

## **Supplementary Submission on Men's Health to the Consultation Process and the Development of Men's Health Policy Sept. 12<sup>th</sup> 2006**

*"Little is known about the needs of men who are victims of domestic violence. These groups of men, in the main, suffer in silence, ostracised by a society that still refuses to accept that women too can be perpetrators of violence. In the course of this study, men spoke openly about their lives as victims, recalling painful periods of personal hurt and humiliation that must be considered in future policy development".*

(Men Talking, North Eastern Health Board, 2001)

The setting up of Amen in December 1997 was the first step in lifting the veil of secrecy on another of society's social taboos i.e. the abuse of men in their homes by their spouses. Thousands of men, their friends and members of their families from all parts of Ireland contacted Amen to tell of the abuse suffered by men at the hands of their wives or partners. The stories we have heard over the years have detailed all imaginable, and some unimaginable, forms of abuse and yet there have been common threads running through all these stories. The desire to control, using bullying tactics, is the predominant factor in abusive relationships. Most of the men spoke of their isolation and lack of supports available to them.

Raising awareness of the issue, which has been achieved mainly through newspaper articles, radio and television interviews and leaflet distribution, has ended the isolation of many men and empowered them to speak out and seek assistance.

There is now irrefutable evidence that women and men can be both perpetrators and victims of domestic violence. In July 2005 the National Crime Council's (NCC), in association with the Economic and Social Research Institute (ESRI), published the first ever large scale study undertaken to give an overview of the nature, extent and impact of domestic abuse against women and men in intimate partner relationships in Ireland. Among the notable findings are:

- 29% of women and 26% of men suffer domestic abuse when severe and minor abuse are combined
- 13% of women and 13% of men suffer physical abuse
- 29% of women (1 in 3) and only 5% of men (1 in 20) report to the Gardai

These findings concur with results from all other two-sex studies and surveys carried out in Ireland, the UK, Canada and the USA.

A new study reported, (Irish Times 12/09/06), reported that patients attending their family doctors has found 52 per cent of men and 43 per cent of women in this setting have experienced domestic violence. (See appendix)

***" the results would echo those of other international studies and indicated intimate partner violence was a problem for both men and women....The societal perception is that it is a woman's problem" ....But the study indicated it was "inappropriate to continue to address this issue as solely a woman's problem".***

*Dr.Susan Smith, senior lecturer in primary care at TCD*

Domestic Abuse is any form of physical, psychological or sexual abuse which puts the safety or welfare of a family member at risk and/or the use of physical or emotional force or threat of physical force, including sexual abuse, within the family or household.

***Domestic violence, impacts on physical mental and emotional health. Increased advocacy for resources and support/counselling are required for male victims of domestic violence. Domestic violence crosses over into the areas of personal skills and community action. The department of Health and Children and community groups have been identified as potential stakeholders. (Creating Supportive Environments A report from the Men's Health Consultation Days 2005).***

Domestic Abuse as a Health Issue

Violence is damaging in a number of ways, and not just in terms of physical injury. Many of the men who contact Amen talk about their being isolated, deeply depressed, and feeling suicidal. Often it is only when violence on men by their female partners is near fatal or fatal that the authorities get involved. Men very often remain in these abusive relationships for the sake and protection of their children. Men tell of being alienated from their children.

There is ample evidence to demonstrate that victims of domestic abuse suffer grave damage to their self-esteem. Many men say that the physical scars heal quicker than the psychological scars. A retired post office manager described his life as "*ongoing confrontation with short outbursts of peace*", it is constant harassment, degradation and criticism, he added, "*criticism is comparable to assault*".

Domestic violence also contributes to alcohol and drug abuse, mental illness, suicide, parasuicide and depression. The physical and mental health of men in these situations is negatively impacted upon. Often their sleep patterns are interrupted and they become lethargic and chronically fatigued. They are often unable to focus and under-perform in the workplace. Many are potential safety hazards. Abused men present in surgeries and casualty departments with chest and abdominal pains and other stress related symptoms. Some develop irritable bowel syndrome, digestive problems etc. They are admitted to hospitals for colonoscopies, sigmoidoscopies, barium meals etc. Very often they do not divulge the true cause of their problems.

In March 2000, the Western Health Board published its Men's Health Strategy '*Us Men, Our Health*' and acknowledges that suicide is the most frequent cause of death in the age group 15-34. It points out that in Ireland in 1997, there were 433 suicides and 504 in 1998.

Most analyses of causes of suicide concur that causes are multi-faceted and include:

- Social disadvantage such as poverty, unemployment, homelessness
- Life events such as loss of a job and homelessness
- marriage breakdown/parental alienation

With legislation on the post-divorce division of family assets, the negative material affects of divorce on men are all too apparent, with more and more men sinking into poverty, unemployment and homelessness. This clearly is a major contributory effect on the increasing levels of suicide among divorced men.

Informed, evidence-based attempts to explain the major differential between rates of suicide and gender argue that men and women have different forms and depths of social bonding

- Men make friends with whom they can 'hang out', play sport together;
- Women make friends with whom they can 'share their feelings'.

Men tend to be uncomfortable talking to their male friends about personal problems in their lives. Women enjoy a greater range of formal support networks – statutory agencies, voluntary / community groups in areas like counselling, advocacy, health care, education, housing, welfare etc. than do men. Men tend not to go to their GP.

***'Men see health as 'important but not urgent'. Current research suggest that men take few preventative health measures and are less willing than women to seek medical help'.***

Men's Health Action Plan 2004-2009 NEHB

Men have added difficulties in coping with divorce in that, they not only lose the role of husbands, but their fatherly role also changes. It is still generally the case that, when children are involved, the mother becomes the custodial parent. Anecdotal evidence would estimate that, as a result of family breakdown, the children remain in the custody of the mother in approx. 95% of cases.

Men are socialised by gender biases into believing that they are responsible for the failure of their marriage.

Many men are shocked at the inevitability of a divorce, given that research proves that women initiate the significant majority of divorce proceedings. In short, he is losing, not only his wife, but typically the man is losing his children, his home, his money, his career, not to mention his reputation.

Women have a far stronger support network than men and are more likely to be able to cope with divorce.

The link between divorce and suicide in men holds true even after adjusting for other factors associated with suicide risk, including age, income and educational attainments.

In his presentation '*Men, Depression and Suicide*', New Zealand G.P., Dr Vivian Roberts finds that the main factors influencing behaviour are as a result of the powerlessness men feel following family breakdown

- He is prevented from access to his kids
- His attempts at seeking help through law are frustrated
- Sudden dislocation from his family / Children
- This dislocation normally lasts several months
- When there is a hearing the court is biased against him
- He gradually sinks into despair and depression

Divorced men are at least three times as likely to die by suicide as any other group, according to a review of suicide patterns in Australia (The Institute of Health and Welfare).

Emile Durkheim (*Suicide* 1952) suggested that the causes of suicide were to be found in individual's reaction to society – in this case, the problems experienced by men, who have been socialised into believing that 'it is a man's world', ..... Most suicides take place because the individual feels disconnected from their community, family and/or friends or they are unable to adjust to social change; this may occur during periods of economic depression or radical restructuring of gender relationships. It can also result from individuals losing their personal identity – their masculine roles as husband, provider, father.

Durkheim and others have argued that the higher the societal fragmentation, the higher the suicide rate.

#### Public bodies

As with the general public, those who are employed by public bodies need to be educated about the realities of male victims of domestic violence. Prejudices and flawed perceptions of those employed in the health services, the social services and the justice system create major obstacles in dealing with this problem. All of the people employed should be properly informed as to the realities of the male victim and the role they can play in helping these men to deal with their situations. Those who run the health and other services, which have a role to play in this area, should ensure that the relevant members of their staff learn from the experience and insight of Amen volunteers and avail to the fullest extent possible of the services offered by Amen. Most of the people working in these services would have had some exposure to the experiences of women and women's organisations. In order that they have a full and balanced picture of the reality of domestic violence it is imperative that they also learn from the experiences of men and men's organisations.

In its Report on Consultation *'Your Views about Health'*, the department of Health and Children stated

*'The only submission to deal in detail with men's health was the submission from Amen, the support organisation for male victims of domestic violence. The organisation believes that a far higher priority is given to women's health than to men's health. The submission acknowledges the beginnings of progress to addressing this situation but sees a need for much more to be done.'* Quality and Fairness – A Health System for You, Men's Health p85

Amen offers

- A helpline
- Advice, support and legal information
- Support group meetings
- Networks men with others in similar circumstances
- Counselling/therapy services/bereavement counselling
- A drop-in centre for men and their children
- Outings for men and their children
- Personal development and assertiveness courses for men
- A court accompaniment service
- Occasional evenings & presentations on men's health
- One day training course for health professionals and others

When men come together in a safe environment they are very good at sharing their feelings and emotions.

Amen gets Referrals from:

- Social Workers
- Employers
- Citizen Information Centres
- Health Boards Doctors
- Family and relatives
- Clergy
- Gardai
- Court Staff
- Victim Support
- Women's Aid
- Samaritans
- Relatives

A Father's Account

'During the darkest moments of hopelessness - deprived of access to my beloved children, ejected like a criminal from my home on malicious, unverified evidence, without recourse to justice or any form of help, I frequently considered taking my life. My age, being then nearly forty, was no doubt a stabilising factor preventing this course of action, but I understood why many a younger man felt there was no other way out. Under the circumstances, depression is inevitable.

Accompanying depression was a pronounced lack of energy, unaffected by diet change, regular exercise, or heavy doses of vitamins and supplements. The indications were that this was an energy loss with psychological, not physical causes. And these psychological causes were circumstantial, not intrinsic.

On several occasions my GP asked me if I had entertained any thoughts of suicide. I was obliged to answer 'No', as any admission to the contrary might further damage my standing as an effective parent for my children. Many a man has been damaged or defeated first, then presented to the courts as unfit for the role of father.

My sense of futility and helplessness in the face of social workers, solicitors, judges, teachers, gardai, doctors and other professionals who by their actions (and lack of action) individually and collectively proved themselves so prejudiced against my fatherhood, against equality and fair play, that I felt marginalised, disenfranchised, ostracised, and very angry in a helpless, unfocused way. My mind was frequently distracted and my short term memory proved unable to function effectively.....

The author was a victim of extreme physical and psychological abuse.

Dear Mary,

Following our telephone conversation this morning, you asked me to inform you of the ill effects on my health following my marriage breakdown.

I was originally a very outgoing person. I worked long hours running a business making money for my family so that we could have a good life.

I became tired, listless and withdrawn. This eventually led to depression. I couldn't sleep at night and was not able to get up in the morning. I could not see any reason to go on. I thought about driving my car under a lorry and many other ways of taking my life. I felt my family would be better off without me.

Eventually my G.P. prescribed medication for anxiety and depression. It was recommended that I see a psychiatrist. Even though I was withdrawn I was fearful of being on my own. I couldn't bear to be left alone.

I was taking a lot of medication for depression and headaches caused by stress and anxiety and I developed a kidney problem. I developed a problem with high blood pressure.

I dread to think what may happen .It is enough to age any person 30 years!

If I survive this, I will survive anything.

Thank you.  
Michael

*The Central Statistics Office in Ireland recorded the number of suicides that were registered in 2004 as 457. There were 189 suicides of people under 35, an 11% decrease on the 2003 figures. However, there were 268 suicides for those aged 35 and over, a 16% increase on 2003 figures. Males represented 78% of those who died by suicide, while females represented 22%. [www.oasis.gov.ie](http://www.oasis.gov.ie)*

Trends in suicide rates have been studied extensively between the different decades and show that higher rates are associated with rises in divorce, unemployment....  
[www.aware.ie](http://www.aware.ie)

At the moment whilst we get referrals (see excerpt from letter below) we endeavour to provide services without any structured funding.

Letter from HSE Southern Area Community Services 13<sup>th</sup> March 2006  
... *"A number of other organisations, while not providing services directly to men, will encourage male victims to make contact with Amen as the agency with national expertise in this area. This telephone is given to male callers as a matter of course"....*

Rebecca Loughry  
Principal Community Worker Social-Inclusion

#### E-Mail From Student

Hi there,

I am a part time PhD student with the University of Ulster and I have just completed interviews in relation to the Health Visitors' Response to Family Violence and Abuse. There seems to be an extremely limited service for male victims of abuse in the North of Ireland and I have been given your contact details from some of my interviewees. I am extremely interested in your organisation and the services you offer to male victims and would like to speak to someone if possible to include your service in my recommendations.

I can be contacted at this e-mail address or mobile number is....

Many thanks,  
Ruth

#### Recommendations

- Domestic violence against men and children needs to be recognised and addressed as a major issues effecting men's health
- Groups dealing with men's issues should have their funding requirements addressed
- Funding should be made available for new initiatives addressing the high rate of male suicide in a more holistic manner;
- Male-focused strategies within the mental health framework. Consult with men's groups;
- Existing mental health, support and advice services should develop strategies to target those men they do not now reach. This will involve making services more appropriate and attractive to men ;
- Ensure that staff have a positive approach and an independent, autonomous understanding of men
- There is a need for more qualitative research on the gender dimension of suicide, suicidal thoughts and depression.

Mary T. Cleary Co-ordinator Amen [www.amen.ie](http://www.amen.ie)

## Appendix

### **Rise in reports of domestic violence against men Irish Times 12/09/06**

Eithne Donnellan, Health Correspondent

A new study of patients attending their family doctors has found 52 per cent of men and 43 per cent of women in this setting have experienced domestic violence.

The authors of the study, who are based at Trinity College Dublin, say the research indicates intimate partner violence is a major problem and not just a problem for women.

This study also finds the levels of domestic violence experienced by both men and women attending GPs to be significantly higher than was found in another similar study published in January. That study of 200 patients examined the extent to which men and women attending a doctor's practice in Galway city had experienced domestic violence and found 18.2 per cent of men and 39 per cent of women had such an experience.

This latest study involved over 300 patients attending six general practices in Dublin, in both affluent and deprived areas.

The new study also found that while more men than women reported experiencing one or more violent incidents during an intimate relationship over their lifetime, where women experienced violence it was more severe than that experienced by men, with the women sustaining more injuries.

Women were more likely to report fear of a partner. Some 26 per cent of women and 14 per cent of men reported feeling afraid of a partner either often or sometimes.

Those surveyed included 180 women and 149 men. Most were under 40 years old and had children.

Dr Susan Smith, senior lecturer in primary care at TCD and one of the study's authors, said the results would echo those of other international studies and indicated intimate partner violence was a problem for both men and women.

"The societal perception is that it is a woman's problem," she said. But the study indicated it was "inappropriate to continue to address this issue as solely a woman's problem".

Asked if it was surprising that more men than women were reporting being victims of intimate partner violence in this latest piece of research, Dr Smith said she would not regard the percentage difference between the sexes as statistically significant, given the relatively small size of the study.

Meanwhile, more men than women in her study also reported having experienced "controlling behaviours" in an intimate relationship.

And the study noted that both women and men who sustained one or more injuries as a result of violence at the hands of a partner were "significantly more likely to be depressed and anxious than those without that experience".

Furthermore, 82 per cent of women and 70 per cent of men surveyed said it would be acceptable for their GP to ask them about intimate partner violence during a consultation.

The research, which was led by Gillian Paul, a research assistant at TCD, has just been published in the *European Journal of General Practice*. © *The Irish Times*