

**An investigation into the resources available in Northern
Ireland to male victims of domestic violence.**

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ABSTRACT

Northern Ireland consists of many agencies specialising in domestic violence, however, the majority of which deal only with female victims, and male victims are often completely ignored. This research consists of numerous interviews with representatives from various agencies or services who may have some relevant experience or knowledge of male victims of domestic violence. The interviews are carried out across statutory and voluntary sectors, but are restricted mainly to the Greater Belfast area. The representatives were questioned about their policies, attitudes, resources, referral knowledge and suggestions for the future.

As far as N. Ireland's resources for male victims of domestic violence are concerned, the findings confirm its seriousness and the importance of developing a consistent policy, within a specialised agency that responds to domestic violence against men as a problem in its own right.

It is evident that male victims of domestic violence will not be catered for in N. Ireland, until society is made aware of the serious existing problem, that efforts are made to highlight imbalances in the law and that there is an increase in the funding made available to research this area for recent initiatives.

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INTRODUCTION

The hypothesis of this study is that,

The resources available to male victims of domestic violence in N. Ireland are limited in terms of professional services, voluntary agencies, information and advise.

The first chapter will consist of methodology, data collection and presentation of results. The second chapter will look in more depth at the interview responses of the statutory agencies, which are the GPs, Accident and Emergency nurses, Social Workers, RUC, and Probation Board N. Ireland. The third chapter will summarise the interview responses of the voluntary sector, which includes agencies such as Women's Aid, Men's Advisory Project and Rainbow, to name but a few. The final chapter will draw on the conclusions of the findings and will suggest recommendations and changes for the future, with regards resources available to male victims of domestic violence.

Domestic violence affects all sections of society. It damages everyone concerned - the victims, many of who suffer for years before seeking help; the perpetrators, who degrade themselves by their shameful actions; and children in the home who may suffer not only physical abuse but also emotional harm as the witnesses of violence.

Before commenting on the available literature on male victims of domestic violence, I feel it is necessary to firstly offer a definition of **domestic violence**.

“Domestic violence is the use of physical or emotional force or threat within close adult relationships in a way that causes harm or distress to victims. In addition to

actual or threatened physical or sexual assault and damage to property, domestic violence includes non-physical intimidation, such as persistent verbal abuse, emotional blackmail and enforced social or financial deprivation. Having abused once perpetrators usually persist: intensifying and escalating the maltreatment.

Domestic violence may occur in any type of close adult relationship: within marital or other partnerships, families or households. Most frequently reported are instances of abuse of women by men who are their partners or former partners. However, men may also be victims”¹ .

The term “domestic violence” can encompass a wide range of experiences. The measures used in research vary considerably as to the type of relationship they count as “domestic” and the types of experience that are deemed “violence”.

What is “domestic”?

“Clearly, the wider the definition of domestic relationships, the higher are the estimates of domestic violence. The narrowest definition restricts domestic violence to that between people currently living together as couples, and often only as heterosexual couples. Estimates can vary on whether they classify incidents as “domestic” that occur between people in the early stages of a relationship who do not know each other

¹ “Tackling Domestic Violence”

well, and those where there is no longer an intimate relationship but there has been at sometime in the past. The definition used in the CASI questionnaire encompasses all intimate relationships, whether or not there is, or has been, cohabitation. The police, however, tend to take somewhat broader criteria, describing incidents as “domestic” that involve people who are related in any way or who live in the same household. This might include assaults on children by parents and vice versa”².

What is violence?

“Deciding what constitutes violence is not straightforward either. One option is to include all forms of physical assault and attempted assault, however minor and for whatever reason they were committed. Some commentators, though, suggest violent acts are only those where there is an intent to cause some harm, in particular pain or injury (Gelles, 1997)³. Gelles differentiates between “normal violence” and “abusive violence”, the former being “commonplace slaps, pushes, shoves, and spankings that frequently are considered a normal or acceptable part of interacting with a spouse”. Violence becomes abusive, he suggests, when there is a high potential for injuring the recipient. By only questioning victims, though, it is not possible to know for sure the intention of the assailant”⁴.

The victim’s judgment of whether the force used is acceptable may also be relevant. However, it would be dangerous to assume that just because the recipient judges the behaviour as normal and acceptable, society would generally agree.

² “Domestic Violence: Findings from a new British Crime Survey self-completion questionnaire”

³ “Intimate Violence in Families”

⁴ “Domestic Violence: Findings from a new BCS self-completion questionnaire”

Physical violence is not the only way to inflict harm against a partner. A wider definition of violence would include bullying, psychologically controlling and emotionally abusive behaviour. The effects of these can be great, if not greater (Straus and Sweet, 1992). They are also considerably more difficult to measure.

It became obvious in the early days of this research that the availability of literature was extremely limited. There were numerous text on agencies working with female victims of domestic violence, on male perpetrators, on the empowerment of the female victim and on research studies of domestic violence which excluded male victims. It seems to be only in the past few months that research is being undertaken and funded in N. Ireland, to represent the male victim, such as that by Sharon Harkin based in the Criminology Department at Queens University. The BCS self-completion questionnaire was carried out in 1999, funded by the Home Office, and although its intent was not to study male victims of domestic violence, it certainly uncovered some alarming findings. Other than this survey, the literature available was primarily based on female victims except for an American book by Philip Cook⁵, and the information supplied by some agencies.

In 1992 the Department of Health and Social Services funded research on domestic violence in Northern Ireland. This project explored the experiences and patterns of seeking assistance of **women** who were victims of domestic violence; it probed the views of appropriate professional groups and relevant statutory and voluntary agencies. This study gave no mention to male victims, and concentrated greatly on the efforts of Women's Aid. As a result of this study, in October 1993 Lord Arran, announced that

the Government would bring forward proposals for a central policy on domestic violence, with four key policy objectives:

- to heighten public awareness of the problem
- to improve services for victims
- to challenge perpetrators' attitudes and behaviour, and
- to improve the information base.

It remains to be seen as to whether or not these objectives are non-gender specific and have improved the services for men as well as women, after all,

“Society does not have the right to discriminate against a victim because of their gender, sexuality, race, religion or because they are a minority statistic”⁶

This study does not aim to investigate the statistics of male and female victims of domestic violence, but is based on the stance that even should one male victim exist within N. Ireland, then there should be resources made available to that man. There is no question that domestic violence directed against women is a serious problem, it is often referred to as women's number-one health problem. According to American Press, nearly one third of women in hospital emergency departments are there due to domestic violence, three out of four female homicide victims are killed by their husbands or lovers, and six million women are victims of abuse by people they know each year (Cook, 1997:1). Closer to home, however, the RUC statistics for 1997 show that the police attended 8,509 domestic disputes, 3,805 of which were domestic

⁵ “Abused Men: The Hidden Side of Domestic Violence”

violence incidents, with the victim being female in 95% of the cases. Increasing in 1998, the RUC attended a total of 14,429 domestic incidents, 6,385 of which involved physical violence, with the victim being female in 89% of the cases⁷.

These figures represent an increase in the number of reported incidents of domestic violence against men, from 5% in 1997 to 11% in 1998. Bearing in mind that these are just the number of reported incidents, therefore, the numbers would be higher if all the hidden incidents were recorded. In addition to this, the BBC Here and Now survey 1994 found that one in five men have been subjected to domestic violence in a relationship⁸.

Perhaps the closest estimate for all incidents is demonstrated in the findings from a new British Crime Survey self-completion questionnaire (Mirrlees-Black, 1999).

“This report presents the findings of a new computerised self-completion component on domestic violence, included as part of the 1996 British Crime Survey. The questionnaire was designed to maximise victims’ willingness to report domestic assaults and threats to the survey. It therefore provides the most reliable findings to date on the extent of domestic violence in England and Wales, and shows it to be prevalent. The questionnaire covered physical assaults and frightening threats committed by current and former partners against men and women aged 16 to 59”.

Current levels of domestic violence

⁶ M.A.L.E. information leaflet, Les Davidson.

⁷ RUC domestic violence statistics, supplied by domestic violence officer.

⁸ M.A.L.E. information leaflet, Les Davidson.

- 4.2% of women and 4.2% of men said they had been physically assaulted by a current or former partner in the last year. 4.9% of men and 5.9% of women had experienced physical assault and/or frightening threats.
- Women were twice as likely as men to have been injured by a partner in the last year, and three times as likely to have suffered frightening threats. They were also more likely to have been assaulted three or more times.

Life-time experience

- 23% of women and 15% of men aged 16 to 59 said they had been physically assaulted by a current or former partner at some time. The inclusion of frightening threats increases these figures to 26% and 17% respectively.
- At least 12% of women and 5% of men had been assaulted on three or more occasions. They were termed chronic victims.

Traditionally, women have been viewed as the main victims of domestic violence, however, this survey uncovered relatively similar levels of recent domestic assault for men and women within the year. Without drawing too heavily on statistics, it cannot be ignored that male victims of domestic violence do exist in N. Ireland and my task is to look at what resources are available to them.

METHODODOLOGY

METHODOLOGY

Agencies and services were approached who may have had some direct experience with male victims of domestic violence, in N. Ireland, and it was requested that a representative of this agency would assist in this research. With the Statutory Sector, the GPs were selected randomly from surgeries in different areas in Belfast. The remaining representatives were either recommended by the “headquarters”, or through word of mouth. With the Voluntary Sector the organisation was contacted directly and often the founder offered to assist with the interviews, and in the remaining cases a representative with lengthy experience offered.

Most of the semi-structured interviews were carried out in the workplace of the worker, however, due to time constrictions and lack of funds, a few were carried out on

the telephone and by e-mails, such as that with Les Davidson (M.A.L.E.) and Mary Cleary (Amen).

With each interview I had a short list of questions⁹, to guide the representative, but would prompt with further questions according to the responses given. The majority of the interviews were recorded using a dictaphone, which was later transcribed. Others were noted down on paper at the time of response.

The findings of each interview from the statutory and voluntary sector were recorded onto tables, which follow, and then further analysed and summarised.

RESULTS

⁹ Appendix 1 and 2

Table 1 RESPONSES GIVEN BY THE STATUTORY REPRESENTATIVES

Question/Profession	GP 1 Male	GP 2 Male	GP Female	Nurses	S.W. 1	S.W.
Any Experience	Yes - 1	None	Yes - 2	3 in total	None-personal	None
Written Guidelines	None	None	None	None	None	None
Referral Knowledge	CAB, RUC, Women's Aid	None	MALE, V.S.	V.S.	Relate	V.S.
Personal Attitude	Uncomfortable Sympathetic	Ridicule Wimp/Weak	Uncomfortable Concern	Less Serious Concern	Less Serious Reluctance	Not v Does
Society's Stereotypes	Ridicule	Disbelief	Ignored, Mocked	Men are Strong	Wimp/Not a Man	Laug

	Disbelief	Real Man?	Disbelief	Mockery	Ignored	Ignor
Need for Helpline	Yes	General	Yes	General	No	No
Need for Refuge	Yes	No	Possibly	Not Sure	No	No

Table 2. 2 RESPONSES GIVEN BY VOLUNTARY SECTOR REPRESENTATIVES

QUESTIONS/AGENCIES	Women's Aid	AIAC	Men's Parent Team	Stess & Trauma	MAP
Direct Experience	1call a month	None	No -general violence	1 case	Several
Dealt with directly	No	No -Signpost	Listen, signpost	Counsell/ Advocacy	Counsell/Inf Advice
Referral Network	V.S.	CAB, H in C, MALE, V.S.	Samaritans, Relate N.I. Mediation Serv.	Male-Link	V.S., Male-Link
Changes for future	/	Specialised Agency	Increase Awareness	Education	Awareness, More Resou
Helpline	/	Possibly	Yes	General	Yes
Refuge	/	Not Sure	Not Sure	Yes	Space at lea
To increase numbers	/	Agencies Awareness	Awareness	Awareness	Support
Method of Advertise	GPs, Hosp. TV, Internet	Directories Internet	Flyers, Posters	GPs, hosp.	Not Greatly, leaflets, Inte in process

Table 3. 2 CONT. RESPONSES FROM VOLUNTARY SECTOR REPRESENTATIVES

Male-Link	MMNI	M.A.L.E	Hope In Crisis	Victim Support	Rainbow
Several	Several	Thousands	One	More than several	Six
Listening Ear/ Signpost	Advocacy/Support Listening Ear Info./Advice	Info./Counsell Advocacy/Support Listening Ear	Counselling Religious Support	Listening ear/Info. Respect/Support Signposting	Advoca Listenin Informat
MAP	MAP, V.S. Male-Link	V.S.	V.S.	MMNI, MAP, Rainbow Male-Link, MALE	Male-Lir V.S.
Quality Resources Awareness Perception Changes Yes	Law Publicity Yes	Public Perception Law Awareness In Process	Stereotypes General	Raised Awareness Training Courses Funding Yes, Researching	Awarene Increase Yes
No	Temp Accom.	Wouldn't Work	Not Sure	/	No
Attitude Changes Awareness	Awareness Specific Agency	Awareness Equality	Education	Accessible Resources Increased Awareness	Support Attitude
PAC, Leaflets Internet in Process Conferences	Not Widely Leaflets	GPs, Hosp., Police, Directories	Religious Communitites	Media, Local Branches, Leaflets GPs, Hosp.	Within C Commu

STATUTORY SECTOR

GENERAL PRACTITIONERS

ACCIDENT AND EMERGENCY

SOCIAL WORKERS

ROYAL ULSTER CONSTABULARY

PROBATION BOARD NORTHERN IRELAND

STATUTORY SECTOR

There are a large number of agencies and professionals dealing with Domestic Violence in N. Ireland, but unfortunately for men, there is only a very small number dealing with male victims. Professionals were asked about the extent of domestic violence in their practice and about their responses to men who were experiencing abuse. The interviews also dealt with problems encountered and referrals made to other agencies. The interviews were carried out with GPs, Accident and Emergency nurses, Social Workers, the RUC and the Probation Board. Each interview is

summarised below and conclusions are drawn at the end of this chapter, along with recommendations.

General Practitioners

It is assumed that the local health centre or doctor's surgery would become a focal point for women in the help seeking process since those with young children often have to attend for vaccinations and regular check-ups. The literature also shows that women visit GPs for a variety of medical complaints frequently related to domestic violence (McWilliams and McKiernan, 1995:71). It may then be suggested that men may also visit their GPs with domestic violence related complaints. The availability then of the local doctor and the specific medical problems associated with the abuse makes the GP an important part of the help-seeking process.

Three GPs were interviewed, all of which practiced in the Belfast area, two male and one female. The first male doctor had only come across one male victim of domestic violence and that was only uncovered after the patient visited his surgery five times in one month. The second male doctor had never treated a male patient for domestic abuse. The female doctor had treated one definite case and one suspected case. None of these cases were officially recorded and are based on memory recall.

The first male doctor had treated one male patient for domestic violence and this was only recognised after the patient had made several appointments to see his GP in a short space of time. The patient had only ever attended the surgery three times in total, in the previous eight years, all of which were for semi-serious illnesses. The doctor at first

was under the impression that the patient was a rugby player because all the injuries were bruising, and when questioned one day as to which team he played for, the patient confided in the GP as to the real cause of his recurring injuries. The doctor was inexperienced in this field and felt uncomfortable by this “delicate” issue. He was unaware of any agencies which dealt primarily with male victims of domestic violence but suggested that the patient should contact Citizens Advice Bureau or Women’s Aid and even the RUC if this abuse persisted.

The second male doctor who had never treated a male patient for domestic violence, ridiculed the idea, that such a man would exist “that could not stand up to his own wife.” This doctor has been in the profession for thirty years and is of the “Old School”, his laughter at the very suggestion that a man may be a victim of domestic violence probably is quite typical of how a lot of society would react. He admitted that he would not be aware of any local agencies that would be able to offer support or advice for such a man, but instead suggested that perhaps “he should “just” move out from the family home if he can not “handle her””. When quizzed as to what tell tale signs he should look out for in men, he responded that the man would be “frail, wimpish and short in height”. He also commented that if such a man did exist (in another world), then he would be too embarrassed to “admit” he is a victim, and is unable to live up to the stereotypical “macho” image of a **real** man.

The female doctor had two patients in her five year career, who she considered to be male victims of domestic violence, although one patient did not admit it outright. The first victim visited her several times in three years with unexplained bruising and sometimes burns. The doctor queried these injuries and finally during one appointment

the man broke down, claiming that he could no longer cope. The female doctor had little knowledge of domestic violence issues in general and was completely ignorant to resources available to male victims. The doctor made a follow-up appointment for her patient for the following week, mainly to check-up on his emotional state. When he attended this appointment, she was able to advise him of a few useful sources which she believes should be able to offer him support, advice and counselling. These agencies were Victim Support, M.A.L.E. helpline and the Samaritans.

The second patient which the doctor suspected to be a victim of domestic abuse was a man who visited her only twice in the four years that he was a client of her surgery. Both times he attended appointments, he had suffered third degree burns to his arms and legs. The patient offered no explanation for his injuries even when asked and did not request any advice or help other than medical attention. The doctor suspected him to be a male victim of domestic violence, because when offered leaflets on Victim Support he accepted them, and requested that it should not be discussed with his wife.

All three doctors felt that they had not sufficient training or experience to deal with such victims, other than in a purely medical way. They saw anything other than providing him with information on local agencies, as overstepping their mark, perhaps into dangerous territory. From the cases mentioned above, in each incident the perpetrator was also a patient of the GPs', which made the issue even more delicate. The first male doctor and the female doctor believed that there were more male victims in N. Ireland than official statistics report, the second male doctor seemed to disbelieve that any more than a handful existed. The doctors felt uncomfortable with the issue. The female doctor who carried out her own research as to what agency could offer help to the victim was surprised by how little there was in N. Ireland for men faced with such

abuse. All three doctors believed that there should be a helpline introduced solely for men, but that it should deal with all men's issues and not just for domestic violence. When questioned as to whether or not a refuge should be set up, two thought that it wouldn't be necessary at this stage because few men are coming forward for help (to the best of their knowledge), and one GP thought that it would be a good idea, giving the male victim somewhere to clear his head and make decisions.

The doctors pointed out that men visit their GP generally a lot less than women, and therefore it would be less likely to recognise if the patient is a victim of domestic violence. They also believed that because there isn't much, if any, public awareness on this issue, it would be too much of an embarrassment for a man to come forward and discuss his abuse. This also raised the issue as to whether or not a male patient would confide in his male GP or female GP. The first male doctor believed that the male victim would feel more comfortable confiding in another man for a few reasons. Firstly, that he will not want to discuss his betrayal by his female partner with another woman, of the "same species", and secondly that he will be looking for "male knowledge" on the issue, wanting to know if any male groups exist to provide support and general reassurance that he is not alone. The second male doctor thought that a man would not let himself be open to the ridicule he would receive if he told another man, and for this reason only he would choose to confide in a female doctor, if anyone at all. The female doctor was of mixed opinions, thinking that some men would find it easier talking to another man and some would appeal to a female doctor for help.

To conclude this section on GPs, it is obvious that they had little or no knowledge of the specialised agencies for male victims of domestic violence. The doctors do

however, seem curious to investigate this area further and perhaps contact agencies to discover exactly what they offer the victim. None of the GPs were aware of any agencies which worked solely with men and only the female doctor mentioned the M.A.L.E. helpline, (which will be discussed in more detail later), and even this was only after her own enquiries.

Accident and Emergency

Casualty departments provide emergency services, twenty four hours a day, and therefore it is likely that they would treat any major assaults. Given this, it may be assumed that a male victim of domestic violence suffering a severe injury would attend the hospital casualty department, and therefore two nurses working in the accident and emergency department in a major Belfast hospital were interviewed. Both nurses have been working in this department for a number of years and had treated many domestic violence issues, however the vast majority of which were women.

Between the two nurses only three cases were recalled where the man had been a victim of domestic abuse. In each case the man had suffered stabbings and was treated and referred to Victim Support. Social services were called in, in one incident mainly because the wife showed up at the hospital intoxicated and creating a scene. The

nurses were unaware of other agencies which may be of use to the male victim but believed that Victim Support would offer the victim advice, support and counselling. The nurses commented that they work in a very busy department in the hospital and it therefore would be possible to miss the causes of the injury. They felt that they were guilty as many other nurses would be, of putting a man's injury down to sport, work or fighting with other men. It was suggested that a man would visit the hospital only with severe injuries and many would hide the causes, so as not to involve the police. The nurses were surprised with this interest only in male victims and were of the opinion that there are few men suffering domestic abuse, but did think that this may only be their view due to a lack of awareness. Domestic violence was considered as life-threatening by the hospital staff, but it was thought that men would be able to handle themselves better than women, therefore of less urgency for medical or other help.

Social Services

Social workers have a statutory responsibility for protecting children, but no similar responsibility for the care and protection of women or men, except in cases of mental illness, disability, and elderly care. The Home Office Report on domestic violence (Smith 1989), pointed out that social workers because of their training, ought to be able to help abused women, with no mention of abused men. Smith found, however, a marked reluctance among social workers to take an active role. The interviews with social workers carried out by McWilliams and McKiernan (1995), showed a perception of social workers without an active concern about women. Since they have the power to take children into care, the controlling, rather than the caring, aspect of social work often had a greater impact on women. This then may be the same for men

who come into contact with social services, and if social workers take little interest in the women it may be suggested that they take even less interest in the men.

When social workers were interviewed for this study, they expressed a reluctance to get involved with the parents on domestic violence issues, and would only step in if they thought the children were at risk. They also believed that the victim of domestic violence whether male or female, would be reluctant to approach a social worker because of a fear of the children being removed. There were no social work policies or guidelines specifically relating to domestic violence, and there appeared to be little information on the issue. The interviewed social workers were not trained in this area and felt that they would be inexperienced to handle a domestic violence case. Each worker had come across cases where the female victim had discussed the violence of her partner, but had never dealt with a male victim. The social workers were aware of agencies such as Women's Aid, Relate and Victim Support, but were unaware of any agencies which could deal with a male victim. They were not sure what support or help Victim Support could offer a male victim, but suggested using them as a referral agency.

Although the social workers had not dealt with male victims personally, they were aware of a few cases handled within their office. It was believed that these few cases were referred to social services by the RUC, because children were involved. In one of the cases, the social worker attended the family home, the male partner was at work and the female acted surprised by the visit. She informed the social worker that they had had a domestic, but it was nothing serious and the children were unaware that the incident took place. She belittled the incident, explaining that the couple had consumed

alcohol and got into a heated argument about finances, which resulted in a few ornaments being smashed. The social worker noted the wife's comments and left the family home, putting it down to a "one-off". It was only after a repeated incident, reported by the RUC did the social worker take it seriously, and interview the man of the house. The interviewed social workers explained this as a lack of experience in the field, and the social worker who attended the case had not taken the referral seriously as the female had been willing to talk of the incident.

The social workers were not quizzed about elderly abuse as I believed this to be too large an area to just mention briefly in this dissertation.

Royal Ulster Constabulary

Two members of the RUC were interviewed, one of which is a domestic violence officer. They both pointed out that the RUC has a policy to treat all victims the same whether male or victim, regardless of the crime. One of the interviewees however, claimed that this works in theory but is not always the case in practice, as police like everyone else have their own preconceived ideas about domestic violence perpetrators and victims, namely that the perpetrator is male and the victim is female. The domestic violence officer had had a number dealings with male victims of domestic violence whereas the Constable had only ever attended incidents in which the victims were female. The 1998 statistics show that the male victim represents 11% of the total number of domestic violence victims, reported to the police.

When dealing with any victim of domestic abuse, the domestic violence officer contacts that person by letter, phone or in person. The victim is supplied with information on court orders, official complaints via the police and voluntary organisations which may be able to offer support. The domestic violence officer was very clued in as to what is available in N. Ireland for victims and was well aware of existing agencies which can offer help or advice for men. The officer had leaflets on Victim Support, Men's Advisory Project (MAP), M.A.L.E. helpline and Men's Movement N. Ireland (MMNI). The officer explained that these leaflets and information sheets are available in all enquiry offices and the knowledge is often updated due to a good interagency network. It was added that as well as local and regional domestic violence forums, which address support available to victims of both genders, there are also talks given to local community groups by the domestic violence officer, educating the community on referral agencies.

The Constable was ignorant as to the available agencies in N. Ireland for male victims of domestic violence, but did comment that the cases would always be passed on to the domestic violence officer of that district. The Constable was quizzed as to what reactions would be typical of police officers attending a domestic incident. The comments were that many officers would not want to get involved in domestics, because in the majority of the cases the victim will not want to press charges and will be alone with the perpetrator once the police have left, perhaps putting them in further danger. The officers often saw the incidents as moments of anger which occur in every family home and perhaps took them less seriously than other crimes. In some cases it was suggested that once the police stepped in to sort out the problem, the victim and the perpetrator would side together against the police, claiming that they can sort out their

own problems. The Constable suggested that it is often a “no-go” area in which you will never come out feeling like you’ve achieved anything for the victim. Having said all this, the Constable also commented that some police officers would be particularly sensitive to these issues and would in some cases remove the perpetrator (**always male**) from the home, and involve the social services for any children that may be present. The Constable seemed well aware of agencies which deal primarily with female victims, such as Women’s Aid, but perhaps due to a lack of experience with male victims of domestic abuse, was unfamiliar with any suitable referral agencies for them.

It must be noted that the number of reported incidents in which the victim is male is said to be greatly under-represented. Without going into the suggested explanations as to why so many crimes go unreported, I would like to just mention a few reasons why male victims of domestic violence don’t call the police. Firstly, when a man is abused by his wife or partner, he feels embarrassed that he is not living up to the “macho” image, and is incapable of standing up to his own wife. As a result of this embarrassment, he is reluctant to tell anyone of this abuse, especially not a police officer who may not be sympathetic or may disbelieve him. In most cases of domestic violence the victim is still in love with the perpetrator and wishes no harm to come of him/her, and therefore would not want to involve the law. N. Ireland has mixed views of the RUC, and certain communities would only involve them if no other option is available and the crime is severe in nature. These are only a few suggestions as to why male victims of domestic violence hesitate to involve the police, but it cannot be ignored that there are quite a number of unreported cases. It will be discussed later as to what methods could be used to encourage more men to report such incidents.

Probation Service

Probation Officers are frequently involved with domestic violence in a wide variety of contexts both in their work with offenders, who can also be the perpetrators of domestic violence, as well as in their work with the families of prisoners. When the Probation Service was contacted for information on male victims of domestic violence or female perpetrators, it became obvious that there has been no work carried out in this field. Instead it was discovered that “over the past three to four years PBNI has sought to develop and implement effective interventions with **men who perpetrate violence against women** within their relationships”. The board is currently piloting a 23 session Modular Cognitive Behavioural Group Work Programme in co-operation with Women’s Aid. The programme is educational, with a clear emphasis on the power and control dynamics which underpin much of men’s violence against women. It recognises that it will only be through each participant exploring his own behaviour, taking responsibility for it, with a clear message that it is wrong and unacceptable, that it may be possible for the person to move into the process of change. Anger and stress management techniques are taught on the programme - although it is emphasised that partner abuse is not primarily a skill deficit problem. But ask yourself, would such a programme not work with female perpetrators and their partners?

The representative from the probation board pointed out that it is unlikely that the probation service would be involved with male victims of domestic violence, perhaps because few females have been convicted as a result of their violence within a relationship. The interviewee commented that when any enquiries have been made by male victims, they were referred to Victim Support and MAP. It was suggested that the

probation service did not have a programme for male victims and their perpetrators because there have been no dealings with any as yet, and that the issue of male victims is relatively recent and the extent and nature of the problem is still unclear.

Conclusions

In summary of these statutory organisations and professionals, it can be clearly seen that there are no clear guidelines for dealing with male victims of domestic violence. There is no clear-cut method of recording such violence, within any of the agencies, except perhaps by the domestic violence officers of the RUC, but this may even vary from one district to another. The interviewed GPs, Nurses, Social Workers, and Constable all felt that they were not trained to deal with these victims, and believed that it would be outside their job-description. Each interviewee expressed the delicacy of the issue and bar the domestic violence officer, they demonstrated little knowledge of resources available to the male victims. The professions did not specialise in this area and were often quite happy to turn a blind eye to the violence, rather than cause embarrassment to the victim and themselves. Each profession emphasised their heavy work-load and thought that the most they could offer the male victim was an information leaflet on **another service.**

The interviews with the three GPs and the two nurses from the Accident and Emergency department, demonstrated that generally men are not suspected to be suffering from

domestic abuse, and therefore it is rarely diagnosed. Men are thought to be able to handle themselves, and the majority of injuries would be put down to sport, work or drunken brawls, without even a consideration that the cause may be his partner.

The interviewees held mixed attitudes towards male victims, some of which were particularly sympathetic, and others were harsh and didn't want to take onboard a "weak" man's problems. There was a lot of disbelief and cynicism regarding these men, as domestic violence has up until recently been a crime committed by men on women. Some of the female representatives seemed to be of the understanding that if they admit these male victims exist, then there will be anti-women campaigns set up left, right and centre. They were of the opinion that the very existence of this study demonstrated an attack on the female sex, creating a picture of a monstrous and violent race.

Some of the interviewed representatives had personal dealings with male victims of domestic violence, while others were aware of a few cases, this alone demonstrates the need for public awareness and increased resources for these victims.

Recommendations for the future will be included in the final conclusion.

VOLUNTARY SECTOR

WOMEN'S AID

AIAC

MEN'S PARENTING TEAM

STRESS AND TRAUMA GROUP

MEN'S ADVISORY PROJECT

AMEN

SAMARITANS

MALE-LINK

MEN'S MOVEMENT N.I.

M.A.L.E.

HOPE IN CRISIS

VICTIM SUPPORT

RAINBOW **VOLUNTARY SECTOR**

Voluntary sector provision in any area is, at its best, about initiating developments, filling gaps, raising issues and providing an alternative, and occasionally, more specialised range of services. And, at its worst, an unstable and “cutting corners” substitute for statutorily provided services (McWilliams and McKiernan, 1995:106). In the case of domestic violence, there are many agencies which in principle can be involved when women seek help for the multitude of problems facing them. In 1997/98 Women’s Aid¹⁰ gave counseling/support to 13,836 women and provided safe accommodation for 2,316 women and children, but what agency mirrors this support for men? To investigate this various agencies were contacted and asked questions about the extent of their knowledge on male victims, the experience they have of these victims and their referral network.

Women’s Aid

¹⁰ Domestic Violence Guidelines To Good Practice

Yes, I know the investigation is based on men, but if a man has no knowledge of a male organisation he may turn to a women's group for advice in an area which they specialise in - domestic violence, or to be referred to another group which Women's Aid may work alongside. When Women's Aid were contacted they were very strict as to not deal with male victims, but were happy to refer any enquiring male victim on to Victim Support. It was estimated that they received one phone call every month from a male victim, but as already mentioned, they offer no direct support or information.

If men are contacting Women's Aid for advice and support concerning domestic abuse, this would suggest that they are unfamiliar with any other organisations which they feel would be able to offer such help and information.

AIAC (Association of Independent Advice Centres)

“AIAC is a voluntary organisation for the independent advice sector in Northern Ireland, representing and giving voice to its members' aspirations to deliver effective and holistic, community or issue based advice through the provision of services, support and development opportunities”¹¹. The AIAC has been known to act as a referral centre for its agency members, and it was for this reason that they were contacted. A Membership Support Worker was questioned as to what agencies may provide a service to male victims of domestic violence in N. Ireland, and after consulting the Bryson House (N.I. Charity) Social Directory 1999 and the Telephone Helplines Directory 1998 (2nd edition) a few agencies were suggested. These included most agencies I had already come across, such as Relate, Victim Support, Stress Management Teams, Citizen's Advice Bureaux, and M.A.L.E., but also included an

¹¹ AIAC annual report 1998

agency which was unheard of to myself - Hope In Crisis (which will be discussed later). These directories because of their publishing did not include new initiatives in Belfast, such as the Men's Project (Male-Link) and MAP. They also excluded a Navan based agency, perhaps because of restrictions to the UK only. Nonetheless, it seemed a challenge to find a listing for any agencies which specialise in helping male victims of domestic violence, even through agency networking. This in itself demonstrates that there are limited resources available to male victims in N. Ireland.

Men's Parenting Team

A representative from a men's parenting team in Belfast was interviewed as to what experience the organisation has with male victims of domestic violence, what process would be used when dealing with these victims and what recommendations would be suggested for the future. The agency works with fathers, stepfathers and male guardians, with young children. The Mission Statement of this organisation is:

- To increase awareness of education (social, play and academic) re. The positive development of children
- To allow fathers to maximise the opportunities in the time (they choose) to spend with their children
- To support fathers endeavors in training, education and employment
- To support fathers emotional needs.

It was a belief of mine that fathers who use such a group may seek advice or support with regards a domestic violence issue. The representative of this organisation, however, was unaware of any direct case of domestic violence against a man, although believed that the workers had come into contact with many violent relationships.

There is no written policy within this organisation with regards domestic abuse, but it was suggested that if such a situation was to arise where a man was in need of support or help from domestic violence, that man would be offered a listening ear and sign posted to a relevant agency. The agencies which this organisation are familiar with are, Samaritans, Relate, N. Ireland Mediation Service and the domestic violence unit of the local RUC station. It was explained that the employees go out into the father's homes and in many cases befriend the father, which would give him appropriate opportunities to discuss such a matter. It seems to be the case that most workers are female and this may play a contributing factor as to why no case has been reported to this agency. Two members of the staff had attended a conference on male victims of domestic violence, so the organisation was at least aware of a growing concern for male victims.

The representative is aware that the staff are of mixed attitudes on this issue, some being sympathetic and others resistant and disbelieving that these victims exist. The representative pointed out that all of the work is carried out in a working class area where the paramilitaries play a predominant role. This was mentioned as to explain that a certain degree of violence is often accepted in many of these relationships, and it is often hard to differentiate between the victim and the perpetrator. The workers are aware with families where violence is tolerated by the parents but it is often the case that they abuse each other, and there is no innocent party.

The interviewee commented that this is a very delicate issue in which men may never feel comfortable talking about, but suggested that this will only be made easier when there is raised public awareness of these victims. There were mixed opinions as to

whether a man would be happier talking to a women about his experience, or another man, and therefore it was suggested that the agencies should be staffed with both genders. The male representative thought of this topic on a personal note, and admitted that he didn't know if he would be able to confide in a friend if he was a victim of domestic abuse. He followed, "the male culture is resistant, we talk about football and women, how do you bring it into conversation with another man that your wife is being violent towards you? You know, you would get laughed out of the pub!" This he thought demonstrated the need for a confidential helpline, men can be anonymous that way and can still get advice and information.

This organisation is advertised by flyers in the local community buildings and male hairdressers etc., by posters using role model men (such as Homer Simpson) as well as word of mouth within the community.

Stress and Trauma Group

This group deals with issues that affect everyday life of those who live and work in North/West Belfast, as well as Lisburn and Carrickfergus. Their leaflet states that "Anxiety, fear, agoraphobia, grief, loneliness, sexual abuse, bullying, retirement, relationship, ex. service, welfare benefits, carers are all facilitated in our individual and group care remit"¹². Although this agency concentrates on those suffering as a result of N. Ireland's thirty year conflict, they are interested in helping all people regain a "normal" life.

¹² Shankill Stress and Trauma Leaflet

A representative from this organisation was interviewed as to the extent in which they are involved with domestic violence. According to the memory recall of this interviewee, there had only been one male victim of domestic violence appeal to this group for advice and support. Like any other hurt and suffering person, this man was offered one to one counselling, the staff member who dealt with this victim made no judgments on him and instead listened to his story. This man was later referred on to Male-Link, when it was felt that the agency could not benefit the victim any further.

The representative explained that the agency would listen to the victim, get all the facts, fill in a referral sheet and take the case from there. It was claimed that the agency would act as an advocacy role, investigating the rights of the victim within the law and with agencies such as Social Services and the Housing Executive. Some of the staff had attended courses with Women's Aid on domestic violence issues but there is a lack of knowledge on the part of male organisations. It was suggested that N. Ireland needs to increase its public awareness with regards this issue, but it was suspected that if an agency was to take off for male victims it would never be on the same scale as Women's Aid. The interviewee felt a need for a helpline for these male victims as well as a refuge.

It was pointed out that there are no resources in N. Ireland for male victims and this is probably a result of the perceptions that society has of men. "Society judges male victims, looks upon them as being weak, soft and unable to stand up for themselves. We ridicule men who come forward and most often disbelieve them"¹³.

¹³ Direct Quotation from Agency Representative

This agency gets most of its referrals from Social Services, hospitals and local GPs. The leaflets can be found in hospitals, doctor's surgeries, Social Service offices and solicitor's offices, basically anywhere where they are permitted.

Men's Advisory Project (MAP)

This is one of N. Ireland's recent initiatives looking at male victims of domestic violence, and methods of helping these men. This small team have been together for only a few months and are still in the process of getting funded, with charity status. The agency offers confidential information, counselling and referral for male victims of a violent relationship. The organisation have put together a leaflet advertising their service, but as yet it has not been widely publicised, mainly as a result of delayed funding. The agency is in the process of finding their feet, but have already been of use to several male victims. The voluntary organisation are not limiting themselves to only being of service to male victims of domestic violence, but are willing to research any issues which affect men. They aim to encourage men to seek help, co-operate with other agencies, including women's groups, promote research on this particular concern as well as encourage perpetrators of domestic violence male and female, to seek help.

The majority of the male victims of domestic violence which the agency have dealt with have been referred by the RUC, others are from agencies such as Male-Link and from direct client telephone enquiries. The staff member would meet up with the client and assess the situation which has usually lead to ongoing counselling. The two founders are qualified counsellors and are building up training experience in this field, but is

was pointed out that there is no-one to train others in this area. When questioned about their knowledge of other local agencies which can offer support to these victims, their response was that there is limited help in N. Ireland and that they are becoming more specialised themselves.

The agency believes that this is often a hidden problem, caused by male attitudes towards masculinity. They feel that there needs to be an overall realisation that this violence exists, and the problem should be tackled under the heading of “relationship violence” - as a whole. The male population needs to be aware of these issues and develop an understanding towards males in these situations, reducing stereotypical images which they should live up to. In order for this to arise there needs to be an increase in the publicised information for both parties, and perhaps the launching of a male helpline. The representative also felt that the men may need somewhere to go, but not necessarily a refuge. Finally, it was suggested that there should be a better interagency network in N. Ireland, working together to gradually make this issue become more public.

Amen

Amen is a voluntary group, founded in December 1997, which provides a confidential helpline, a support service and information for male victims of domestic abuse. Although the office is based in Co. Meath, the staff are still able to offer help to male victims from N. Ireland. The founder of this organisation claims that they have already heard from in excess of 3,500 men¹⁴ and supportive members of their families. The publicised leaflet used to represent the organisation, states clearly on the front that

¹⁴ Figure Supplied by Founder, Mary Cleary

“Society does not have the right to discriminate against victims of domestic violence because of their gender”. The agency is aiming to empower men to make positive decisions about their relationships, by offering them practical advice and support and hence giving them a better understanding of their situation.

It was explained that the helpline is the first form of contact with the male victim, by offering him a listening ear and practical advice. Then if he desires, he can meet up as part of a group to receive support, to share and articulate his pain in confidence, to seek insight and grow strong and thus become empowered to make informed decisions about his relationship, to actively increase membership of the group and to network with other groups, to create public awareness by dissemination of information, to lobby media and public representatives and to articulate the need for legal and legislative reform.

The organisation is perhaps one of the most specialised in this field, for any male victims of domestic violence residing in N. Ireland. The helpline number and leaflets are available in all Southern Irish Garda Stations, although there doesn't seem to be full cooperation by the stations to give out this information to anyone that needs it or that enquires about it. The founder of this organisation is in the process of appealing to the Commissioner to allow Amen to give talks to trainee Gardai, but as yet has not been granted this permission, despite the fact that Women's Aid regularly speak at such training courses. Amen has not been widely advertised in the North of Ireland, and was only mentioned by a few northern agencies which were interviewed.

The representative's suggestions for the future are to raise the awareness of people in general and social care professionals that male victims of domestic violence do exist,

that they are part of the broader issue of domestic violence and failure to acknowledge this will ultimately result in an inability to resolve the problem effectively.

Samaritans

When the Samaritans were approached for this study they were quite reluctant to assist in any way, claiming that they would not have any recorded statistics on male victims of domestic violence and that any information that they could provide, would involve a breach of confidentiality. When three separate staff members were questioned as to what advice or information they would offer a male victim of domestic violence, each answered that under no circumstances would the Samaritans offer advice or information, but merely a listening ear. It was then put to them if the caller was in need of further assistance, and not just an opportunity to air his problem, what referral agency would be suggested, if any. This response was again that, that would be outside their role, although they have referral information. When questioned as to what referral information their books contained, it was suggested that the victim contact Women's Aid. This again demonstrates a lack of knowledge within N. Ireland's agencies as to what resources are available for the **male** victim.

Male-Link

This group was established in March of this year with the intention to "sustain a network of people who have an active interest in men's work and who wish to raise awareness of the issues facing men"¹⁵. The reasons behind the Male Link are:

¹⁵ Male-Link Publicity Leaflet

- The need to have a sense of belonging to a bigger network and reduce feelings of isolation and marginalisation.
- To find peer support.
- To cross-fertilise ideas, establish practical partnerships and share experience.
- To increase communication and coordination of activities while, at the same time, reducing duplication, rivalry and jealousy.
- To provide a more unified focus for this work and increase awareness of men's work/issues.

The interviewed representative, claimed that this organisation, recognises the value of men, acknowledges that men are individuals and have different needs that must be met in a variety of ways. It believes that the development of men and women is inter-dependent and wishes to complement (rather than compete with) the developments that women have achieved. It also sees the development of men as being fundamental to the process of realising gender equality.

The Men's Project aims to treat all victims of domestic violence seriously and equally, regardless of sex, challenging the attitudes of society and its institutions. This field however, is not the primary area of work for this organisation but the one and only existing staff member is trained to operate a "sign-posting" policy, referring such victims to more specialist bodies, such as MAP. The founder added that he "would have to trust that referral agency and its ability to support the special needs of the victim"¹⁶, before he would use it.

¹⁶ Quotation by Colin Fowler

This organisation seemed to be well aware of the existing problem of a lack of resources available in N. Ireland for male victims of domestic violence. The changes that this group would most like to see are, more resources to support/expand existing provision, agreed standards/procedures set to ensure a consistent, quality service, and changes in public perception of this issue which would involve a high profile media campaign to “legitimise” the plight of such men. By no means does this mean that any resources should be taken from women’s groups, but just an increase in those dedicated to supporting male victims.

Men’s Movement Northern Ireland

This organisation was established in October 1998, and at present consists of five workers, one of which is female. This voluntary agency is committed to working towards the goals of redressing the imbalances that exist today in society. They seek to raise awareness of the issues affecting Men and to bring about an understanding of the consequences that occur when Men are disadvantaged by the various structures and laws that discriminate against them.

Throughout the course of the interview the representative spoke of his own personal experience as a male victim of domestic violence, as well as the knowledge he has gained from others. The group recognise, evidentially, that male victims do exist and aim to support these men, treat them seriously, advise them of their rights within the law and with regards benefits, taking on an advocacy role. It was explained that the workers would secure a safe place for the victim to talk - “to get his story of his chest”, reacting sympathetically towards the victim. The staff would record his needs and in the long

term aim to get him back on his feet, empowering him to make decisions about his future as well as assisting him in obtaining appropriate accommodation if need be. As yet the agency is not able to offer a counselling service, but hope in time that this will be part of their service.

As the interviewee has had experience of this crime himself, he was well aware of the processes that each agency takes on, including the Housing Executive, Social Welfare and the Criminal Justice System. In his own experience he came across a number of imbalances within these systems and is aiming now to redress them for the next man coming along. The organisation has dealt with a number of male victims and have taken a practical approach, advising them of the available resources, giving them legal information, and advise on their welfare benefits, as well as support to stand up for their rights.

It is believed that the two things that need to change in N. Ireland with regards male victims of domestic violence, are Publicity and the Law. MMNI are aware that a lot of initiatives are starting up, but pointed out that there has been no major publicity campaign to change attitudes and raise awareness. It is also believed that the Law perpetrates inequality, giving men less rights concerning custody of children, housing and welfare. It was suggested that a helpline and a housing block would be beneficial for these victims. A helpline would assist in keeping the victim anonymous but still providing information, as it has been suggested that many men would feel uncomfortable about coming forward to discuss such a matter. The self-contained units would give the victim somewhere to live, **when he has been removed from the house** by the RUC, this would be somewhere he could bring the children (if any), enabling

him to still see them, as well as giving him temporary accommodation so he can continue in his employment (if any), without ending up homeless, and having less stance in court, when fighting for custody of the children, or going through divorce proceedings.

M.A.L.E. (Men's Advise Line and Enquiries)

Since established in England in 1994, this helpline has dealt with over 8,000 callers¹⁷, most of which are male victims and others are supportive family members or friends. This helpline is open to callers from N. Ireland and the agency has connections with a Victim Support worker in Co. Antrim who takes on referrals from MALE, if the victim needs further help or support which cannot be offered by telephone. This line was launched nationally after a television broadcast, and since then, has been forced to become an international line due to demand. It aims to treat all victims equally and states "Society does not have the right to discriminate against a victim of domestic violence because of their gender, sexuality, race, religion or because they are a minority statistic"¹⁸.

M.A.L.E. is gender sensitive in relation to violence and abuse in a personal relationship and provides information to victims of abuse in both heterosexual or same sex relationships, and to those victims of elder abuse and adult men who have been sexually abused as children. It also provides options for those people who abuse within a relationship and recognise the need to change. The aims of the helpline are to:

- initially provide point of contact for male victims and their children.

¹⁷ Figure supplied by Les Davidson

- provide a means of initial help in the form of telephone counselling, listening, support, with advice and referral for the male victim and their children.
- explore with the male victim and provide an insight into abuse and abuse patterns within a relationship and assist in identifying certain criteria's which are known to cause a person to abuse.
- offer male victims practical advice in relation to Laws, Protection Orders, Police Procedures etc.
- and to provide ongoing support.

The representative during the interview highlighted the male victim stereotypes, i.e. wimpish, soft, and the lack of belief and sympathy available to them from society, and suggested that this helpline only took off because male victims watching the TV broadcast were able to identify with those males which appeared, telling their story. Like many other agencies, he suggested that N. Ireland needs increased awareness and publicity to make more males come forward to seek necessary help. He was unaware of any existing agencies in N. Ireland that deal primarily with male victims, but did have substantial knowledge on Victim Support.

Hope In Crisis

This agency was listed in one of AIAC's helpline directories, under a religious section, and was contacted to see what help or advice a religious agency would supply to male victims of domestic violence. The representative was very insistent that the agency would offer support and counselling to a victim of any religious denomination, and of either sex. Up to date, using the memory recall of the representative, there has only

¹⁸ M.A.L.E. Publicity Leaflet

ever been one male victim of domestic violence use the service. This man was counselled along with his perpetrator, with the intention of getting him over his fear and helping her to come to terms with her violent behaviour. The couple were able to get to the causes of the violent behaviour, and through counselling have managed to remove it from their relationship and stay together. These counsellors have offices in three towns in Ireland and operate a 24 hour helpline. The representative was under the impression that there are more domestically abused men in N. Ireland than RUC statistics represent, but did not think that the number was large enough to substantiate a helpline solely for them, and instead recommended that a general helpline be set up to deal with all male issues.

Victim Support

Victim Support are a voluntary organisation, established in 1981, designed to help people affected by community violence or intimidation, offering practical help, information and someone to talk to. Victim Support is an independent, free and confidential service, with offices set up throughout N. Ireland. It aims to help a person come to terms with the experience of being a victim of crime, it also works to ensure the acknowledgment and protection of the rights of victims of crime and their families, in all aspects of criminal justice policy. They are “committed to providing a professional service of the highest possible standards and which meets the needs of everyone who uses it”¹⁹.

¹⁹ Victim Support, Statement of Standards of Service

The representative was very apt that all victims of crime would be treated equally, and that male victims of domestic violence would be treated as seriously by the staff as female victims, and without any judgement being made. The agency has dealt with a number of male victims in the past year, but no statistics were available. The representative explained that when Victim Support is approached by a male victim of domestic violence, the worker would offer a listening ear, acknowledge that there is a problem, would respect the victim with non-blaming, would provide information and refer on to another agency if necessary. This meeting can take place in the Victim Support office and in the home of the victim, and if desired the information can be passed on by letter or telephone.

The representative was deemed highly knowledgeable in this field, and is the chairperson of a steering group presently seeking funding to set up services for male victims. The staff and volunteers are trained in awareness and have completed training similar to that which is administered when working with female victims of domestic violence. The representative expressed his own personal interest in trying to get a helpline established for these male victims, in N. Ireland. Again, it was suggested that there needs to be raised public awareness around this sensitive and recent topic, in order to get men on the same footing as women, with regards resources.

Rainbow

Up until now, all the agencies replied about their knowledge of violence on men by women, but what about those men in a homosexual relationship? For this reason the agency Rainbow was contacted which is a gay men's organisation in Belfast. The

representative was interviewed with respect to his knowledge and experience of gay men in violent relationships. The agency has dealt with six couples where one of the men was a victim of domestic violence, by his male partner. With these cases the victim was offered a listening ear, was given information, and offered counselling for himself and his partner. The agency claimed to take on an advocacy role, investigating the rights of the victim. It was noted that the victim and perpetrator both have rights to this service, and it is encouraged that they enter the counselling as a couple, if they want to continue in the relationship, which in the majority of cases they did. The workers emphasised that there would be no judgments made on the perpetrator or victim, instead they would establish understanding and reasoning.

Rainbow is aware of several other agencies which may benefit male victims, some of which were MAP, Victim Support and the Men's Project (Male-Link). The representative felt that there are few agencies qualified to help heterosexual male victims of domestic violence, but even less to help gay victims of this crime. Suggestions for the future were, there should be increased awareness, increased training in this area, increased funding, increased research into men's health, an introduction of a confidential helpline, and in general an increase in resources for suffering male victims.

Conclusions

When this study was first initiated, it was a challenge to find even one voluntary agency which has had a substantial amount of experience with male victims of domestic violence. I tried to think of where I would look for advice if I was an abused man, and after reaching a few dead ends, I decided to surf the internet. Unfortunately, however, the internet contained a lot of information on female victims of domestic violence and agencies such as Women's Aid, but male victims were by large ignored. I came across the BCS and various other statistical studies but even within these, there was little mention of the male victim. My search for literature came to much the same conclusion, that men were excluded from the writings on domestic violence victims.

One of my initial enquiries was with Women's Aid, with the hope that they would have some knowledge of their male replicates. However, when I phoned pretending to be a worried friend of a male victim, I was offered no information on any other service, but just advised that their service was to assist women and their children only. It was only after an interview with an RUC Domestic Violence Officer that I began to form some leads, I was informed of MAP, M.A.L.E. helpline and the MMNI. Basically, my search for agencies began from there and was mainly established through word of mouth. This demonstrates the task facing the everyday man who needs support and advise urgently, unless he is willing to contact the RUC, he may never discover that such agencies exist. As commented in a previous chapter, many victims hesitate to contact the police, and perhaps never will, therefore continuing to suffer in silence without any agency help. This does not mean that every member of the RUC is aware of such agencies, as already shown with the Constable, but that there seems to be a better agency network forming with the Domestic Violence Officers.

The few initiatives which are still finding their feet have not yet been widely publicised, firstly, because they intend to stay low-key while they gather knowledge and experience, and secondly, because the funding is not yet available to them. The organisations such as MAP and MMNI do not seem to have any specific guidelines as yet, and are working with limited staff and resources.

It was found that many of these organisations would offer the male victim a listening ear, but would have to sign-post him from there because, the workers were not trained or familiar with these issues. Referral knowledge was lacking in a number of agencies, and many of which suggested Victim Support would be a suitable agency for dealing with male victims. When Victim Support were contacted, it was found that they have had experience with a number of these victims, but were not sufficiently trained to specialise in this area.

All the agencies felt that there should be a helpline set up for male victims, some of which suggested it just be a general helpline to deal with all male issues. There were mixed views on the necessity of a refuge, a number of representatives felt that it was too early to answer this question, as the extent of the problem is still unclear. Other agencies felt that a refuge would never work because the media would tear it apart and also if children are involved, it is unlikely that men would leave the family home²⁰.

Each agency highlighted the stereotypes attached to men by society, such as “macho” and “strong”, and suggested that men would often hesitate to seek help if they are

²⁰ In the majority of the cases which involve the RUC, the man would be removed from the family home and his perpetrator would be left with the children.

victims of domestic violence, because they would be ridiculed for not living up to these images.

CONCLUSIONS

LIMITATIONS

RECOMMENDATIONS

CONCLUSIONS

Domestic violence is potentially life-threatening and affects all aspects of society, including men, who are often not recognised as victims of this crime.

The interviews with the statutory sector revealed the absence of guidelines within these professions, and the lack of recording techniques used. The workers, such as the GPs, Nurses and Social Workers, all claimed to have too heavy a workload, to start concentrating in this area. To the best of their knowledge there was no clear description of the assistance required by their role. Although, some did show concern, it was emphasised that domestic violence issues would just be giving them one more problem to deal with, especially if the victim was male because their own referral knowledge was very limited. This ignorance within the systems would cause the helpless victim to be passed from one agency to another, until he struck it lucky.

As well as the limited referral knowledge, the statutory sector admitted that they would be guilty of belittling a violent act against a man, because of the preconception that a man can look after himself. Not only would they take a male victim less seriously than a female victim, but they were less likely to pick up on any signs that a man is being abused.

The domestic violence department of the RUC seems to be slowly getting tuned into this recent issue, but the knowledge does not appear to have become wide spread throughout the whole force. It seems apparent, however, that the RUC are often not contacted by victims, and the N. Irish society is of mixed opinions on the usefulness of the police. The Constable along with some voluntary agencies, expressed a lack of sympathy with male victims of domestic violence, by the RUC. It was also highlighted

that when the police attend a domestic, if the situation is perceived as potentially violent, the man is removed, even when he is the victim. The perpetrator is, in the majority of the cases, left within the house and even with the children. This is seen as the easiest option, remove the man from the scene despite the fact that he is the innocent party. This may boil down to disbelieving the man is the victim, or having preconceived ideas that even though the woman is violent with her partner she would still be a good mother.

The investigation into the voluntary sector, demonstrated time and time again that there isn't an organisation within N. Ireland that deals primarily with male victims of domestic violence. There are a few recent initiatives starting up in the Belfast area, but as yet, are not widely publicised and to date can only deal with a small number of these victims. According to the representative from MAP, MMNI and Victim Support, there are a number of campaigns fighting for the much need funding, which is hoped to improve the resources for male victims.

It was also noticed that there needs to be improvements made to the inter-agency network, a lot of the interviewees were unsure of what organisations were capable of offering a service to these male victims. Some agencies suggested Women's Aid as a referral agency as they know this team specialises in domestic violence, but ignored the gender specific criteria that the victim must possess. This emphasises the need to establish an agency which deals primarily with male victims of domestic violence, one which is widely publicised and campaigned. It was suggested that a television broadcast would raise public awareness on this issue and campaign the agency which

is set up to offer support, advise and information, like the “Here and Now” broadcast which advertised the MALE helpline and sent its call rates sky high.

Men are bullied by society to take on certain characteristics, such as “be strong”, “don’t cry”, “be tough” etc., which would explain partly why men are shy about coming forward to discuss their physical or emotional abuse. The agencies were questioned as to how they would encourage male victims to use their service, and the main suggestions were: to raise public awareness, to make resources easily accessible, to educate and train workers in this field, and to provide them with a confidential helpline. AMEN and MALE both have a helpline in place and are receiving calls from N. Ireland, therefore the men who are aware of these services are using them to their own advantage, giving us grounds to set up a helpline in N. Ireland. As already discussed, Victim Support and a few other agencies are trying to establish a helpline, but there is no set date or details on this.

As already mentioned there needs to be increased publicity around this issue, but I would like now to look at the leaflets which are already available to society on domestic violence. Firstly, the cover of the “Domestic Violence Guidelines To Good Practice” brochure (Appendix 3), which covers inter agency responses, depicts a female victim. This may not seem like such a big deal, but to a male victim who is looking for help, it suggests that domestic violence victims are gender specific, i.e. female. This stereotypical image is continued throughout the document, appearing on every page, highlighting once again to the reader the bias in research and responses. Furthermore, this document continues to refer to the “women” as a victim, concentrating on “her circumstances”. There was only one mention of a male victim, and that was

just in a passing comment that “men experiencing violence is increasing”²¹. During my research I also came across RUC domestic violence leaflets which are available to the public, and although they have been very careful not to mention the gender of the victim, the colours of the cover may deter a man from picking them up. The first edition, (Appendix 4), is pink as is the domestic violence officer’s card, this may say more to the male victim than intended, as perhaps would the AMEN leaflet (Appendix 5). From an early age we have been socialised into thinking that blue is for boys and pink is for girls, and these, although very helpful leaflets, may be passed over because the male eye is not drawn to them. This issue was noticed by the RUC and the second edition was printed, in what was intended to be a neutral colour - green, but unfortunately these leaflets were printed in exactly the same colour scheme as used by Women’s Aid (Appendix 6). Again, this may mean that the leaflets are passed over by the male victim, because such leaflets are likely to be displayed in much the same places, hospitals and doctor’s surgeries. These are just small points, but in the bigger picture can make all the difference to a man getting help or continuing to suffer.

A few agencies referred to the imbalances within the law, between male and female victims of domestic violence. MMNI are investigating this area and challenging the laws concerning custody, benefits, housing entitlement and employment. This agency is very much focused on achieving “equal” rights for men in all respects, and have been described as being very radical. I do not intend to discuss the Law or benefit entitlements, but do feel that it is worth mentioning. It was pointed out by the representative, that this agency is not working to take anything away from women, but to give these men their rights as victims.

²¹ Domestic Violence Guidelines to Good Practice, 1997: pp9

In 1878 legislation was introduced accepting domestic violence as grounds for an official separation, however, social policy can only be traced back to 1975, with the Parliamentary Select Committee on Violence in Marriage. At this time there was considerable recognition of the women's movement and this is what men are faced with now, 24 years further on. It was then that women were faced with the task of raising public awareness and overcoming the "ignorance and apparent apathy of some Governmental Departments and individual Ministers towards the extent of marital violence" (Dobash and Dobash, 1995:121). Men are now up against this ignorance, but in some ways perhaps it will be a harder challenge for them. For thousands of years it was accepted that men could use violence on their wives, the man was and still is viewed as the stronger physical partner, it may then prove hard for society to come to terms with the fact that tables have turned. Having spent the past twenty years driving the pendulum towards enhanced rights and further protection, women's groups are now reluctant to let men alter the swing. Whilst the recent birth of men's organisations within N. Ireland may appear to be a defiant step to defend their rights, they do not wish to steal the women's glory. Instead they want equal respect for the male victim of domestic violence, which would include equal resources and equal standing within the courts. Their intention is not to battle against the female society, but to raise public awareness and give the man his rights as a victim, mirroring what would be provided for a female victim of domestic violence.

I would like to take this opportunity to wish all those new organisations all the best, and hopefully within the near future the Government will initiate a zero tolerance campaign which should be half the battle fought for you.

LIMITATIONS

- Time restrictions meant that this research would be limited as to the number of interviews that could be carried out. I had planned to interview more representatives from each sector but unfortunately this was not possible.

- Some agencies and professionals were completely excluded from the research, either due to my limited resources, or because they were unable to be cooperative, such as Relate, CAB and the Housing Executive.
- The representatives interviewed may not be a good example of the typical employee, and I may have been receiving a response that only one person from that sector would have given.
- The lack of literature available limited my prior knowledge before the interviews were under way.
- Some interviews were carried out by e-mail, fax and telephone which may have resulted in some brief responses, limiting my conclusions of that organisation.

RECOMMENDATIONS

- Establish a specialised agency which deals primarily with male victims of domestic violence, offering information, support and advice, as well as a 24-crisis helpline.

- Build an area of self-contained units, solely for male victims, to be used as temporary accommodation while campaigning for other accommodation for the victim.
- Carry out extensive research in this area, which would mean an increase in Governmental funding.
- Develop a central policy within professions, outlining their position on domestic violence issues.
- Educate these professions with in-service training programmes on male victims of domestic violence.
- Codes of practice be designed for identifying and recording domestic violence.
- Increase public awareness by a Government zero tolerance campaign.
- Publicise the issue by TV broadcasts and suitable literature for male and female victims of domestic violence.
- Educate the existing organisations of the interagency network, and outline each agency's specialisation area.
- Aftercare and counselling be established for the male victim, abuser and children, which offers a follow-up service.
- Schools and community organisations be educated in the alternative methods of violence.

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AGENCY INFORMATION LEAFLETS

AIAC Annual Report

AMEN

M.A.L.E.

Male-Link

MAP

Shankill Stress and Trauma

Victim Support Annual Report

Victim Support Statement of Services

APPENDICES

APPENDICES

- Appendix 1: Questionnaire Guideline for Statutory Interviews.
- Appendix 2: Questionnaire Guidelines for Voluntary Interviews.
- Appendix 3: Domestic Violence: Guidelines to Good Practice, Document Cover.
- Appendix 4: Edition 1 of RUC Leaflet Cover and Domestic Violence Officer Card.
- Appendix 5: AMEN Leaflet Cover.
- Appendix 6: Edition 2 of RUC Leaflet Cover and Women's Aid Card.

