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Intimate Partner Violence Among Men Presenting to a University Emergency Department

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ABSTRACT

Objective: We sought to investigate the one-year point prevalence for male intimate partner violence (IPV) in men presenting to a university emergency department, to identify types of violence, to examine differences in male IPV rates based on patient demographics, and to identify any differences in prevalence based on types of partnership. **Methods:** This survey study was conducted from September 2001 until January 2002 at a tertiary, academic, Level I Trauma Center with an emergency department (ED)

that has 40,000 visits per year. The anonymous written survey consisted of 16 questions previously validated in the Colorado Partner Violence Study, Index of Spouse Abuse and the Conflict Tactics Scale. This survey was administered to all consenting adult men who presented to the ED. Odds ratios (OR) with 95% CI were calculated when appropriate and a p-value of 0.05 was set for significance. **Results:** The one-year point prevalence rate of male IPV was 24% in our study population (82/346). Among the men who experienced some form of abuse specified as either physical, emotional, or sexual, the prevalence was calculated to be 15.6% (54/346), 13.6% (47/346), and 2.6% (9/346), respectively. Education, income, age, and race did not demonstrate an association for any one variable to be associated with intimate partner abuse ($p>0.05$) with the exception of increased risk of IPV among unemployed men in the relationship ($p<0.04$, OR 0.592). IPV towards men was found to affect both heterosexual as well as homosexual relationships. Overall, 2% (8/346) of the men surveyed had received medical treatment as a result of IPV by their intimate partner within the past year. Three percent (11/344) of those men reporting abuse were abusers themselves. **Conclusion:** The point prevalence of IPV among our study population was 24%. In our study of 346 men, male IPV crossed all socioeconomic boundaries, racial differences, and educational levels regardless of the sex of the partner.

INTRODUCTION

Over the last several decades domestic violence, and more specifically intimate partner violence (IPV), has become recognized as a widespread public health crisis. Domestic violence has been defined as “a pattern of assaultive and coercive behaviors, including physical, sexual, economic, and psychological attacks by males/females against intimate partners.”¹ As awareness of IPV increases, the need for further research involving men and their experience with partner violence is becoming evident. The majority of the available data pertaining to men are derived from studies conducted on a cohort of both men and women. The prevalence rate of male IPV varies as reported by recent studies ranging from 8.3% to 38%.¹⁻⁴ This large variation is due to differences in study design. Male intimate partner violence is an area worthy of further investigation due to increased public awareness that IPV also affects men. By contributing additional statistical data from this study, the

subjects too ill due to severe illness, males less than 18 years of age, women of all ages, all prisoners, and those men incompetent due to organic brain disease or psychiatric illness.

Consenting subjects completed the confidential and anonymous 16-question self-administered survey (English, Spanish, and Vietnamese) distributed by the research personnel from the Emergency Medicine Research Associates Program (EMRAP) (see Table 1). The survey was administered to study participants and the subjects completed the survey at any time during their emergency department course. The subjects placed their completed survey into a sealed envelope which was given to the EMRAP research personnel for placement into a locked box for data collection. The subjects' medical care was unhindered by the survey study since the survey was completed while the subject waiting to be seen or upon discharge. The number of subjects that were originally approached for the survey study was 453. The survey questions were validated questions used in previous partner violence prevalence studies which included the Partner Violence Study (PVS) with a sensitivity of 64.5% , the Index of Spouse Abuse (ISA) with a sensitivity of 77%, and the Conflict Tactics Scale (CTS) with a sensitivity of 71.4%.^{1,5,6}

The data collected and used for analysis in this study was as follows: (1) types of abuse, such as physical (hitting, slapping, kicking, punching, objects thrown or used, or other types of trauma), sexual, or emotional (emotional abuse, stress from threats, violent behavior, or living in an abusive environment); (2) demographic variables (age, race, income, education, job); (3) the use of alcohol or other illicit substances; (4) medical treatment sought; and (5) whether the abusing partner was male or female. Data were analyzed using SYSTA 7.0 (Stata Corporation College, TX). The Institutional Review Board at our center approved this study under expedited category with the requirement for written consent and distribution of patient bill of rights to all enrolled subjects.

RESULTS

A total of 453 surveys were administered with 346

completed surveys. The mean age of our study population was 32.6 years consisting primarily of Caucasian (59%) and Hispanic (27%) ethnicity. Thirty-two percent of the subjects had some college education and 11% graduated only from high school. The majority (53%) of the subjects' annual income was less than \$25,000.

The one-year point prevalence rate of male intimate partner violence was 24% in our study population (82/346). Among the men who experienced physical, emotional, or sexual abuse, prevalences were calculated to be 15.6% (54/346), 13.6% (47/346), and 2.6% (9/346), respectively. The most common type of abuse reported was physical, followed closely by emotional abuse. Only one percent (3/344) of the men at the time of the survey presented to the emergency department for medical management of injuries due to violence inflicted by their partner, emotional abuse, or sexual acts forced upon them by their intimate partner. Overall, 2% (8/346) of the men had received medical treatment as a result of physical, emotional, or sexual abuse by their intimate partner within the past year.

With respect to physical violence, 9% (31/346) of men admitted to having been choked, kicked, or bitten; 14% (48/346) had been slapped, grabbed, or shoved; and 8.5% (29/346) had had an object thrown at them. Additionally, 2.6% (9/346) of the men had admitted that their life had been threatened by their intimate partner with a knife or firearm. Female partners were reported to be more likely to use a knife against their male partner. The enrolled male subject was violent towards the partner he was reporting as the abuser 3% (11/344) of the time.

In those relationships with documented prior IPV only 3.0% (10/346) of the men reported abuse. Past male IPV does appear to be a clinically important factor

associated with decrease in future abusive relationships among our selected sample ($p < 0.01$). Interestingly, 78% (271/346) of the subjects did not answer one question that asked, "what was the gender of the most recent abuser?" Of the 75 subjects who responded, 11% (8/75) of the male subjects received abuse from men and 89% (67/75) received physical, emotional, or sexual abuse from a female. There was a statistically significant difference in one-year point prevalence of IPV if the partner was a female vs. a male ($p < 0.05$). There was no significant correlation between the use of alcohol or other illicit substances and IPV among men in our study population.

The demographic characteristics of education, income, age, and race did not demonstrate a significant correlation with male IPV. A correlation does appear to exist between unemployment and male IPV with increasing frequency of abuse as level of income decreases (Cochran linear trend, $p < 0.03$).

DISCUSSION

The one-year point prevalence rate of male IPV among our study population was 24%. Recent literature reports the prevalence rate of male IPV between 8.3% and 38%.^{1-4,7} This is the first study to investigate male IPV in heterosexual and homosexual relationships. In reported police data files, more violent acts of abuse such as homicides, attempted homicides, and homicide-suicides occur in male-male relationships than in other relationships.

Physical abuse was the most prominent type of male IPV encountered among our study population.³ A recent study reports the frequency of verbal aggression to be higher than threatened physical violence among female-to-male IPV.^{1,2,5,7} One reason for this difference in the type of abuse reported by our study as opposed to other studies is that our study

population included both female-to-male partners as well as male-to-male partners. Including both homosexual and heterosexual relationships, our data reflect a greater prevalence of physical abuse in male IPV. Whereas other studies report verbal abuse to be the most common type of male IPV, their data were collected among a study population consisting of only female-male relationships. The additional data collected among male partners may have contributed to the increase in frequency of physical abuse observed and reported by our study. Men may be inherently more violent towards their partner, whether the partner is male or female; violence is well documented in IPV against females.

One limitation of this study is measurement error. The validity of the questions used in this study was previously validated by the PVS, ISA, and CTS among men and women. The PVS has not been validated for use with men alone. Other limitations include sample bias, misclassification bias and selection bias which may have affected the estimates in our study. An inherent weakness in a survey study is that the subjects who consented to participate may have differed from the nonconsentors, thus the findings might not be generalizable to all male subjects presenting to the ED for male IPV.

Additionally, current and past research studies regarding male victims of IPV are fraught with the inability to determine whether they are "true" victims or perpetrators who have received injuries from the real victims trying to defend themselves (i.e., batterers injured while committing battery). This is supported by our study that estimates 3% (11/344) of the subjects admitted to being violent towards the partner he was reporting as the abuser. Furthermore, men that sustained severe or life-threatening injuries due to male IPV were excluded from the study.

Physicians need to be aware and acknowledge that the problem of IPV is no longer one which afflicts only women. As physicians we must embrace this problem so we can effectively recognize, treat, educate, and offer support for victims of abuse, whether male or female.

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