (26%), and the Victim Intervention Program served nineteen percent (19%).

²²⁷ The statistics in Table 12 are from the NYC Human Resources Administration (9/2009 – 10/2010 b).

Table 12:

Comparing Program Type for Proportion of Men Served in NYC Non-Residential DV Programs (9/09-10/10)

Comparison of three NYC Non-Residential DV Programs (Safe Horizon, the NYC Gay and Lesbian Anti-Violence Project and the Violence Intervention Program) to All Other DV Programs

The NYC Non-Residential DV Program System	Three (3) Non-Residential DV Programs: 1) Safe Horizon (SH) 2) NYC Gay & Lesbian Anti-Violence Project (NYC AVP) 3) Violence Intervention Program (VIP)	All Other Non-Residential DV Programs
Total Number of Non-Residential DV Programs	3 out of 15	12 out of 15
Percentage of the Non-Residential DV Program System	3/15 = 20%	12/15 = 80%
Total Number of Men²²⁸ per Year	S.H. = 355 AVP = 201 VIP = <u>146</u> = 702 out of 770	68 out of 770
Total Percentage of Men per Year	S.H. = 46% AVP = 26% VIP = <u>19%</u> = 91%	9%
Proportion of Men per Year	91%/20% = 4.55	9%/80% = 0.11

Proportional Ratio: Program Type & Proportion of Men Served	Calculation
1) SH; 2) AVP; 3) VIP Non-Residential DV Programs compared to all other Non-Residential DV Programs	4.55/0.11 = 41
Ratio	41:1

²²⁸ Self-identified transgender men (F-M) are not included in this headcount of men in non-residential DV programs: See Tables 3A and 3B for self-identified transgender men (F-M) in non-residential DV programs.

2. Statistical Summary

A. Male Demographics in DV Emergency Residential Shelter:

In years 2009 and 2010 there were 54 men and 46 men respectively in shelter, the majority of whom were men of color (black and Latino) and the minority of whom were white (Tables 5A and 7A). In both years the proportional ratios of men of color to women of color in shelter were the same, a ratio of one to one (1:1). For whites, however, there were proportionally more white men in shelter than white women reflected in the ratios of one and a half to one (1.5:1) in 2009, and two to one (2:1) in 2010 (Tables 5C and 7C). In 2009 and 2010 the majority of men in shelter were American citizens or legal residents and fell within the age range of 25 to 44 (Tables 6 and 8). The majority of males (black and Latino) presented to shelter with children (Tables 5B and 7B) and had completed the 12th grade or higher (were high school graduates, or had done some trade/college/graduate school) (Tables 6 and 8).

B. Male Representation amongst DV Hotline Callers and in the DV Emergency Residential Shelter System:

In 2009, 421 men comprised approximately four percent (3.8%) of all callers to the NYC Domestic Violence Hotline who specifically requested shelter that year: Of these 421 male callers, 26 men or six percent (6%) were placed in shelter (Table 4A) and they comprised just under half of the 54 male clients who were in the shelter system that year (Table 4B). Overall, in years 2003 through 2010, men comprised approximately one percent (1%) of the domestic violence emergency residential shelter population with variability seen from an eighth of one percent (0.8%) to one and a half percent (1.5%) ²²⁹ (Table 1).

C. Male and Transgender Representation in Non-Residential DV Programs:

In program year September 2009 to October 2010, 770 men received non-residential program services from amongst the total 15 NYC Non-Residential DV Programs: Men thereby comprised an estimated average of two percent (2.3%) of all non-residential clients served on a monthly basis, and an estimated average of two percent (2.3%) of all non-residential clients served that program year (Table 2). Additionally, 44 transgender individuals were served by non-residential DV programs and they comprised an estimated average of a thirteenth of one percent of all non-residential clients seen that same program year, (September 2009 to October 2010) (Table 3A). Eight (8) Transgender men (F-M) were the minority relative to thirty-six (36) transgender women (M-F), a ratio of one to five (1:5) or 1 transgender man for every 5 transgender women (Table 3B). The NYC Gay and Lesbian Anti-Violence Project served 95% of the

²²⁹ Subsequently in 2011, 76 men comprised one and six tenths of a percent (1.6%) of the shelter population, in 2012, 70 men comprised one and five tenths of a percent (1.5%) of the shelter population and in 2013, 74 men comprised one and seven tenths of a percent (1.7) of the shelter population (NYC Human Resources Administration, 2011-2013 e).

transgender population (42 of 44 individuals), and the Safe Horizon and Barrier Free Living Non-Residential DV Programs together served the remaining 5% (2 of 44 individuals or 1 transgender client each) (Table 3B).

D. Sexual Orientation and Gender Identification in a Segment of the NYC DV System:

In the NYC DV Emergency Residential Shelter System sexual orientation data was available for 10 of the 54 men in shelter in 2009. The majority of the 10 men were gay and the minority were heterosexual (Tables 1 and 9). Also in the shelter system gender identity data was available for 10 self-identified transgender individuals, 6 of whom were transgender men (F-M) and 4 of whom were transgender women (M-F) (Table 9).

In the NYC Non-Residential DV Program System, sexual orientation data was available for 201 men (or 26%) of the 770 men served by the 15 NYC Non-Residential DV Programs from September 2009 to October 2010. The majority were gay and the minority were bisexual and heterosexual (Table 10).²³⁰ Also in the non-residential DV program system, gender identity data was available for 44 self-identified transgender individuals, 36 or the majority of whom were transgender women (M-F) and 8 or the minority of whom were transgender men (F-M) (Table 3A).

E. Proportion of the NYC DV System Serving Male Clients:

In the NYC DV Emergency Residential Shelter System the Safe Horizon subset of 6 shelters served 3 men for every 2 served by the remaining 38 shelters that comprised the shelter system in 2009 (Table 11). In the NYC Non-Residential DV Program System 3 of the 15 programs, Safe Horizon, the NYC Gay and Lesbian Anti-Violence Project and the Violence Intervention Program, together served 91% of the male clients seen from September 2009 to October 2010. By comparison the remaining 12 non-residential DV programs served 9% of the male clients seen that program year (Table 12). Additionally the NYC Gay and Lesbian Anti-Violence Project served all 8 of the transgender male (F-M) clients seen in the non-residential DV program system in program year September 2009 to October 2010 (Table 3B).

²³⁰ The 201 men for whom there was sexual orientation data were clients of the NYC Gay and Lesbian Anti-Violence Project's Non-Residential Program. Apart from the NYC Gay and Lesbian Anti-Violence Project, partial sexual orientation data was available for the male clients in the Violence Intervention Program (Table 2, program # 4). The Violence Intervention Program provided non-residential DV program services to 146 men, 14 or 10% of whom identified as Gay. Unavailable, however, was the sexual orientation of the remaining 132 men who comprised 90% of the male clients in the Violence Intervention Program. This incomplete sexual orientation data from the Violence Intervention program could therefore not be included in the above discussion for program year September 2009 to October 2010.

3. Statistical Conclusion

In 2009 approximately four percent (3.8%) or 421 of the NYC Domestic Violence Hotline callers who requested shelter that year were men: Six percent (6%) or 26 of these male hotline callers were subsequently placed in DV emergency residential shelter (Table 4A) and accounted for approximately half of the 54 male clients in shelter that same year (Table B). These 54 male clients were one percent (1.2%) of the entire shelter population, while the subset of the 26 male clients who had been placed in shelter by the NYC Domestic Violence Hotline comprised one-sixth of a percent (0.6%) of the entire shelter population that year (Table 4 B). Overall, from years 2003 to 2010 men comprised an average of one percent (1.1%) of all clients in the DV emergency residential shelter system (Table 1) and in program year September 2009 to October 2010, men comprised an estimated average of two percent (2.3%) of all clients in the non-residential DV program system (Table 2).

IV. Considerations for Male Domestic Violence Victims Seeking Services

1. Challenges

Male victims of domestic violence experience a number of challenges when seeking services. Friends, family, coworkers and others may be unaware that men can be victims of domestic violence, or may be unsympathetic or even condemning, stemming from the image of the “strong male.” Men with children may stay with an abusive partner based on the fear that they may lose custody: Domestic violence victims have historically been reluctant to involve the legal system. Male victims may be concerned that they won’t be believed, or that they may face additional humiliation from the abusive partner, or that such legal involvement will publicize their personal history of having been abused. Shame and embarrassment are therefore primary issues for both male and female victims.

Domestic violence information and services are most often intended for women. Outreach in the form of educational campaigns is primarily directed toward women to raise awareness about available domestic violence services. Where gender neutral language is used, the general assumption by many domestic violence service providers and by most audiences is that the message is intended for women. Also for some service providers, the scarcity of supportive services, their lack of experience and/or their own biases may have undercut their capacity to aid male victims. It must be acknowledged, however, that there are service providers who not only recognize male victims of domestic violence, but who go above and beyond to advocate for their aid and support. Heterosexual men are nonetheless reasonable to assume that many service providers are not able or willing to serve men. Male victims may have their concerns validated if police or service providers comment about their manhood, or convey disbelief, ridicule or derision. When a man calls a domestic violence hotline, it is often the service provider’s experience and potentially their

assumption that he may be posing as a victim in order to enter the domestic violence system to locate a female victim. With training,²³¹ however, hotline counselors can come to more readily distinguish male perpetrators from male victims. For counselors who provide hotline support to male callers of domestic violence, the next obstacle is to find DV emergency residential shelters or non-residential DV programs to which they can refer men. This hurdle may be more a matter of funding and program design than intended or unconscious discrimination against male victims of domestic violence.

Gay, bisexual and transgender (GBT) men are likely to assume that services will not be welcoming or accepting. Battered GBT men largely seek services from lesbian, gay, bisexual and transgender (LGBT) organizations, social service agencies, and individual counselors trained to help victims in the context of heterosexism, bi-phobia, transphobia and personal trauma. For men of all sexual orientations and gender identities most barriers can be overcome with the aid of knowledgeable providers in cooperation with informed victims/survivors.

2. A Model of Inclusion in NYC: Our Findings

According to the *1993-2008 National Crime Victimization Survey (NCVS, 2009)*, 15% of all abuse victims in 2008 were men. In comparison to this 2008 national statistic, in 2009, an estimated 2.2% of all NYC victims receiving both DV emergency residential shelter services and non-residential DV program services were men.²³² As such the estimated proportion of NYC male domestic violence victims receiving services was much less than the national estimate of victims presumed to be male, 2.2% versus 15%.²³³ Also, in 2009 the requests for shelter from male NYC Domestic Violence Hotline callers were higher than their placement into shelter, as was the case for female callers. Of the 421 male callers to the NYC Domestic Violence Hotline who specifically requested DV emergency residential shelter in 2009, 26 men or six percent (6%) were placed in shelter; these male callers comprised approximately half of all of the men in shelter (54) and one percent (1.2%) of all of the individuals in shelter in NYC that year (4,423) (Tables 4A and 4B). Of the 10,642 female callers who requested DV emergency shelter in NYC in 2009, just under three thousand (2,781) or 26% were placed in shelter; these female callers comprised approximately two-thirds (63%) of all women in shelter (4,369) and 98.8% of all of the individuals in shelter that year (4,423) (Tables 4A and 4B).

²³¹ See the "Recommended Training Goals" provided in Appendix C.

²³² 2.2% is derived from the total number of men served (54+770=824) divided by the total number of victims served (4,423+32,844=37,267) which equals 2.2%: Fifty-four (54) men comprised one and two tenths of a percent (1.2%) of all clients (4,423) receiving DV emergency residential shelter services in 2009 (Table 1) and 770 men comprised an estimated two and three tenths of a percent (2.3%) of all 32,844 clients estimated to have received non-residential DV program services in program year 9/2009 - 10/2010 (Table 2).

²³³ Catalano et al., 2009

In 2009 there were 44 emergency residential shelters in the NYC Domestic Violence Shelter System. Based on policy and practice factors the 6 DV emergency residential shelters managed by the vendor Safe Horizon served proportionally more male clients that year than did the remaining 38 shelters (3 men for every 2 served by the latter).²³⁴ In addition to serving female clients, Safe Horizon shelters were able to accommodate men based on three factors: One factor was the collaborative relationship established in 2003 between Safe Horizon and the New York City (NYC) Gay and Lesbian Anti-Violence Project (AVP) in which AVP serves as a referral source for eligible LGBT clients to Safe Horizons shelters and also provides Safe Horizon staff with LGBT sensitivity and competency training (detailed below). Two additional factors were conducive to Safe Horizon accommodating proportionally more male clients: Safe Horizon's policy toward accepting both single adults with no children as well as those with children, and space that accommodated multiple single beds placed in one unit that could be shared by consenting single adults without children. These latter two factors facilitated the inclusion of male clients who, relative to female clients, more often present to shelter without children.²³⁵

The Safe Horizon/NYC Gay and Lesbian Anti-Violence Project collaboration is a model of inclusion which consists of a formal linkage that has provided an exchange of expertise and services to broaden the range of victims served. Safe Horizon provided access to DV emergency residential shelter beds and the NYC Gay and Lesbian Anti-Violence Project provided LGBT training and unique expertise in the assessment of domestic violence in both same-sex relationships and in relationships involving transgender individuals. The NYC Gay and Lesbian Anti-Violence Project conducted LGBT sensitivity/competency training and case conferencing for Safe Horizon which included the review of the tool *Screening and Assessment to Distinguish Victims and Perpetrators of Lesbian, Gay, Transgender and Bisexual (LGTB) Domestic Violence*.²³⁶ This tool is used to help avoid the mistake of referring perpetrators rather than victims to DV emergency residential shelter:²³⁷ When used by a properly trained provider, the tool can elucidate the underlying power dynamic of a relationship to reveal power imbalances through which one partner may systematically control the other, regardless of gender. This approach is helpful in the assessment of same-sex relationships in which the individual's gender cannot be relied upon to help determine victim or perpetrator status. In

²³⁴ The 6 Safe Horizon Shelters served 10 of the 54 men in shelter in 2009 while the remaining 38 shelters served the 44 remaining men in shelter that year: Safe Horizon Shelters thereby served 3 men for every 2 that were served by the remaining 38 shelters (Table 11).

²³⁵ When comparing men and women, men more often presented to shelter as single without children, however, when looking at men alone, men more often presented to shelter with children than without children in years 2009 and 2010 (Tables 5B and 7B).

²³⁶ Dolan-Soto, 2000: Dolan-Soto, a licensed clinical social worker and the former Director of Client Services for the NYC Gay and Lesbian Anti-Violence Project (2001-2007) is the author of this screening and assessment tool (located in Appendix B).

²³⁷ There have been heterosexual male perpetrators who pose as victims to enter shelter to gain access to the women they have victimized.

heterosexual relationships in which perpetrators are predominantly male and victims female, this tool may also be helpful in identifying atypical heterosexual domestic violence in which the man is the victim and the woman the perpetrator. As such the NYC Gay and Lesbian Anti-Violence Project training that facilitates the identification of victims of domestic violence in same-sex relationships may also facilitate the identification of atypical victims such as heterosexual men.

Safe Horizon's commitment to broaden the range of victims served in NYC was evident in their non-residential DV program as well as in their DV emergency residential shelters. Safe Horizon along with another non-residential DV program, the Victim Intervention Program, served proportionally more male clients in addition to serving the predominant population of female clients. Both of these non-residential programs received LGBT training from the NYC Gay and Lesbian Anti-Violence Project. Together, Safe Horizon, the Violence Intervention Program and the NYC Gay and Lesbian Anti-Violence Project formed a minor portion of the non-residential DV program system (20%), yet served the majority of non-residential male clients (91%) seen in program year September 2009 to October 2010.²³⁸ This outcome appears to have resulted in part from the clinical LGBT sensitivity/competency practices implemented by these programs in the non-residential DV program setting.

In the DV emergency residential shelter setting the factors that appeared to have contributed to Safe Horizon shelters having served proportionally more male clients than the remaining shelters were their modified policy and facility accommodations for single adults, the referral source of LGBT clients from an LGBT non-residential DV program, and the receipt of clinical LGBT sensitivity/competency training.

In summary, the increase in opportunity for male victims of all sexual orientations and gender identities to receive both DV emergency residential shelter and non-residential DV program services appears to have been facilitated by the following two factors; 1) the commitment to serve male clients through a formal linkage engaging capacity and complementary expertise between mainstream and LGBT DV service organizations, and 2) the clinical assessment of underlying power differentials that help clarify victim/perpetrator status in intimate relationships independent of gender.

²³⁸ Of the 91%, Safe Horizon served 46%, the NYC Gay and Lesbian Anti-Violence Project served 26% and the Violence Intervention Program served 19% (Table 12).

MALE VICTIMS OF DOMESTIC VIOLENCE

PART TWO



DESK REFERENCE

I. Introduction

This desk reference is a pullout guide and resource recommended for use when providing services to male victims of domestic violence. This desk reference offers both clinical and administrative guidelines and is divided into two sections: The first section entitled “Dynamics of Male Victimization” provides the reader with a clinical understanding of the unique issues faced by male victims of all sexual orientations and gender identities.²³⁹ The second section, “Practice Guidelines” offers best practice recommendations for assisting male victims in all phases of their journey through the New York City domestic violence system.

II. Dynamics of Male Victimization: Our Findings²⁴⁰

Heterosexual male victims share many commonalities with their female counterparts: Male victims are frequently embarrassed and ashamed about having been abused. Also, as a result of the abuse, men, like women, can become isolated and/or more concerned about their abusers than themselves. Both male and female victims may be hesitant to involve police or the courts for fear of retaliation from their abusers, possible loss of child custody, loss or destruction of personal property, exposure as a victim of abuse to friends, family, employers, etc. While all victims/survivors of domestic violence share a core experience of abuse at the hands of an intimate partner, there are differences in how intimate partner violence may affect men.

When considering men victimized by intimate partners several trends emerged:

- The abusive partner tends to target the victim’s masculine identity regardless of his sexual orientation.²⁴¹
- Men may frequently experience shame rather than fear.

²³⁹ Unless service providers and readers already possess knowledge in the area of sexual orientation and gender identity, it is likely that the “Terms and Definitions” provided in Appendix A will be essential to understanding the material presented. *It is recommended that Appendix A be used as a reference throughout this document.*

²⁴⁰ The NYC Men in Safe Shelter Advisory Committee convened monthly for 8 months (from 2007 to 2008) to explore the phenomenon of male victims as an emerging demographic in the NYC Domestic Violence System. Selected readings, audio-visual information, and clinical case conferencing materials were reviewed and discussed in order to both conceptualize male victimization and to clarify the gender specific needs of male victims of all sexual orientations and gender identities. Based on this assessment the Committee identified reasonable accommodations that could be made clinically, programmatically and administratively to integrate men into the domestic violence system without jeopardizing the quality of service currently provided to women who constitute the vast majority of domestic violence victims.

²⁴¹ Cruz, 2003; Syzmanski, 2008

- Men may minimize the impact of the abuse.
- For men substance use or abuse can be seen as a socially acceptable outlet for emotions.
- Men may be reluctant to seek help and when they do they may face disbelief and bias.
- There are fewer services available for male victims and therefore social service staff will need to be more involved in advocacy.

Below we discuss our findings and the themes that emerged from our exploration into the domestic violence victimization of heterosexual, gay, bisexual and transgender men.

1. Understanding how Heterosexual Men may become Victims of Domestic Violence by Female Partners

Heterosexual men can become victims of domestic violence despite the physical, social and material status advantages they hold relative to women in society. These advantages (physical strength and patriarchy) account for why men comprise both the minority of domestic violence victims, and the majority of domestic violence perpetrators. Nonetheless, in the case of men abused by women, those squarely on the subordinate side of a fixed imbalance of power, we have found that these men *did not* fight back when assaulted by their female partners. Men victimized by their female partners tended to believe that “men should never hit women under any circumstance.”²⁴² Their abusive partners, however, seemingly interpreted this stance as a passive, non-manly response deserving of abuse.²⁴³ Patriarchy poses no inherent contradiction to heterosexual men’s victimization by female partners who may be acting out their own internalized sexism or patriarchal beliefs; for instance, “if I hit him and he doesn’t hit me back he’s not a real man.”

²⁴² We do not consider men to be victims if they fight back against their female abusers beyond essential self-protection. By comparison, female victims who fight back and engage in “violent resistance” against male abusers are considered victims as are male victims in same-sex relationships who fight back against their male abusers. For male victims physically abused by female partners, however, it is our opinion that these men are victims only if they do *not* fight back (beyond essential self-protection). Unlike female victims who on average have less physical strength than men, and male victims of same-sex partners who are at least of equal potential strength, heterosexual men victimized by female abusers, as a group, still maintain the advantage of superior strength. If they chose to use this advantage in response to their female partners’ assaults, their status as a potential victim becomes complicated, i.e., is he a victim of unilateral power and control, or a participant in a mutually abusive dynamic? The tool provided in Appendix B, the “*Screening and Assessment to Distinguish Victims and Perpetrators of Lesbian, Gay, Transgender and Bisexual (LGTB) Domestic Violence*,” (Dolan-Soto, 2000) could theoretically identify whether a man in a heterosexual relationship is the victim of a female partner regardless of whether or not he fights back. Until such assessments and accompanying research become well established, however, we think it safe to remain restrictive in our definition of male victimization by female partners until more is known about this population.

²⁴³ Cook, 1997

A. Emasculation & Humiliation

Exploration into the heterosexual male's experience of victimization by women revealed the following themes of emasculation and humiliation:

- i. Their 'manhood' was the focus of denigration through tactics such as physical and verbal abuse, attacking male genitalia, and the repetitive use of the word 'faggot,' seemingly the verbally abusive equivalent of 'bitch.'²⁴⁴
- ii. When physical abuse was present, it was *unilateral*, not mutual. When heterosexual men are physically assaulted by female partners they may or may not fight back. Those men who do not fight back (beyond essential self protection) are those whom we consider victims. Clinical reports²⁴⁵ thus far offer the following reasons for why some men *do not* fight back; the belief that men should never hit women, fear of hurting women due to superior strength,²⁴⁶ fear of losing their children²⁴⁷ and/or fear of arrest.²⁴⁸
- iii. When heterosexual men do not leave their abusive female partners, cyclic abuse appears to result in the feelings of humiliation and emasculation²⁴⁹ that the female partner seemingly intends to instill.
- iv. This emphasis on humiliation and emasculation by female abusers stands in contrast to the abuse typically inflicted upon women by men: Abuse by men is more often targeted at women's self esteem globally, with no clear cut emphasis on femininity. Women's abuse of men, however, appears to particularly target their masculine identity. Furthermore, women's abuse of men seems intended to induce humiliation, whereas men's abuse of women appears primarily intended to induce fear even though tactics to humiliate may also be used.

B. Shame over Fear

Male victims appear less likely to express, recognize or acknowledge fear²⁵⁰ and rarely perceive women as frightening in violent situations.²⁵¹ This must be contextualized within the reality that male victims are rarely stalked and/or murdered for leaving abusive female partners;²⁵² fear for one's life is therefore less of an issue for heterosexual male victims overall. Nonetheless, men who stay with their female abusers are real

²⁴⁴ Cook, 1997

²⁴⁵ Cook, 1997; Migliaccio, 2002

²⁴⁶ Hamel, 2005

²⁴⁷ Cook, 1997

²⁴⁸ Hamel, 2005

²⁴⁹ Cook, 1997

²⁵⁰ Migliaccio, 2002

²⁵¹ Foster, 2005 cites Morse, 1995

²⁵² Campbell, 2003 and 2007

targets for injury. In contrast to male abusers who most often use their hands, female abusers more often use weapons to compensate for their relative physical strength.^{253 254 255} In this context a male victim is likely to minimize or deny the actual or potential danger of such a situation because of the social pressure and cultural training to deny feelings of vulnerability.²⁵⁶ For men abused by female partners shame rather than fear appears to be the predominant emotion. Men are expected by society to be stronger than their wives and have been expected historically to control their wives; shame and humiliation may therefore result from failing to live up to this societal expectation when a husband is controlled and dominated by his wife.²⁵⁷ Another aspect of shame that heterosexual male victims report is feeling demeaned by their wives or female partners in front of their children,²⁵⁸ and finally, abused men, like abused women, often stay because of their children.²⁵⁹

²⁵³ Cook, 1997

²⁵⁴ This assertion is consistent with the following findings discussed below and provided in Table 13 (Appendix D): In the Tjaden and Thoennes (2000a) analysis of the 1995-1996 CDC Survey (*VAWS, 2000*) data, the category of physical assault was broken down into ten sub-types of physical assault (i.e., "slapped/hit" was one sub-type versus "pushed/grabbed/shoved" which was another, etc.). In their analysis of the physical assault data the authors included a comparison of how many more times a woman versus a man was likely to report each assault sub-type based on the number who had endorsed having experienced each assault sub-type by a current or former marital/opposite sex cohabitating partner at some point in their life. The following assault sub-types of "beaten up" and "choked/tried to drown" evidenced the greatest difference between the genders as women were 17 (16.8) times more likely to report having been beaten up compared to men and 12 times more likely to report having been choked or the victim of an attempted drowning compared to men. Conversely, the "hit with object" and "used knife/gun" assault sub-types evidenced the least difference between the genders; women were only one and a half times (1.5) times more likely to report having experienced each of these assaults compared to men. The assaults that women experienced 17 and 12 times more often than men, those of being "beaten up" and "choked /tried to drown" involve the use of hands and fists, while the assaults that woman experienced only twice as often as men, those of "hit with object" and "used knife /gun" involve the use of objects as weapons and the use of real weapons, such as a knives and guns, that women may use to more effect than their hands or fists.

²⁵⁵ This assertion is also consistent with the following 2010 CDC Survey (*NSVS, 2011*) finding that women outnumbered men as victims of all "severe physical assault" types as measured to a lesser extent, however, in the category of "used a knife or gun" which was the assault of least difference between the genders: Compared to men, women were nine times (8.8) more often "choked/suffocated (9.7 vs. 1.1), four times (4.3) more often beaten (11.2 vs. 2.6), and two (1.8) times more often purposefully burned (1.1 vs. 0.6) but women were only one and a half (1.6) times more likely to have had a knife or gun used on them (4.6 vs. 2.8) thus representing the assault of least difference between the genders. (Black et al., 2011: Table 4.7, p.44 and Table 4.8, p. 45).

²⁵⁶ Hamel, 2005

²⁵⁷ Hamel, 2005

²⁵⁸ Cook, 1997

²⁵⁹ Cook, 1997; Hines & Malley-Morrison, 2001

C. Staying versus Leaving

While heterosexual male victims of domestic violence are less often trapped in abusive relationships by the threat of death,²⁶⁰ they report feeling that they can't leave due to their emotional connection to and sense of financial responsibility for their children.²⁶¹ Apart from children, and according to clinical reports, men stay for many of the same reasons that women stay: Fear that their partner's violence may escalate if they leave, shame, denial, reluctance to give up the good aspects of the relationship, love, belief in the partner's promises to change, and also like women, men may leave when they realize that their partner is not going to change.²⁶²

D. Considerations when Working with Heterosexual Male Victims of Domestic Violence

- i. Male victims may not feel at ease in a predominately female-staffed organization after having been abused and dominated by a woman.
- ii. Provide opportunities for male victims to break through gender socialization silences by connecting with male staff and/or with other male victims.
- iii. Provide access to group counseling. This is a key point for service provision: The recovery of male victims is better achieved through group counseling than through individual counseling.

2. Understanding how Gay, Bisexual and Transgender Men may become Victims of Domestic Violence

When serving gay, bisexual and transgender men, distinguishing victims from perpetrators can be achieved only through assessing the underlying dynamics of the abuse to determine who may actually hold unilateral power.

- Same sex abusers, and abusive partners of transgender victims reinforce their power by reminding their victimized partners that society is un-accepting and even intolerant of who they are. In an 'us versus them' understanding of the world, victims may fear losing the abusive partners who may be their main or only refuge.
- Gay, bisexual and transgender male victims are often aware that seeking outside support may come with unwanted consequences, such as bias or physical harm from the very service providers and law

²⁶⁰ Gauthier & Bankston, 2004

²⁶¹ Cook, 1997

²⁶² Flor, 2011; Migliaccio, 2002

enforcement personnel charged with serving them.²⁶³ This scenario can also apply to “men who have sex with men”²⁶⁴ who do not identify as gay or bisexual (discussed below).

A. Multiple Oppressions: Sexism, Heterosexism, Classicism, Racism, Ableism, Ageism, etc.

Social structure dictates that individuals may be faced with limits, or more severely with oppressions based on race, education, age, disability, etc. Gender oppression, rooted in patriarchy and sexism, is further affected by race, age, immigration status, socioeconomic standing, etc. For a relationship involving two men, power and autonomy may be similar, and in a healthy relationship essentially equal even when power imbalances exist between them in education, race, class, ableism, etc. In a relationship with an abusive partner, however, power imbalances are exploited unilaterally and the imbalance of power need not be inherently gender based.²⁶⁵ Rather than patriarchy as the only causative context in which to understand domestic violence, it is more accurately the abuser’s focus on exploiting *any* existing power imbalances²⁶⁶ that can unfortunately be chosen from the broad spectrum of multiple oppressions²⁶⁷ listed above. This perspective acknowledges patriarchy and sexism, but further accounts for the correlating oppressions of racism, ageism, ableism, heterosexism, etc. In this context, males of any sexual orientation or gender identity may be at risk for victimization by an abusive partner. For example, a male U.S. citizen would possess the means to coerce, dominate and isolate an illegal immigrant male partner. The act or threat to ‘out’ the partner’s immigration status and sexual orientation (with the possible consequence of deportation) is a compelling means of power and control.²⁶⁸

B. Heteronormativity

Within a structure of heteronormativity, where heterosexuality is thought to be the right or only appropriate form of relationship, a gay man has less standing than a heterosexual man. A same-sex or gay orientation carries stigmatization, which may lead to implied, and actual limits, and ultimately to oppression. Heterosexism is the cultural, institutional and individual beliefs and practices that privilege heterosexuals and subordinate and denigrate gay, bisexual, lesbian, and transgender individuals.²⁶⁹ The term homosexual has been used pejoratively: The use of “gay male” is the preferred term. Biphobia and transphobia

²⁶³ Fountain & Skolnik, 2007

²⁶⁴ Wilson, 2008, p. 3

²⁶⁵ Fountain & Skolnik, 2007

²⁶⁶ There is debate over why abusers abuse; theories on the motivations to abuse include 1) social power and entitlement, 2) social oppression and powerlessness, 3) histories of family violence, and 4) mental health issues such as low self esteem (separate and apart from social status), fear of abandonment, personality disorders and early childhood trauma.

²⁶⁷ Lerner, 2006

²⁶⁸ Fountain & Skolnik, 2007

²⁶⁹ Ohio State’s Gay, Lesbian, Bisexual and Transgender Student Services: Glossary of GLBT Terms

respectively refer to an extreme and irrational fear or hatred of people who challenge sexual behavior (bisexuals) and gender norms (transgender individuals). Just as sexism is used to reinforce subservience of a woman in relationship to an abusive man, heterosexism, homophobia, biphobia and transphobia are societal biases that can be used to gain power and control by one partner over the other.

- i. Heterosexism is conveyed through means as innocuous and pervasive as intake forms, advertisements, service structures, laws, etc. that presume and essentially determine the sexual orientation considered legitimate.
- ii. 'Outing,' the threat or actual non-consensual revealing of sexual orientation, gender identity and other personal information, can result in loss of child custody, housing, employment, deportation, alienation from family and friends, etc.
- iii. Bisexual men who disclose their sexual identity in a heterosexual relationship may be seen as less of a man (not fully heterosexual) and/or may be at risk for a female abuser 'outing' him or stigmatizing him for his previous involvement in same-sex relationships.
- iv. "Men Who Have Sex with Men (MSM)" is the term used to refer to men who have sex with men who do not identify as bisexual or gay. This term is therefore used to describe behavior, not sexual orientation.²⁷⁰ The term "Men Who Have Sex with Men (MSM)" refers to all men who have sex with men, regardless of whether or not they have sex with women, and again, regardless of how they identify their sexual orientation (as heterosexual, bisexual, gay, etc.). For example, some men who exclusively have sex with men may not identify as gay, but may identify themselves using terms such as "Same Sex Gender Loving Men."²⁷¹ In this way they communicate their sexual and/or romantic involvement with men even though they do not identify as gay. Other men who exclusively have sex with men might be considered "men in transition," if they identify as bisexual rather than as gay "to ease [their] anxiety around same sex attraction."²⁷² "Bisexually behaving men" are another subgroup of men who have sex with men but who also have sex with women.²⁷³ While some bisexually behaving men identify as bisexual and disclose their bisexual behavior to their female and male partners, others may identify their orientation as either heterosexual or gay, and may not disclose their bisexual behavior to their partners. Bisexually behaving men appear to come from all ethnic, racial, religious, socioeconomic and political backgrounds, and may not disclose their bisexuality due to the fear of incurring social stigma (bi-phobia) and the consequences of discrimination (heterosexism).

²⁷⁰ Wilson, 2008

²⁷¹ Wikipedia Encyclopedia, 2011a

²⁷² Wilson, 2008

²⁷³ Wilson, 2008

- v. Transgender men may be subject to even greater oppressions than gay and bisexual men. Within a patriarchal and heteronormative society, an individual who challenges gender role identity is at high risk for stigmatization. Transgender men (F-M), although conceivably taking on the “power” role in a male favored system, are not seen as equals by other men, but as “trespassers” deserving of punishment. The 1998 documentary, *The Brandon Teena Story*, recounts the life and death of an American transgender man who was raped and murdered in 1993 in Humboldt, Nebraska.²⁷⁴ As in his case, severe assaults and even murder of transgender individuals have been justified on the pretext that the biological ‘she’ (a transgender F to M individual) did not know ‘her’ gender place in society. In a relationship with a transgender individual, an abusive partner may engage in specific forms of abuse aimed at targeting their gender identity. For example, “using offensive pronouns such as ‘it’ to refer to the transgender partner, ridiculing the transgender partner’s body and/or appearance, telling the transgender partner that they are not a real man or real woman, denying the transgender partner access to medical treatment or hormones, and/or coercing him or her to not pursue medical treatment.”²⁷⁵

C. Considerations when Working with Gay, Bisexual and Transgender Male Victims of Domestic Violence

How does the victim identify his sexual orientation and/or gender identity? What are the pronouns and names preferred by the victim? For individuals whose gender identity is male, the term “men who have sex with men (MSM),” can be used to describe sexual behavior without labeling sexual orientation which should be defined by the victim. A male client may be romantically or sexually involved with anyone of any biology or gender identity despite their stated sexual orientation. As is done with female clients, it should never be assumed that any sexual behavior engaged in by a male client was voluntary. The use of gender neutral language is recommended to create an atmosphere of tolerance that may enable male clients to potentially disclose any same-sex sexual behavior or relationships in which they may be involved.²⁷⁶

- i. To what degree is the victim “out,” or willing to be “out”?
- ii. What are the consequences to the victim’s revealing sexual orientation and/or gender identity in order to access services (i.e., consequences to children, employment, housing, immigration status, etc.).
- iii. What are the social or familial supports available to this victim?
- iv. What services and protections can be accessed based on gender, sexual orientation and gender identity? *Determine if these services are culturally sensitive and safe for the client, or if they pose some additional risks that need to be considered.*

²⁷⁴ Wikipedia Encyclopedia, 2011 b

²⁷⁵ National Coalition Against Domestic Violence, 2008-2011, p. 2

²⁷⁶ The use of gender neutral language is addressed in “Recommended Training Goals” located in Appendix C.

III. Practice Guidelines

Introduction

The hotline is often the first portal to services for prospective clients seeking help for domestic violence. Potential clients are interviewed by hotline counselors. The counselors determine if the caller is most likely a victim of domestic violence, and if so, they assess the apparent level of risk in order to determine the types of services and referrals that are required. Callers appearing to face imminent risk are referred to DV emergency residential shelters while those who do not appear to face immediate risk are first engaged in safety planning and then are referred to non-residential domestic violence programs. Providers of non-residential DV programs interview referred hotline callers to determine their eligibility for their agencies services. Accepted callers become new clients with whom the providers first engage in safety planning and then conduct psycho-social assessments to clarify counseling needs. DV emergency residential shelters and non-residential DV programs then provide information and referrals to and advocate for clients to obtain outside services such as medical services, legal/law enforcement, housing, vocational/employment, public assistance benefits, mental health and childcare services. Best practice recommendations are offered here for both the appropriate assessment and referral of male hotline callers, and for the provision of gender competent approaches to assist male victims in their recovery. Also discussed are agency staffing and training recommendations for providers who serve male clients.

1. Hotline

A. Hotline Contact: Interviewing Male Domestic Violence (DV) Victims

Essential to a male victim's ability to leave an abusive relationship is the assistance and referral information from trained hotline staff who are both sensitive to the needs of this population and aware of suitable resources. Hotline counselors familiar with serving female domestic violence victims but unfamiliar with male victims may be inclined to do the following:

- i. Disbelieve that a man can be a victim of domestic violence
- ii. Conversely accept that a male caller is a victim without screening
- iii. Offer all available support referrals without knowledge of their suitability for male victims

B. Hotline Screening: Eligibility for Referral to Domestic Violence (DV) Services

Hotline interviewers regularly determine the service and support needs for the predominant population of female callers. Expanding services to male victims requires the same approach to clarify whether or not the caller is experiencing domestic violence or another type of violence that requires alternative services. An additional consideration is the necessary attention to any indication that a caller might be a perpetrator of domestic violence rather than a victim. Historically there have been male callers who have posed as victims

to gain entry into domestic violence settings to access female victims. Potential indicators of this agenda may be callers who are vague, demanding or combative. These presentations can also reflect other issues, however, and by themselves should not preclude a referral to domestic violence services if the referral criteria have otherwise been met. The hotline interviewer should communicate any qualities of concern to the service provider's intake unit who will further assess the potential client when contact is made. For this purpose a screening/assessment tool to distinguish victims from perpetrators ²⁷⁷ is provided in Appendix B to supplement current tools or protocols.

i. Is the male caller experiencing DV or another type of intimate partner or interpersonal violence?

Hotline counselors are already familiar with female callers seeking supportive services for types of intimate partner or interpersonal violence that are not domestic violence. As with female callers the hotline interviewer must also clarify with male callers whether or not the reported violence or abuse (physical or non-physical) appears to have occurred within the context of domestic violence. Domestic violence is the dynamic of one partner exerting power and control over the other partner while also perpetuating abusive behaviors that both constitute a pattern, and that, over time result in negative consequences to the subordinate partner.

ii. Is the male caller a victim or perpetrator of domestic violence (DV)?

Although providers of DV emergency residential shelter services and non-residential DV program services will conduct their own assessment to determine appropriateness and eligibility for said services, hotline counselors will need to assess, especially with male callers, and to the degree possible, whether or not a caller is most likely a victim or a perpetrator. Keep in mind that this screening is applicable to every caller, not just male callers, since screening in all cases will facilitate the determination of the most appropriate referrals and services. Also remember that in work with all potential clients, an empathic and compassionate manner should be maintained to avoid possibly re-victimizing those who are already victims. To better assess the validity of a callers' allegation of victimization, hotline interviewers may keep the following questions in mind:

- a. Is the caller vague? Is the caller explicit about his concerns and what he wants, but vague when asked about specific risk or incident details? Victims may be hesitant to trust but when asked are generally able to provide sufficient detail to help a provider determine the appropriate services required. A caller who is able to express a need for services but who cannot seem to offer some description of what led to the need for services is vague. This presentation may indicate that the caller is a perpetrator rather than a victim.²⁷⁸

²⁷⁷ Dolan-Soto, 2000

²⁷⁸ Dolan-Soto, 2000

- b. Is the caller pushy, aggressive or excessively emotional or demanding? Hotline counselors are familiar with female callers who present in this manner and who are thereby difficult to interact with. The reasons for this presentation may include trauma due to abuse, personality issues, substance abuse and/or mental illness. Alternatively, however, this presentation may indicate that the caller is a perpetrator rather than a victim.²⁷⁹

If the caller meets the standard criteria for a referral to domestic violence services their presentation as vague and/or emotionally difficult should not, in and of itself, rule out a referral for services. Again, these qualities should be brought to the attention of the providers' intake personnel to whom the caller is being referred; in this way the provider can further assess the potential client's appropriateness for services when contact is made.

C. Hotline Determination and Referral

If the hotline assessment of the caller indicates that he is most likely a victim of domestic violence, a referral for services should be considered.

- i. Considerations with assessed callers who appear to be domestic violence victims:
 - a. Apparent imminent risk may indicate the need for a referral to a DV emergency residential shelter for placement. Given the frequent scarcity of available placement in DV emergency residential shelter, priority should be given to victims who are at immediate or greatest risk, regardless of gender, gender identity or sexual orientation. Also consider the individual agency's policy and protocol regarding shelter placement priority.
 - b. If imminent danger is not apparent, the hotline counselor should both engage the caller in safety planning and offer a referral to a non-residential DV program.
- ii. Considerations with assessed callers who are ineligible for domestic violence services:
 - a. If the caller reports intimate partner or interpersonal violence that is not domestic violence, alternate referrals and resources (prepared in advance) should be offered to direct the caller to the appropriate services and supports.

2. Eligibility for Domestic Violence Services:

Upon the hotline counselor's referral of the caller to a domestic violence service setting, the providers of both DV emergency residential shelter and non-residential DV programs conduct their own assessment to further determine the referred caller's appropriateness and eligibility for their agencies' services. The

²⁷⁹ Dolan-Soto, 2000

purpose of their screening is five-fold: 1) to re-assess and confirm the hotline interviewer's determination that the referred caller or potential client is a victim of domestic violence and is not involved in another type of intimate partner or interpersonal violence; 2) to re-assess and confirm the risk level determined by the hotline interviewer, or more specifically whether or not the potential client appears to face immediate risk. (Immediate risk is the criterion for DV emergency residential shelter but not for non-residential DV programs); 3) to review and refine the potential client's safety issues by making sure that the borough in which the shelter is located is truly safe for the client based on an activity assessment of the client's daily routine; 4) to re-confirm shelter rules and regulations to the potential client and 5) to assess the likelihood of a "good enough fit" between the client and the DV emergency residential shelter or non-residential DV program.

In non-residential DV programs, eligibility for services is easily met unless the victim presents with extraordinary needs that go beyond the scope of what the provider/agency can offer, but this is rarely the case. In comparison to non-residential DV programs, the admission criteria for DV emergency residential shelter is more complicated because the shelter is a twenty-four seven operation. Consequently, the admission decision is based on the following considerations: 1) The likelihood that the client will comply with shelter rules and regulations to thereby ensure the safety of all clients; 2) the shelter's capacity to meet the needs of the client, i.e., medical or mental health needs, number and age of children, etc.; and 3) the likelihood that the client will fit well into the shelter community without negatively impacting the setting or being negatively impacted by it. These factors are evaluated by the various DV emergency residential shelters in accordance with their specific intake and assessment policies and protocol(s).

For most providers who have served primarily female victims of domestic violence, such policy and protocol will bear revisiting. Many sites, however, may find that they have experience and relevant policy that is applicable to the screening and assessment of male victims of domestic violence. Please note that a screening/assessment tool²⁸⁰ is provided in Appendix B for this purpose.

3. Information and Referral

The same range of information and referrals provided to female victims/survivors of domestic violence will also be needed for male victims/survivors. This provision of information pertains to both hotline counselors referring male callers to domestic violence service providers and to domestic violence service providers referring male clients to outside programs or agencies. Hotline counselors and caseworkers may need to be more involved in the brokerage of these services to ensure that systems accustomed to serving women do not further victimize male callers/clients by behaving in a suspicious or dismissive manner.

²⁸⁰ Dolan-Soto, 2000

- A. Hotline counselors should confirm a new domestic violence provider's willingness to serve male victims/survivors. There should be direct contact between the hotline counselor and the domestic violence intake worker at the DV emergency residential shelter or non-residential DV program to which the caller or potential client is being referred.
- B. Provide sufficient information to domestic violence service providers and to outside agency staff about the male caller/clients' case: This may increase the likelihood that both domestic violence agencies and outside agencies will feel comfortable accepting male victims and will provide them with the appropriate services.
- C. Develop a list of professional and community contacts and resources which serve male victims/survivors appropriately.
- D. Be proactive: When domestic violence service providers have reason to believe that the resources of an outside program agency are limited, or if it is unclear as to whether or not they will be sensitive to a male victim's needs, or if the agency has actually treated a male victim poorly, the domestic violence caseworker may want to accompany a male client to his appointment. If this is not possible the caseworker should prepare the male client in advance for the potential obstacles he might encounter. The caseworker should then follow-up with the client after the appointment to determine whether or not supportive counseling and/or further advocacy are needed.

4. Safety Planning with Male Victims of Domestic Violence

Safety planning with male victims of domestic violence involves the same basic concerns one has for female victims, with some additional considerations. Male victims may be reluctant to seek help and may face disbelief and bias when they attempt to get help. Domestic violence service providers have successfully helped female victims face similar challenges and are well equipped to help male victims anticipate the challenges they may face and need to work through. Most domestic violence hotline counselors and service providers already conduct safety planning. Some may need to revisit existing protocols to expand or include gender neutral language, or alternatively, may choose to develop safety plans specifically for male victims. The information provided below is intended to complement existing safety planning protocols, or to inform revisions where appropriate.

A. Involve the Client in Preparing a Safety Plan

Victims have the best knowledge of their abusers. Ask male callers/clients about their concerns. Often male victims will deny or minimize any fear they may be feeling, therefore emphasize 'concerns' rather than

'fears.' In so doing ask male callers/clients to enumerate the ways in which their partner has hurt them in the past, physically, emotionally, financially, and sexually, inclusive of threats such as loss of child custody, etc. What is he concerned his abuser may do?

B. Determine if Children are Involved

When working with male victims, hotline counselors and service providers need to be sure to inquire whether children are involved and if so determine whether or not they are at risk. If children are present, how many are there? What age(s)? Is the male victim the legal parent or guardian? If children are at risk and the male victim cannot legally remove them to a safe place, a report of child abuse or maltreatment may be indicated by the domestic violence service provider. In this situation it may be useful for the service provider to speak directly with the child welfare investigator to offer appropriate information about male victimization and its impact on that particular case. If the victim shares custody with the abusive partner, the latter will most likely need legal referrals.

C. Anticipate and Plan Ahead

Clients in non-residential DV programs may still be in the relationship with their abusive partner unlike clients in DV residential emergency shelters who must leave or have left their abusive partners to go 'underground' into shelter. With a non-residential DV program client who may still be involved with their abusive partner, consider the specific things he can do to stay as safe as possible while he remains in the relationship. If the victim is contemplating leaving, help him identify useful resources and supports. Consider the safest way for the victim to leave the relationship.

D. Identify Supports

Help the male caller/client identify people he can reach out to for help or support such as friends, neighbors and family members. Male victims frequently isolate themselves as they may be embarrassed about feeling weak and vulnerable. Encourage the caller/client to think of people he can talk to about his experience. Male victims, like their female counterparts, may be ashamed to reveal the abuse. Help the caller/client consider the circumstances under which he might feel comfortable raising or discussing the issue. Consider with the caller/client support services that may be available through medical providers and others such as employers who, for instance, may offer confidential employee assistance programs.

E. Self-Care

In an effort to 'remain strong' male victims may turn to alcohol and/or to drugs to cope with an abusive partner. Assess for substance use as a coping mechanism. Help the caller/client consider alternative supports and outlets (discussed further under psycho-social assessment and counseling).

F. Safety Planning with Gay, Bisexual and Transgender (GBT) Male Victims/Survivors:

Gay, bisexual and transgender male victims of domestic violence may be at various stages of the 'coming out' process (the revealing of sexual orientation or gender identity). In both DV emergency residential shelter and in non-residential DV programs it will be important for staff to ask the client to clarify to whom they are or are not comfortable revealing information about themselves and their relationships. Some staff members may feel hesitant to ask about the degree to which their client is 'out.' By not asking, however, staff may inadvertently 'out' their client to the police or to other providers. Asking will help build trust with the client. He will clearly see that you are being respectful of his orientation and identity as well as thoughtful about issues that may be sensitive to him.

- i. 'Coming out' to others is important because it enables the victim/survivor to get the proper help; staff need to be aware, however, that 'coming out' may also pose risks for the client depending on the beliefs and biases of others. Ask the client about any considerations he might have in 'coming out' to police, neighbors, service providers, and others; also discuss with the client the ways in which he might respond to various situations should they arise. Staff may encounter biases when advocating for gay, bisexual and transgender (GBT) male victims. Where possible educate and build alliances. If this is not possible consider locating alternative resources.

5. Advocacy

Regardless of a victim's sexual orientation and gender identity, clients who seek services through DV residential shelters or non-residential DV programs are likely to require advocacy. Victims are often traumatized, confused and alone, having been forced to give up their homes and many of their support systems. As such they need assistance navigating the various agencies and services that must be encountered to rebuild their lives materially and emotionally. In accordance with both the individual client and with the shelter or program's mission and policy, domestic violence staff may advocate for their clients in the following areas: Court and legal services, law enforcement, vocational/employment, housing, medical services, mental health, childcare, school and after-school placement. In all instances of advocacy, efforts may be enhanced by providing information about male victimization when needed. Education and alliance building will serve to benefit your client immediately and will help expand knowledgeable and supportive resources for all domestic violence victims regardless of gender, gender identity or sexual orientation. Listed below are recommendations to consider when advocating for male victims of domestic violence.

A. Court and Legal Services:

Prepare male clients for potential biases and disbelief from others about their victimization. It will be useful to be aware of trends in the courts with regard to obtaining Orders of Protection, etc. Where possible identify court personnel who are both knowledgeable about the dynamics of domestic violence and sensitive to the unique needs of male victims/survivors.

B. Medical Services:

Gay, bisexual and transgender male victims may be at higher risk for severe injury from male partners than are heterosexual men from female partners, nevertheless, heterosexual men are also at risk for severe injury if and when female partners use weapons to compensate for their smaller size.²⁸¹ Encourage male victims to seek medical attention for any physical injuries they may have sustained. The documentation of any injury sustained from domestic violence is necessary to insure appropriate healthcare. Doctors document injuries with the help of body maps. Doctors can obtain male body maps from Futures without Violence (formerly the Family Violence Prevention Fund).

<http://www.futureswithoutviolence.org/section/aboutus/>

- i. Ask male victims/survivors if their abuse has been documented by medical personnel. Documentation of abuse may be useful for law enforcement, the courts, and/or to access domestic violence services and housing. Please note that this documentation is also important because domestic violence survivors are often not believed, whether male or female.

C. Law Enforcement:

Prepare male victims/survivors for the possibility of bias and even ridicule when reporting domestic violence incidents to police. Discuss with male victims the benefit of having law enforcement document incidents of abuse for future protection and for access to services.

- i. Any police documentation alleging that a client is a perpetrator and not a victim must raise a flag to reassess continued program eligibility for domestic violence services.

D. Housing:

If housing is needed, determine if special housing programs for domestic violence victims/survivors can be accessed by male clients. Ask the client if he has supporting medical or law enforcement documentation that may help him qualify for housing transfers or for a new housing placement. When there is legal room

²⁸¹ Cook, 1997

for male clients to access housing options as a domestic violence victim/survivor, advocacy can encourage housing staff to see male clients as legitimate and deserving of available options.

E. Vocational/Employment:

Determine if vocational and/or employment programs developed for women will accommodate male victims/survivors. If not, refer male clients to mainstream vocational/ employment programs.

F. Mental Health Services

As with any referral for mental health services, screen to determine the mental health providers' knowledge of domestic violence. Please note that mental health providers are not necessarily knowledgeable about the dynamics of domestic violence. When referring male victims for mental health services it may be necessary to share information with said providers about the dynamics of abuse for men and the usefulness of focusing on specific issues such as shame, grief, and gender role expectations.

G. Childcare, School and After School Placement:

With heterosexual, gay, bisexual and transgender male survivors, the possibility that children are involved may be overlooked. Remember that advocacy may be needed to assist in the transfer of childcare services and to address other safety planning issues for children.

- i. Important: For the safety of the child and the setting at large, make sure that the male parent/client is the domestic violence victim and not the perpetrator. The screening and assessment tool in Appendix B is provided for this purpose.²⁸²

6. Psycho-Social Assessment and Counseling Services

Upon admission to DV emergency residential shelter, a psycho-social assessment is done to further clarify the client's needs as well as her/his level of functioning; this is done to ensure that all relevant services and resources are provided to facilitate the client's healing, or specifically their ability to both come to terms with the abuse and to move beyond it. Providers conducting psycho-social assessments with male victims/survivors need to be aware that substance use or abuse may be revealed more clearly than anxiety and/or depression. In this culture men are socialized to suppress fear, distress, worry, despair, etc. Substance use offers a more socially acceptable outlet for these feelings but can further complicate healing by contributing to greater depression and anxiety, and/or by leading to addiction.

²⁸² Dolan-Soto, 2000

A. Counseling

While all victims of domestic violence share a core experience of abuse at the hands of an intimate partner, there are differences in which aspects of this experience may stand out for men. For example, issues of shame may be greater than fear for male victims. Also, men appear to benefit more from group counseling than from individual counseling, and from all male groups rather than co-ed groups.

- i. **Beliefs and Perceptions:** Counseling with male victims will involve highlighting a couple of themes:
 - a. The tendency to use substances to manage feelings (as noted above)
 - b. The importance of using a “shame sensitive” approach to counseling or therapy
<http://masculineheart.blogspot.com/2010/05/david-wexler-phd-men-in-therapy-in-21st.html>
- ii. **Counseling Considerations for Male Clients:** Although all male groups are ideal, co-ed groups may be appropriate for some male victims. Generally, the best course is to ask the male client about his comfort level for participating in a group with women. For instance, an assessment might determine that participation in a group setting with women would be further shaming for a heterosexual man who has been victimized by a woman. Conversely other men may not only value connecting with survivors regardless of their gender, but may even prefer a co-ed group to an all men’s group. There will most likely be too few men to form a men’s group, and as such referrals that connect male victims to outside men’s group will be essential. If all male support groups are not available and co-ed groups are not accessible or appropriate, referrals to individual counseling may be the only option. Just as shelters and programs identify outside counseling resources for female victims/survivors, domestic violence agencies will need to identify outside providers, or new consultants skilled in serving heterosexual, gay, bisexual and transgender male victims/survivors of domestic violence. (Clinical considerations for gay, bisexual and transgender male groups are discussed below under psycho-educational groups).
- iii. **Aftercare Considerations:** Survivors of domestic violence may have additional issues that can complicate their recovery. For example, in-depth issues such as the impact of early childhood trauma are often not addressed in the short-term crisis oriented setting of DV emergency residential shelter. A referral to outside on-going counseling (individual and/or group) is recommended for those contending with underlying issues that could possibly jeopardize their recovery from domestic violence if not addressed.

B. Psycho-Educational Groups

Psycho-educational groups provide an opportunity for victims/survivors to learn about the dynamics of abuse which in turn better enables them to process their own experience of abuse. Although such groups are more limited in scope than actual counseling groups, they still offer victims/survivors an outlet for some of the emotional impact that they have experienced.

- i. When providing psycho-educational groups for male victims the teaching content should include an exploration of the role of grief and shame, particularly for men abused by women in heterosexual relationships. These issues should be tied to the social perceptions of male identity in this culture with its emphasis on strength, self-sufficiency, and the avoidance of vulnerability. Groups intended to serve gay, bisexual and transgender male clients will specifically need to address additional issues of sexual orientation and gender identity as they relate to their having been abused by an intimate partner. The degree to which gay, bisexual or transgender male clients are “out” to others, or are comfortable with their own identity, may have either been affected by the abuse or may play a role in helping or hindering their healing process from the abuse. These issues should be addressed in groups meant to serve gay, bisexual and transgender male victims/survivors.

C. Posttraumatic Stress Disorder (PTSD) Groups

PTSD groups are designed to address the symptoms of trauma such as nightmares, flashbacks, hyper-vigilance (being on high alert), anxiety and depression, etc., all of which can result from domestic violence and can interfere with a victim’s daily life.²⁸³ The main focus of a PTSD group is to help victims process their experience of having been abused by both getting in touch with their feelings about the abuse and expressing how they have been affected by it. The group therapist will need to be sensitive to and experienced in eliciting the shameful aspects of the male victimization experience. The goal of the PTSD group is to both ameliorate the male clients’ sense of shame and to help him resolve his PTSD symptoms.

D. Parent Support Groups

The topics that are covered in parenting groups with mothers should also be covered with fathers. These topics include the following; discipline, developmental stages, children’s work is play, nutrition, childhood illness, safety, and communication. Some portion of each group session should allow for parental peer support or for the sharing of personal concerns, difficulties and successes. The probable challenge will be that of having enough fathers to form a group. Hence it is likely that a male parent will need to obtain peer support from a co-ed parenting group.

²⁸³ PTSD is addressed in detail in chapter II section 4 (*Male Socialization and Societal Expectations*- p. 34)

- i. Determine the Male Client's Need for Parent Support Group Services
 - a. Is the male client actively parenting a child?
 - b. Does the male client report concerns about how the abuse may have impacted his ability to parent? (i.e., more easily upset, angered, frustrated, doubting his ability to guide or protect his child, etc.)

E. Children's Services

Children's services may require some adjustment to include the children of abused fathers. Otherwise children's services can essentially remain the same if sensitivity training for staff has been provided and safety protocols and screening/assessment tools are gender inclusive. Children's services include psycho-social assessment, medical and mental health team assessments, on-site child care, field trips and other activities such as library/reading groups, counseling groups, etc. The degree to which the child has been affected by the abusive relationship can be determined through the above mentioned assessments; for example was the child abused, a witness to the abuse, or otherwise aware of the abuse? After clarification is gained from the assessment process the child's healing can be fostered through supportive activities that are provided by the shelter for this purpose.

7. Training

The "Recommended Training Goals" provided in Appendix C will better position staff to work effectively with the new population of male heterosexual, gay, bisexual and transgender victims/survivors of domestic violence. Key areas for staff training are listed below.

- A. Knowledge of the commonalities and differences between male and female victims/survivors as well as those amongst heterosexual, gay, bisexual and transgender males.
- B. Provide staff with the opportunity to process their feelings about working with male clients since their concerns and comfort level may impact their quality of care and service delivery.
- C. Staff will also need further skill development in the following areas:
 - i. The use of a screening and assessment tool to distinguish victims from perpetrators
 - a. One such assessment tool is provided in Appendix B for this purpose ²⁸⁴
 - ii. The use and incorporation of gender neutral language
 - iii. The recognition and understanding of sexual orientation and gender identity dynamics and the competence to address these issues clinically.

²⁸⁴ Dolan-Soto, 2000

8. Staffing

Staffing at domestic violence agencies should be contingent upon the agencies' philosophy of care and service delivery as well as upon the specific client population that they serve or intend to serve. The diversity of staff by gender, gender identity, sexual orientation, race and age should reflect the client population to the degree possible. Also the following standards for staff credentialing are recommended:

- A. Executive/Managerial: Apart from management experience, domestic violence agency directors and administrators must have sufficient clinical training to insure that a domestic violence shelter or non-residential DV program can operate as a safe and effective therapeutic milieu that promotes healing.
- B. Clinical Staff: Those engaged in casework and group counseling are best prepared with a master's degree and license in social worker (with LMSW and LCSW credentials).
- C. Operations and Support Staff: All service staff should have a minimum of a bachelor's degree in social work, psychology or the equivalent work experience.
 - i. Security guards and other support staff should receive domestic violence sensitivity training inclusive of the identification of safety and risk factors for serving domestic violence clients in both DV emergency residential shelter and in non-residential DV program settings.

9. Security

Many of the security concerns for male clients residing in domestic violence shelters are similar to those held for female clients/residents. In DV emergency residential shelters that are co-ed, standard security policies should be enforced universally regardless of gender in order to ensure that all residents enjoy a safe environment. Considerations in providing security to female and male victims/survivors are the following:

- A. Where possible, hire both female and male security staff.
- B. Develop policies to address the possibility of intimate relationships and sexual activity amongst clients in the shelter setting.
- C. The shelter's orientation for new clients/residents should include a reminder that the shelter serves a range of individuals such as women and men who may be heterosexual, lesbian, gay, bisexual, transgender, etc. This information should have initially been presented to prospective clients/residents

during their intake interview, and then ought to be reiterated to new clients/residents during their admission's orientation.

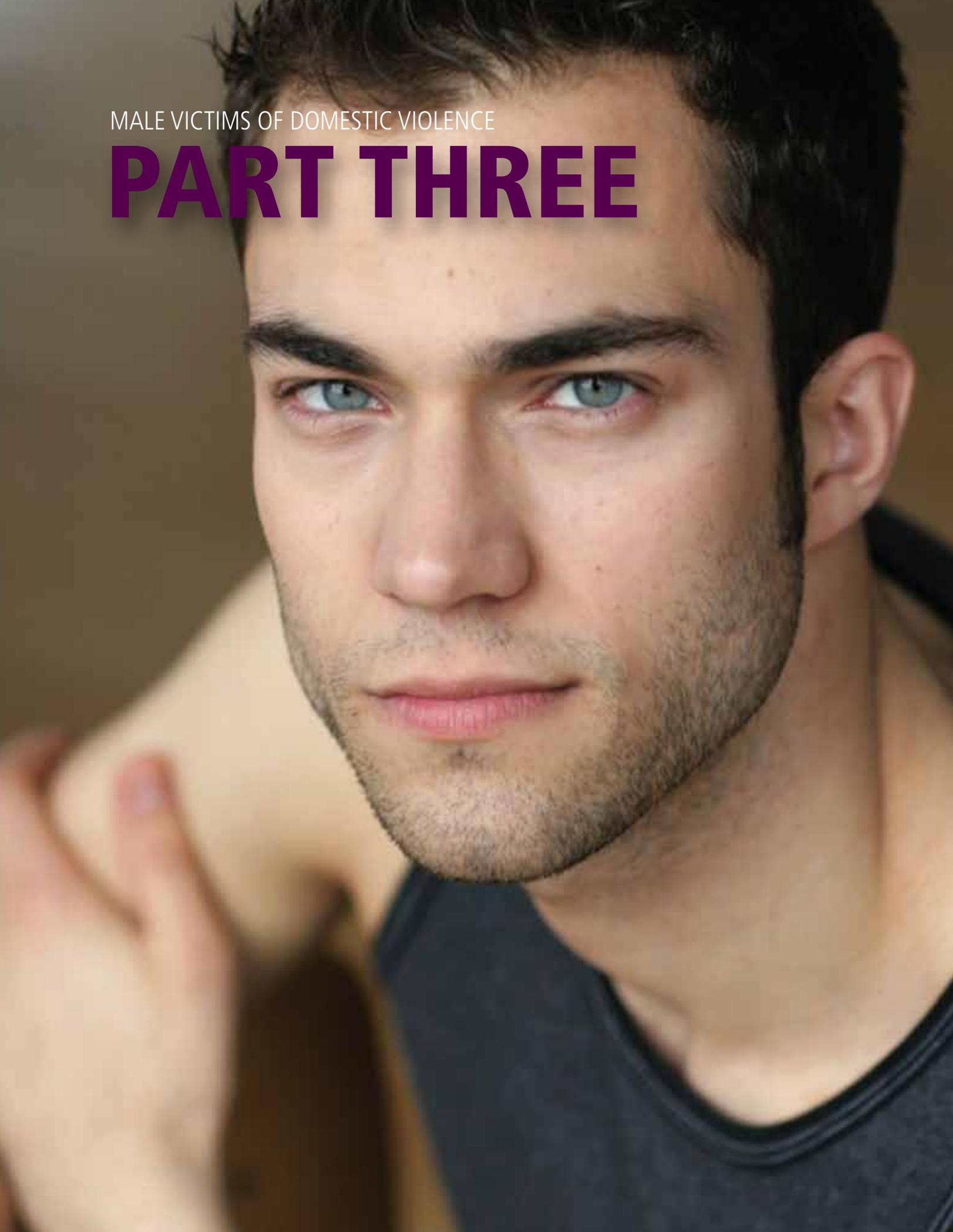
- D. Many sites already have procedures to address conflict amongst clients/residents. Sites that do not have this in place will need to develop and implement conflict resolution policy with the possible inclusion of a training component to help clients/residents build or refine their conflict resolution skills.

Conclusion

All of the experience workers have in serving female victims of domestic violence will be useful in expanding support and services to male victims/survivors. With use of the following guidelines and some relevant training to address the unique aspects of work with this population, service providers will be able to accommodate male victims of domestic violence. Remember that male victims, just as their female counterparts, are frequently embarrassed and ashamed about having been abused, many become isolated because of the abuse, and many also become more concerned about their abusers than themselves; they may also be hesitant to involve police or the courts and may be concerned about retaliation from their abusers—possible loss of child custody, loss or destruction of personal property, exposure to friends, family, employers etc. Male victims often contend with low self-esteem, shame and embarrassment when seeking services. They may feel uncertain about deserving support and may also feel like less of a man for needing it. Although some male victims may assert privilege in how they comport themselves, most are unlikely to present in this manner.

MALE VICTIMS OF DOMESTIC VIOLENCE

PART THREE



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REFERENCES

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APPENDICES

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APPENDIX A

TERMS AND DEFINITIONS

TERMS & DEFINITIONS

- Bisexuality:** Refers to sexual behavior with or physical attraction to people of both genders, male and female. People who have a bisexual orientation can experience sexual, emotional, and affectional attraction to both their own sex and to the opposite sex; "it also refers to an individual's sense of personal and social identity based on those attractions, behaviors that express said attractions, and membership in a community of others who share them." Bisexuality is one of the three main classifications of sexual orientation, along with a heterosexual and a same-sex orientation. Individuals who do not experience sexual attraction to either sex are known as asexual.²⁸⁵
- Biphobia:** The fear, hatred, or intolerance of people who identify as or are perceived as bisexual.²⁸⁶
- Coming Out:** The process of revealing one's sexual orientation or gender identity.
- Gay Male:** A man who partners with other men emotionally and sexually; also historically known as a homosexual male.²⁸⁷ Gay male, however, is the preferred and respectful term.
- Gender:** The social construction of masculinity and femininity in a specific culture. It involves gender assignment (the gender designation of someone at birth), gender roles (the expectations imposed on someone based on their gender), gender attribution (how others perceive someone's gender), and gender identity (how someone defines their own gender).²⁸⁸
- Gender Identity:** How one sees oneself as a gendered being.²⁸⁹
- Gender Queer:** A term used by many transgender youth who do not identify as either male or female and who often prefer less distinct gender lines.²⁹⁰ (See "Transgender" below).
- Heterosexual Male:** A man who partners with women emotionally and sexually.
- Heteronormativity:** Heterosexuality is seen as the right or only appropriate form of relationship

²⁸⁵ Wikipedia Encyclopedia, 2011, c

²⁸⁶ Ohio State's Gay, Lesbian, Bisexual and Transgender Student Services: Glossary of GLBT Terms, n.d.

²⁸⁷ The term homosexual has been used medically and historically in ways that have inherently conveyed a stigma; for this reason the term gay is used in this document.

²⁸⁸ Ohio State's Gay, Lesbian, Bisexual and Transgender Student Services: Glossary of GLBT Terms, n.d.

²⁸⁹ Ohio State's Gay, Lesbian, Bisexual and Transgender Student Services: Glossary of GLBT Terms, n.d.

²⁹⁰ Ohio State's Gay, Lesbian, Bisexual and Transgender Student Services: Glossary of GLBT Terms, n.d.

- Heterocentrism:** The presumption that everyone is heterosexual ²⁹¹
- Heterosexism:** The cultural, institutional, and individual beliefs and practices that privilege heterosexuals and subordinate and denigrate lesbian, gay and bisexual people. The critical element that differentiates heterosexism (or any other “ism”) from prejudice and discrimination is the use of institutional power and authority to systematically support prejudices and enforce discriminatory behaviors that result in far-reaching outcomes and effects. ²⁹²
- Heterosexual Ally:** Heterosexual people who confront homophobia and heterosexism in themselves and others. ²⁹³
- Homosexual Male:** See Gay Male
- Homophobia:** The fear, hatred, or intolerance of people who identify or are perceived as lesbian or gay, including the fear of being seen as lesbian or gay. Homophobic behavior can range from telling jokes about lesbians and gay men, to verbal abuse, to acts of physical violence. (Some people choose not to use the word “homophobia,” preferring instead to include anti-GLBT attitudes and behavior in how they define “heterosexism”). ²⁹⁴
- LGBTQ:** Lesbian, Gay, Bisexual, Transgender and Queer.
- Men Who Have Sex With Men (MSM):** Is the term used to reference men who have sex with men but who do not identify their sexual orientation as bisexual or gay. This term is therefore used to describe behavior, not sexual identity or orientation and refers to all men who have sex with men, regardless of whether or not they have sex with women, and regardless of how they identify their sexual orientation (as heterosexual, bisexual, gay, etc.).²⁹⁵ Bisexually behaving men are a subgroup of men who have sex with men, (MSM) but who as well have sex with women (MSMW).²⁹⁵ This term is also used to describe behavior, not sexual identity or orientation.
- ‘Outing’:** The threat or act of revealing personal information as a means to harm someone. E.g., revealing someone’s sexual orientation, gender identity, HIV status etc. to put them at risk for bias or discrimination in areas of housing, employment, immigration, parental rights, etc.

²⁹¹ Wikipedia Encyclopedia, 2011 d

²⁹² Ohio State’s Gay, Lesbian, Bisexual and Transgender Student Services: Glossary of GLBT Terms, n.d.

²⁹³ Ohio State’s Gay, Lesbian, Bisexual and Transgender Student Services: Glossary of GLBT Terms, n.d.

²⁹⁴ Ohio State’s Gay, Lesbian, Bisexual and Transgender Student Services: Glossary of GLBT Terms, n.d.

²⁹⁵ Wilson, 2008

Sexism: The cultural, institutional, and individual beliefs and practices that privilege men and subordinate and denigrate women.²⁹⁶

Sexual Orientation: The desire for intimate emotional and sexual relationships with people of the same gender (same-sex: lesbian, gay), another gender (heterosexual), or more than one gender (bisexual).²⁹⁷

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. The term may include but is not limited to: transsexuals, cross-dressers, and other gender-variant people. Transgender people may identify as female-to-male (FTM) or male-to-female (MTF). Use the descriptive term (transgender, transsexual, cross-dresser, FTM or MTF) preferred by the individual. Transgender people may or may not choose to alter their bodies hormonally and/or surgically.²⁹⁸ (Since the initial writing of this manual, terms related to gender identification may have changed substantially. We recommend that service providers contact their local LGBT organizations for regional differences in the use of this term and for the most current definitions.)

Transgender Female (M-F):

An individual born as a biological male, who identifies as a female emotionally, physically, and sexually. Sexual orientation is not determined by gender identity. As with any woman, a transgender woman may be heterosexual, gay or bisexual.

Transgender Male (F-M):

An individual born as a biological female who identifies as a male emotionally, physically and sexually. Sexual orientation is not determined by gender identity. As with any man, a transgender man may be heterosexual, gay or bisexual.

Transphobia: The fear, hatred, or intolerance of people who challenge gender norms or people who identify or are perceived as transgendered.²⁹⁹

Intersex: A term referring to people who have physical markers that differ from the medical definitions of male or female. Most commonly it is used to speak about people whose genitalia is not easily classifiable as “male” or “female” at birth but it can [also] be used to refer to any biological marker that falls outside [of] medical norms for masculine and feminine.³⁰⁰

²⁹⁶ Ohio State’s Gay, Lesbian, Bisexual and Transgender Student Services: Glossary of GLBT Terms, n.d.

²⁹⁷ Ohio State’s Gay, Lesbian, Bisexual and Transgender Student Services: Glossary of GLBT Terms, n.d.

²⁹⁸ The Center: The Lesbian, Gay, Bi-sexual and Transgender Community Center: Trans Basics: Glossary of Terms, n.d.

²⁹⁹ Ohio State’s Gay, Lesbian, Bisexual and Transgender Student Services: Glossary of GLBT Terms, n.d.

³⁰⁰ NYC Gay and Lesbian Anti-Violence Project: Glossary of LGBTQ Terms, n.d.

APPENDIX B

SCREENING AND ASSESSMENT TOOL



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Screening and Assessment to Distinguish Victims and Perpetrators of Lesbian, Gay, Transgender and Bisexual (LGTB) Domestic Violence

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NYC Gay and Lesbian Anti-Violence Project

Because some form of abuse occurs in about one in every four¹ relationships regardless of sexual orientation or gender identity, there is a good likelihood that service providers will encounter clients experiencing domestic violence. In work with LGTB domestic violence no presumptions can be made about whether a client is either a victim or a perpetrator based on a client's sex or gender identity. Clients may seek services for a variety of reasons including domestic violence. Public education campaigns about domestic violence either do not address LGTB people at all or try to be all inclusive by using gender neutral language. LGTB people who are experiencing domestic violence frequently do not see their experience reflected in these campaigns or just as frequently misidentify their role in the abusive relationship. The dynamics of abuse within heterosexual relationships are generally attributed to the influence of a patriarchal society and the hierarchy and gender oppression which this fosters. The emphasis on gender however breaks down when applied to same-sex relationships and in relationships between individuals of different gender norms. This Screening and Assessment tool is not intended to provide educational material on LGTB identities or healthy LGTB relationship models, nor is it meant provide comprehensive information for work with domestic violence. This tool is meant to provide a guide useful in distinguishing LGTB domestic violence victims from perpetrators. It is necessary that additional training and educational material be sought by providers not accustomed to work with LGTB clients.

Language plays a critical part in work with LGTB domestic violence and particularly in the initial screening and assessment stage. It is necessary to be aware of clients' self-determined identities and preferred language to refer to their self-defined gender identity, sexual orientation, racial and ethnic identities, and labels for partners, etc. The best way to know how a client identifies any area of their lives is to ask. The intake process also provides a good opportunity to clarify current relationship(s) status. How clients identify their sexual orientation and who they engage with intimately or sexually frequently vary. It is important to know if a client is involved with one or more partners. It is also necessary to determine if the client is involved in more than one relationship simultaneously. Some clients may present one relationship which involves more than one partner, or may present being involved in more than one relationship involving multiple partners and possibly of different sexual orientations. Establishing a working rapport with LGTB clients requires respect for and actual use of the language preferred by the client. In the case of clients of transgender experience pronouns and names must be consistent with the client's self-definition. Utilizing client identified language will increase providers' understanding and accuracy in the assessment process.

¹ Renzetti, C. M. 1992. Violent betrayal: Partner abuse in lesbian relationships. California: Sage Publications, Inc., p. 18.

This tool was developed in work with LGTB victims of domestic violence and includes information specialized for these populations. However the criteria outlined for screening and assessment to distinguish victims from perpetrators of domestic violence is based on characteristics and dynamics relevant to work with all forms of intimate partner domestic violence. To be effective, domestic violence screening and assessment *must always* include the possibility that the presenting client may be *either* victim *or* perpetrator. Screening must be conducted for *both* possibilities.

Note: This tool is only a guide and cannot definitively tell you whether you are working with a victim or a perpetrator of domestic violence. Supervisory or team review *and* expert consultation are strongly recommended to achieve the most accurate assessment.

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Domestic Violence Defined

Domestic violence² is any pattern of behavior within an intimate relationship which coerces, dominates or isolates. It is the exertion of any form of power, which maintains control. The pattern of power and control effectively induces fear³ and results in consequences⁴ for the victim.

Forms of abuse may include emotional/psychological, physical, economic, sexual abuse and social isolation. LGTB abusers have some added means of power and control at their disposal—heterosexism, homophobia, transphobia and biphobia. Heterosexism refers to the presumption that heterosexual relationships are the ‘right’, only or preferred form of relationship. Homo/trans/bi-phobias refer to fear, ignorance and hatred of LGTB persons.

² New York City Gay and Lesbian Anti-Violence Project, Domestic violence in gay and lesbian relationships: An advocacy manual for victims and service providers, Second Edition, August, 1996.

³ Fenway Community Health is a community health center in Boston, MA, which specializes in treating LGBT patients. Copies of the domestic violence protocol may be obtained by calling (617) 927-6250.

⁴ D. R. Dolan-Soto, CSW

Heterosexism, as well as the other phobias, can be exhibited or used by people of any sexual orientation or gender identity. LGTB abusers use these biases and stigmas to convince their victims that no one else will care about them, and that if victims seek assistance from others, they may be at risk, unfortunately not an unfounded concern, for bias or even abuse. LGTB abusers may also use these biases within relationships to control their victims' forms of self-expression or social contact with others. Another means of control is 'outing'—the revealing of vulnerable information—or threats of outing someone, e.g. revealing immigration or HIV status, sexual orientation or gender identity to governmental agencies, employers, family, landlords, etc. 'Outing' and the threat of outing, effectively instills fear in victims, and often delays and may even prevent a victim from seeking help. 'Outing' may result in severe repercussions including deportation, vandalism or bias attacks from neighbors, eviction, unemployment and in some cases the loss of parental rights.

LGTB victims of domestic violence generally present similarly to their heterosexual counterparts in most aspects but gender differences in presentation are common. Male victims of same-sex domestic violence are often reluctant to or don't identify that they are fearful of their abusive partner. Male victims of domestic violence may believe that they should expect some forms of physical aggression according to gender stereotyping. Physical violence is never acceptable behavior regardless of gender. Male victims will more often access services because of the 'way their partner hurt them this time', especially if they experience the violence as being humiliating or if they think that the partner's behavior has suddenly escalated. Very intimate forms of abuse are often not immediately presented, but male domestic violence victims may feel more comfortable noting the inequities in how their resources are controlled by their partner. They may hide the full extent of the abuse because of embarrassment. Masculinity is often seen as synonymous with being in control and the use of physical aggression is a stereotype that perpetrators often exploit to demean and to maintain power and control over their victims. The change in a partner's behavior (usually an escalation of abuse) may prompt them to seek help where they previously would have tolerated the perpetrator's behavior. Female victims of same-sex domestic violence may seek help when physical violence occurs in part because of the unexpected nature of physical violence between women or because of fear of injury. At the same time many female victims may hide or not recognize their experience of emotional, financial, sexual or other forms of abuse. As expected caretakers, women of all sexual orientations and gender identities may overextend themselves under the impression that they are expressing care for their partner. Perpetrators exploit this quality demanding more and more of their victims—emotionally, sexually, financially—and accusing them of not being caring if they express their own limits or needs.

Individuals of transgender experience are vulnerable to additional forms of gender abuse. Perpetrators will often focus on demeaning their victims' and destroying items, which support their gender-expression. Verbal and psychological abuse may be targeted at the victim's identity with statements like, "You're not a 'real' woman." or "You're just a freak." Perpetrators may target physical abuse toward hormonally or surgically altered areas of the body or may destroy gender specific clothes, shoes, cosmetics, etc. Transgender individuals are often reluctant to seek medical treatment, social services or assistance from law enforcement because of the very real risks of encountering bias and hate which can range from refusal to help and biased slurs, to physical injury or even death. Perpetrators effectively use this knowledge to wield greater power and control over transgender victims, and may even frame their behaviors as caring compared to what the victim will get from others. Bisexual victims of domestic violence may experience a range of difficulties depending on their own gender identity and the sexual orientation of the relationship in which the abuse occurs. Bisexual

domestic violence victims who seek help can find themselves faced with awkward compromises. The victim may avoid seeking services from a gay identified agency expecting to be turned away or may try to pass as straight to obtain mainstream domestic violence services if the abusive relationship is heterosexual. Perpetrators often exploit these concerns convincing bisexual victims that there is no one they can turn to. There are numerous variations of gender identities and sexual orientations which may affect a client's presentation. Throughout the screening and assessment process consider how presented information relates to Characteristics of Victims and Perpetrators and to factors for Identifying Domestic Violence Victims and Identifying Domestic Violence Perpetrators.

Distinguishing Victims from Perpetrators—General Assessment

General assessment should determine if there is a pattern of power and control exerted *by one partner over another*, what forms of abuse are involved and whose life experience has been narrowed over time by consequences. If all of these aspects are present, it is likely you are working with domestic violence. If, however, there is no pattern, no distinguishable power and control, no consequences to one partner for not complying with the other and no fear, the situation may not be domestic violence. (See Rule Outs for more information.)

Routinely asking the information below can assist the provider in determining the presence of domestic violence. Utilizing this question in on-going screening with clients will also provide case comparisons that can further aid assessment accuracy.

Throughout the screening and assessment consider how the client's presentation relates to the Characteristics of Partners in Abusive Relationships listed below.

- What prompted the client to come to your agency? Who referred the client? What is the client seeking?

The motivation for seeking services is often a distinguishing feature for determining victims from perpetrators. LGTB domestic violence clients often seek services around legal issues or for help for the couple. *Victims* of domestic violence generally seek services for help—to help the relationship, or their partner, to feel less confused or for safety concerns.

Perpetrators of domestic violence may initially present as needing help, either because they are confused about their role or because they are looking for another avenue of control over their partner. A detailed assessment will generally indicate that they want help *to control* their partner in some manner, emotionally, legally, physically, sexually, etc. Perpetrators will frequently seek help to keep their partner in a relationship—often presented as a fear of losing their partner. Or they may seek help to make their partner more compliant, get their partner to do something they want, or get their partner to support them or respond to them (emotionally, financially, sexually etc.) in some manner that the victim is reluctant to do.

Quite often the request by LGTB clients will be for legal or couples' help. It is useful to discern what kind of legal information or help for the couple is needed and who will benefit from this assistance. For example: If a complaint was made *against the client* and the client

is fearful of being arrested, concretely determine the cause for the arrest and whose behavior warranted intervention.

- Obtain the names of the partners and others affected by the domestic violence (e.g. children's names and ages) including address(es) and telephone number(s) whenever possible in case reporting or notification becomes indicated.
- Have the client describe from start to finish the most recent event that caused her or him to seek services.

Have the client tell you details that can help you visualize the event as it occurred from beginning to end.

- The client should be able to help you to clearly understand what prompted the incident, how it progressed, what happened and the outcome.
- A review of the wheel illustration depicting Power and Control in LGTB Relationships can help prompt recall of specific incidents or encourage a more detailed depiction of interactions between the partners.
- Any gaps or vagueness should be clarified and assessed for their implications as to the client's presentation.
- On-going gaps and vagueness often indicate that you are working with a perpetrator.

Vagueness or gaps in the story can be a flag that the client may be the abuser. Have the client clarify any gaps or vagueness with concrete details. This information will generally indicate who maintains power and control and who is experiencing consequences. Victims of domestic violence may provide information limited by concerns about their safety, fear of upsetting their partner or involving law enforcement against their partner, but will generally be able to explain fully any incident that they are asked about. Perpetrators will use these same concerns to justify vague answers and gaps that will not be explained fully despite repeated or varied questioning. Continued gaps and vagueness are indicators that you are likely working with the perpetrator.

- Are there children in the home? How are they affected? Age and other identifying information? Who is the birth or custodial parent?

Always assess for the presence of children. Determine who the child's birth parent is or if the care for a child is temporary (in the case of a visiting relative) or custodial (adoption, kinship, foster care etc.). Clarify the type of relationship the child has with each partner. Determine how the child is or has been impacted. Has the child heard arguing, witnessed a fight, been neglected, and/or physically or sexually abused? How is the child functioning at home and at school? Take all steps possible to protect and support children in abusive homes. Involve relevant services and authorities as indicated. Assessment for child abuse and neglect should be on-going in situations of domestic violence.

- Are pets involved? Who has threatened or hurt the animal(s)? Who is fearful that a pet may be harmed?

Physical abuse of pets generally indicates a higher risk of physical danger for the victim. If a pet or other animal has been injured, maimed or killed by the perpetrator, the victim may be at risk for being injured or killed. Safety planning should include all efforts to help the victim understand the degree of risk involved and to plan accordingly.

- Although an LGTB victim of domestic violence may own their own home, be the sole financial provider or be out of the home more than the perpetrator, there is often a pattern in LGTB domestic violence where a victim's resources are used by the perpetrator as a means of power and control. For example a victim in trying to help her or his partner may give them access to bank accounts or put their name on a mortgage or lease leaving them open to the control of economic resources by the abusive partner, or fear of losing property or other items if the victim attempts to leave. LGTB victims of domestic violence may have limited legal protection within their relationship. When assessment is completed, it is often useful to have a victim seek legal consultation as part of safety planning or plans to leave the abusive relationship.

Consider:

- What kind of difficulties has the client experienced in their relationship?
- How are disagreements handled?
- Who determines how resources financial or other are used?
- Who works?
- Is there financial or legal involvement?
 - What is the arrangement for housing? Is the apartment, home, etc. owned or rented in both names?
 - Are bank accounts individual or joint?
 - Is there joint ownership of a business, real estate, or other items?
- Who has greater use of the couple's resources? Who uses resources without reimbursement or compensation?
- Who ultimately benefits?
- Involvement of Legal and Other Agencies
 - Determine the nature and history of police involvement and who (the client, partner, neighbors, etc.) has initiated that contact.
 - Who has police or other social service involvement benefited?
 - Has there ever been an Order of Protection?
 - Against whom? What prompted this?
 - How is the Order of Protection being used? As protection? As a threat or control?

It is essential during any domestic violence screening to ask both of the following questions:

Have you *ever felt afraid of being hurt by* your partner or have *you ever been hurt by* your partner?

and

Have you *ever hurt your partner*, or been *afraid or concerned that you might hurt your partner*?

Ultimately it is necessary to determine which partner's life experience has narrowed during the course of the relationship, and who has experienced consequences. Consequences refer to losses experienced by the victim over time, usually during violent episodes. For example, an abuser breaks a victim's irreplaceable family heirloom in the course of an argument. Or an argument over phone contact results in a victim having to choose between continuing communications with a trusted friend/family member or pleasing their partner. The cost of maintaining peace within the abusive relationship results in consequences to the victim, which effectively dissuades the victim from asserting their own opinions, concerns or needs.

- If neither partner's life has narrowed or been impacted by consequences, see Rule Outs below.

Rule Outs

In instances where 'mutual' violence appears to be presented, a provider needs to first assess for domestic violence. If *domestic violence* is present, the violence **cannot be** mutual. Mutual violence implies an equal capacity among the partners.

Domestic violence by definition must include the dynamic of power and control of one partner over another *and* a pattern of abuse resulting in consequences to one partner over time. In cases where both partners report becoming physical and domestic violence is clearly indicated further assessment will highlight that one partner's physical behavior occurs in the course of self defense or may reflect the added dynamic of substance use.

- Assessment should determine the presence of substance abuse, mental illness, physical violence or other complicating factors.
- Determination should be made as to whether these issues are the cause of the violence or are factors which complicate, and create additional aspects to, the domestic violence.

Within a domestic violence context *abuse cannot be mutual.*

General Characteristics of Partners in Abusive Relationships

Victims

Often focus on their partner's needs

Tend to worry about or are afraid of upsetting their partner

Usually think or act to protect their partner

Tend to feel responsible

Tend to minimize their experience, abuse or injuries

Often feel undeserving

Tend to second guess their feelings and perceptions

May feel reliant on their partner as their main or only source of comfort and support

Perpetrators

Concerned about *their own needs*, rather than their partner's needs

May express concern or fear of *hurting their partner* (physically or by some other means)

Focus on *getting their own needs met without worry about or fear* of upsetting their partner

Tend to *deny* responsibility

Tend to minimize *their own* behavior

Tend to *blame their partner* for their experience

May *justify their own behaviors* (e.g. cheating) based on partner's perceived shortcomings

Often feel they deserve more, or better

May manipulate others to get what they want

Tend to be *accusative of their partner* or others

May expect their partner to meet their needs

May act as 'the voice' for the relationship

May appear charming or be easily engaging to others

Remember that these are only general characteristics and that victims and abusers may present differently than suggested here.

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Note: To aid assessment accuracy, consider what characteristics are presented by the client *throughout* the screening process.

LGTB domestic violence victims are usually specific and forthcoming in answering questions about the abusive relationship. Victims are able to provide details, specific incidents or examples when asked to clarify what occurred, what their needs are and why. During assessment consider if you can repeat back to a supervisor or colleague the client's situation from beginning to end. If there are gaps in the story or areas of vagueness, attempt to clarify the details with the client. If this is not possible see the section for Identifying Domestic Violence Perpetrators.

Identifying Domestic Violence Victims

- When asked directly, is the client *forthcoming with details* of the relationship, incidents of violence and other information?
- Does the client seem *concerned about what the partner will think* or what will *happen to the partner* if information is shared?
- Is the client *specific about their own behaviors* in interactions with their partner?
- Does the client report *concern about discussing the relationship or involving others for help*?
- Does the client express embarrassment, shame or guilt about their own behavior?
- Does the client *avoid certain behaviors to protect the partner*, including acting in self-defense?
- Is the client *upset and confused* about how the relationship has changed and why their partner is acting like this?
- Does the client seem to *take responsibility for her or his role in the relationship*?
- Does the client *focus on taking care of the partner*?
- Does the client *feel overwhelmed by the partner*?
- Does the client *justify the partner's behaviors*?
- Does the client *try to maintain peace within the relationship*?
- Does the client seem *uncomfortable with anger, aggression, jealousy or assertion of their needs within the relationship*?
- Has the client changed because of *concern about the partner's reaction or because of consequences*?
- Does the client express that she or he *has been the cause for the partner's violence*?
- Does the client *try to avoid contact with the partner*?

If the answer to these questions is generally yes *and* the client expresses that they have in the past been afraid of or currently fear that their partner may hurt them, it is likely you are dealing with a victim of domestic violence. If a client denies fear, assess the client's *ability to refuse* to cooperate with the partner or to assert their own needs *without* consequences. If consequences generally influence the client to cooperate with the partner, you are likely working with a victim. Assess for risk and safety plan as indicated.

Risk Assessment with Victims

- Assess for immediate risks of violence.
- Does the client's partner know they came today?
- Do they live together?
- How does the client think the partner will act when he or she gets home?
- Is the client concerned that the partner might hurt him or her today? This week? How?
- What is the client's plan to deal with the partner's reaction?
- History: (Assess for risks other than imminent danger e.g. child abuse/neglect, depression for the client, etc.)
 - Police or other social service involvement? Has the intervention been beneficial or problematic? In what ways?
 - Has the patient ever avoided or been unable to have social, familial, medical or social service contact, been out of work or been unable to fulfill other roles (parental, etc.) because of the relationship?
 - Assess impact and need for protective intervention and assistance.
- Is emergency housing needed?

Given the difficulties in finding LGTB sensitive and appropriate shelter resources, information about possible referrals should be obtained prior to conducting an assessment. If shelter sensitivity and appropriateness for LGTB clients is not clear, plans for emergency housing through a hotel, safe home or other local resource may be necessary to prevent revictimization from anti-LGTB bias/hate.

Safety Planning with LGTB Victims of Domestic Violence

Assess for additional risks to client based on sexual orientation and gender identity, or other sensitive information. Is the client comfortable revealing their sexual orientation or gender identity? It is critical that providers respect a client's preferences around identity and disclosure. LGTB clients may be 'out' in some areas of their lives and not in other areas. Revealing information about sexual orientation and gender identity in order to secure necessary services and protections may also pose the potential for serious risks or losses. (A client may risk loss of family supports, child custody, employment, housing, etc.) Find out what the client identifies as the potential benefit and/or harm in providing information to police, social service providers and others. Obtain a client's authorization before any disclosure of sexual orientation, gender identity, or other sensitive information. Anticipate and safety plan around added risks.

Advocacy and assisted linkages are generally necessary in work with LGTB victims of domestic violence to insure access to safe and appropriate services.

LGTB domestic violence perpetrators are often engaging and appear to be forthcoming in answering questions about the abusive relationship. However perpetrators are often unable to provide details, specific incidents or examples when asked to clarify what occurred. This can be confusing because perpetrators are able to provide detail about themselves however, with observation it will become clear that the focus of their answers and detail are around what *their needs are* and *what they want*. During assessment consider if you can repeat back to a supervisor or colleague the client's situation from beginning to end. If there are gaps in the story or areas of vagueness, attempt to clarify the details with the client. If clarity is not possible despite all efforts the likelihood is that the person you are seeing is the perpetrator.

Note: With clients that appear emotionally distraught, stress the need for immediate assistance, consume large amounts of staff time and/or engage multiple service providers simultaneously it is essential to determine victim from perpetrator. Many perpetrators *feel* things have gotten out of (*their*) control and become very distressed. Just as with their victims, they will attempt to manipulate and control service providers through any means possible (appearing desperate, pleading, threatening, bullying, etc.) to *get their needs met*.

Identifying Domestic Violence Perpetrators

- Is the client *vague about the details* of the violence?
- Is the client *specific mainly about the partner's shortcomings*?
- Is the client *upset with the partner for not responding the way the client would like*?
- Does the client seem to *'assert' her or his role as the victim in the relationship*?
- Does the client appear *focused on meeting his or her own need(s)*?
- Does the client *feel neglected by the partner*?
- Does the client report *cheating on his or her partner without remorse or concern for consequences*?
- Does the client *justify other behaviors* because of the partner?
- Does the client *pursue contact with the partner despite the other partner's distancing behaviors*?
- Does the client seem *comfortable with anger, aggression, jealousy or assertion of their needs within the relationship*?
- Does the client have *autonomy without concern for consequences*?
- Does the client express that the *partner caused her or him to be violent*?

If the answer to the majority of these questions is yes *and* the client expresses concern about previously hurting their partner or the *concern* that she or he *may* hurt the partner in the future, it is likely you are dealing with the perpetrator of domestic violence. Also ask what happens if the client does not go along with the partner. The *ability for autonomy and the absence of any concerns or consequences* for asserting his or her needs may also indicate that you are likely dealing with the perpetrator. Assess for risk and safety plan as indicated.

Risk Assessment with Perpetrators

- Victim's name, address, telephone number available for reporting if needed?
- Assess the client's level of remorse and accountability for their behaviors.
An absence of remorse and accountability increase the potential for further violence or serious harm. The presence of remorse and accountability for abusive behaviors, including concern for the victim may reflect the possibility for more successful interventions.
- Assess for imminent risk. Is there intent to harm? Is there a plan? Are the means available to carry out the plan?
- Do they live together?
- What is the accessibility to the victim?
- What is the history of violence and use of weapons (knife, gun—permit?, other household objects)?
 - A past history of impulsive or aggressive behavior or previous physical violence indicates increased risk.
 - Prior use of weapons indicates high risk particularly if weapons are accessible.
 - History of physical violence, mutilation, maiming or killing of an animal indicates high risk.
- If immediate risk is indicated make every effort to alert all relevant parties—emergency assistance, notify the potential victim(s), law enforcement and other relevant parties.
- If no immediate risk is apparent, discuss safety planning options based on the client's presentation.
- Safety planning with perpetrators should be geared to preventing further harm.
Include an exploration of safe outlets for anger—e.g. taking a time out, going for a walk, not going home when angry, etc. Questions about the client's concern for the victim and for concern about possible involvement with the legal system may help clarify an abuser's actual capacity for remorse and accountability beyond self-interest and protection. If the perpetrator is forthright about their actions or demonstrates remorse and accountability, validate and encourage the client's efforts at disclosure and seeking assistance. It is important to clearly express that violence and abuse are unacceptable and the importance of getting supports to prevent further violence. Provide a referral to an appropriate batterer's program if available, or if no program is available, to providers who work with anger management.

**For consultation, or for questions related to the
Screening and Assessment to Distinguish Victims and Perpetrators of LGTB Domestic Violence call the
New York City Gay and Lesbian Anti-Violence Project's 24 hour bi-lingual (English/Spanish) hotline at
(212) 714-1141.**

AVP is a member of the National Coalition of Anti-Violence Projects (NCAVP).
Call the hotline number above for a listing of an NCAVP member organizations and locations.

APPENDIX C

RECOMMENDED TRAINING GOALS

RECOMMENDED TRAINING GOALS

1. Staff Knowledge and Training Goals:

A. Status of Male DV Victimization and Services for Male DV Survivors:

- i. Identify the Male DV survivor population receiving services: Heterosexual, gay, bisexual and transgender men
- ii. Review Prevalence & Scope of Male victimization
- iii. Clarify Barriers to Seeking Services & Current Status of Services for Men

B. Additional Referral Knowledge Needed (For Hotline Staff in Particular)

- i. Gender Neutral and Respectful Language – Skill development to learn to utilize language that is gender neutral and respectful when assessing clients.
- ii. Referral Knowledge – Increase the knowledge and appropriate application of referral information for heterosexual, gay, bisexual and transgender male callers.
- iii. Expand Concrete Referral Sources – There is a lack of concrete resources for heterosexual, gay, bisexual and transgender male clients.

C. Domestic Violence Dynamics:

i. Male Survivors as a Group:

- a. The male experience of victimization
- b. Power and Control Tactics / The Cycle of Violence / The Escalation of and Risks for Violence.

ii. Heterosexual Male Survivors:

- a. How heterosexual males can be victimized by female partners despite physical advantage.
- b. Male victimization by female partners can be rooted in “patriarchy” as well.
- c. Access to services and protection for heterosexual men.

iii. Gay and Bisexual Male Survivors:

- a. Differences and similarities in comparison to heterosexual men
- b. How does “heterocentrism” affect domestic violence within same sex relationships
- c. Access to services and protection for gay and bisexual Men

iv. Transgender Male Survivors (F – M):

- a. The potential impact of “transitioning” within the dynamic of an abusive relationship.

- b. Identity discrimination and related victimization
 - c. Access to services and protection for transgender men
- v. **Transgender Female Survivors (M – F):**
- a. The misperception of transgender females as men
 - b. Increased visibility and related victimization
 - c. Access to services and protection for transgender women
- vi. **The Dynamics of Unilateral Abuse**
- a. Distinguishing victims from perpetrators

2. Staff Motivation and Training Goals:

Training must address the motivational issues of staff’s resistance, willingness and/or mixed feelings about serving male victims/survivors in general, and the following sub-groups in particular; heterosexual, gay and bisexual men as well as transgender individuals. Education and practice to avoid heterocentrism,³⁰¹ heterosexism, sexism, biphobia and transphobia in our practice, protocol and policy, will be required to create a safe, healing environment for all survivors of domestic violence. The employment of suitably trained staff as well as the use of inclusive policy and protocols will ensure that the appropriate services and referrals are afforded to all clients.

3. Staff Skill Level Training Goals:

Further skill development must be achieved as well as integrated respectively with a new knowledge base, achieved through training content, and with an unbiased attitude, achieved through training processes. This combination of appropriate knowledge, skill and attitude can enable staff to provide “culturally” competent domestic violence services to men in general and to heterosexual, gay, bisexual, and transgender individuals in particular. “Culture” is defined here as encompassing gender identity and sexual orientation as well as ethnic/racial identity, socio-economic class identity, religious identity, etc. Skills to be strengthened or engendered to best serve the new population are the following:

A. Gender neutral language

B. Transference and counter-transference: How to cope with all forms of oppression as they surface in our work, among clients, between clients & staff, and amongst staff.

- i. Competence with “transference” dynamics: i.e., (male) clients to (female) staff

³⁰¹ See Terms and Definitions located in Appendix “A”

- ii. Competence with “counter-transference” dynamics: i.e., (female) staff to (male) clients
- iii. Competence with “group process” dynamics: i.e., mixed gender groups as well as same gender groups.
- iv. Preparing male clients for possible bias when referring them to outside agencies for services: Prepare client to interface with outside agencies/ systems.
- v. Educating referring agencies about male victimization: Prepare staff to interface with outside agencies / systems.

C. Distinguishing survivors from perpetrators

D. Distinguishing domestic violence from mutual violence

E. Assessing risk level and the need for DV emergency shelter for male survivors

- i. Criteria for shelter referrals – males tend to minimize risk based on gender socialization. Assessment questions should illicit the presence or absence of physical risk to the adult male victim and should assess if there are children present who may be at risk for abuse and/or neglect.

APPENDIX D

TABLE 13: VIOLENCE AGAINST WOMEN SURVEY (2000) DATA -
ADAPTED FIGURES: FROM PERCENTAGES OF MALE
ASSAULT VICTIMS TO ESTIMATED HEADCOUNTS

**Violence Against Women Survey (2000) Data - Adapted Figures:
From Percentages of Male Assault Victims to Estimated Headcounts:
Table 13**

The estimated headcounts of male assault victims presented in Table 13 were adapted from the various percentages of male survey assault victims provided by Tjaden & Thoennes in their 2000 study "Prevalence and Consequences of Male-to-Female and Female-to-Male Intimate Partner Violence as Measured by the National Violence Against Women Survey."

(A) Types of Violence (B) Physical Assault Sub-Types (C) Physical Assaults-Total: The estimated number of men reporting a lifetime occurrence of forcible rape, stalking and physical assault by a female partner was derived from the respective percentages of all men surveyed (6,934) who reported these forms of violence. Two tenths of a percent (0.2%) of the respondents or 14 men reported forcible rape by a female partner, a half of one percent (0.5%) of the respondents or 35 men reported stalking, and 7%, or 485 men reported physical assault by a female partner.³⁰² Physical assaults were comprised of 10 assault sub-types (i.e., slapped, kicked, bit, etc.). For the men who reported each sub-type, their percentages were converted to estimated headcounts. Since a male assault victim may have reported more than one type of physical assault, the total number of physical assaults (1,845) is higher than the number of male assault victims (485).

(D) Severe Physical Assaults Only: One hundred and thirty-two (132) of the assaults were considered severe, and these were assault sub-types 8, 9 and 10.³⁰³ Severe assaults (132) comprised seven percent (7%) of the total assault subtypes (1,845).³⁰⁴

(E) Consequences of Physical Assault: From amongst the 485 male assault victims, 26%, or 112 out of 425 reported threats to harm/kill during their most recent physical assault. Furthermore 20% or 85 men out of 433 reported fearing bodily injury/death during their most recent physical assault, and three percent (2.9%) or 13 men out of 446 reported hospitalization as a consequence of their most recent physical assault.³⁰⁵

³⁰² Women were 23 times more likely to report forcible rape (4.5% vs. 0.2%), 8 times more likely to report stalking (4.1% vs. 0.5%) and 3 times more likely to report physical assault (20.4% vs. 7%).

³⁰³ Assaults were not categorized by severity in the Tjaden & Thoennes study but have been done so here by the primary author for the purposes of this training manual.

³⁰⁴ For women, severe assaults comprised 20% (1,150) of the total assaults (5,772) perpetrated against them. Severe assaults versus non-severe assaults were 3 times more likely to have occurred against women than against men (20% vs. 7%): This statistic measures the number of assaults not the number of victims.

³⁰⁵ Women were slightly more likely to receive threats to harm and kill (26% vs. 33%), 2 times more likely to fear bodily injury/death (20% vs. 45%) and 3 times more likely to be hospitalized (3% vs. 9%).

Table 13:

Violence Against Women Survey (2000) Data - Adapted Figures: From Percentages of Male Assault Victims to Estimated Headcounts³⁰⁶

A. Types of Violence

	# Males (M) Surveyed = 6,934	# Females (F) Surveyed = 7,278	(F) More Likely to Report
• Forcibly Raped (Sexually Assaulted)	0.2 %= 14	4.5% = 328	22.5 x more likely
• Stalked	0.5 %= 35	4.1% = 298	8.2
• Physically Assaulted	7.0%= 485	20.4% = 1,485	2.9

B. Physical Assault Sub-Types

1. Hit with Object	3.2%= 222	4.9 %= 357	1.5
2. Threw Something	4.4%= 305	7.8 %= 568	1.8
3. Kicked / Bit	2.6%= 180	5.3 %= 386	2.0
4. Slapped / Hit	5.3 %= 368	14.9 %= 1,084	2.8
5. Pushed, grabbed, shoved	5.1%= 354	16.9 %= 1,230	3.3
6. Pulled Hair	2.3%= 159	8.5 %= 619	3.7
7. Threatened w/ knife/gun	1.8%= 125	5.2 %= 378	2.9
8. Used Knife/Gun	0.9 %= 62	1.4 % = 102	1.5
9. Choked, tried to drown	0.5 %= 35	6.0% = 437	12.0
10. Beat up	0.5%= 35	8.4 %= 611	16.8

C. <u>Physical Assaults - Total (#1- #10)</u>	1845	5,772	-----
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D. Severe Physical Assaults Only # Assaults Against (M) # Assaults Against (F) Severe Assaults More Likely to Occur Against Females

○ Severe Physical Assaults Only (#8- #10)	132	1,150	-----
○ Percentage of Severe Physical Assaults ³⁰⁷	7%	20 %	2.8

E. Consequences of Physical Assault # Assault Victims (M) = 485 # Assault Victims (F) = 1,485 (F) More Likely to Report

○ Threatened to harm/kill	26.4% of 425 =112	32.6% of 1,294 = 422	1.2
○ Feared bodily injury/death	19.6% of 433 = 85	44.7% of 1,303 = 582	2.3
○ Hospitalization	2.9% of 446 = 13	8.8% of 1,350 = 119	3.0

³⁰⁶ Figures are adapted from Tables 1, 4 & 5 of Tjaden & Thoennes, 2000 a, pages 151, 153, 155: Table 1: "Percentages of Men and Women Victimized by a Current or Former Marital/Opposite-Sex Cohabiting Partner in Lifetime by Type of Violence;" Table 4: "Percentage of Male and Female Victims Who Were Threatened or Feared Bodily Injury During Their Most Recent Physical Assault by a Marital/Opposite-Sex Cohabiting Partner;" and Table 5: " Percentage Distribution of Male and Female Physical Assault Victims by Consequences of Most Recent Physical Assault."

³⁰⁷ Percentage of severe physical assaults measures the number of assaults, not the number of victims.



Bill de Blasio
Mayor

**Human Resources
Administration**
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Steven Banks
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