## Does anybody care if women beat up men?

The study by Ayinmode and Tunde-Ayinmode of family violence among a population of Nigerian mothers has 'provided evidence that women at primary care level in Nigeria not only experience family violence but that it is impacting negatively on their physical and psychosocial wellbeing and those of their children'.<sup>1</sup>

As clinical psychiatrists we see the victims of abuse and we know that abusive relationships are factors that hugely contribute to and are associated with our patients' disorders, and that at the very least they act to maintain symptoms and interfere with response to treatment.

#### Domestic violence in South Africa

The extent to which violence against women is recognised as a prominent feature in post-apartheid South Africa is reflected in extensive public debate about the issue, in community-based activism, and in NGO interventions. <sup>2,3</sup> South African studies comparable to that of Ayinmode and Tunde-Ayinmode have confirmed the potential role of health workers in combating the evil. <sup>4</sup>

In the preamble to the South African Domestic Violence Act it is stated that 'the State is committed to the elimination of domestic violence'.<sup>5</sup> This intent is aimed at violence occurring within a wide range of relationships, but the preamble highlights the special need for protection of women and children.

This is not surprising in view of the horrifying incidence of violence perpetrated against women by men in South Africa,<sup>2</sup> and perhaps in particular by the almost unbelievable numbers of women who are murdered by male partners.<sup>6,7</sup>

### Female-on-male violence

However, little attention is given to female-initiated partner violence. Indeed, one might suppose that it does not exist. It is unusual to find any reference in the vast literature to even the possibility that some women may be violent to their male partners. Authors typically define gender violence exclusively as violence by men against women, 3,4 or ascribe violence against a male partner to self-defence or to provocation, precipitated by an understandable, even justified, eventual reaction to being a victim of the male partner's longstanding abusive behaviour. For example, an important eight-country research project organised by the World Health Organization (WHO), clearly labelled as a study on women's health and domestic violence against women, is quoted by authors as a study of domestic violence,

without making it clear that the data relate to the perceptions and experiences of only half of the population.<sup>8</sup>

### Violent young females

Similarly, although male and female adolescents both engage in aggressive behaviour, the problem of interpersonal violence among adolescent girls has been widely neglected, particularly with reference to young adolescents. 9,10

Figures from the UK Youth Justice Board showed that crimes carried out by girls between the ages of 10 and 17 have risen by 25% in 3 years, with violent attacks against people rising by 50%. Admittedly there are commentators, on these same figures, who believe that 'much more likely than any actual rise in female criminality is that girls' behaviour is judged by a sexist double standard'. But there can be no doubt that females are increasingly portrayed now on TV and in films and in pop culture as much more physically aggressive than in any generation in recent history.

Meanwhile, it would seem reasonable to presume that any increased incidence of violence in girls is carried through to adulthood, as with males, and that it is likely that it will be acted out upon persons with whom they are in close relationships.

### Domestic violence data from nonclinical population samples

In any event, there is a literature which does suggest that the matter of domestic violence is much less clear cut than the current feminist patriarchal paradigm assumes, and that there is a need for us to be informed about it, to be on the look out for it, and to identify male victims who need help. 9,13,14

An editorial in the *BMJ*, 'Preventing domestic violence', <sup>15</sup> elicited letters to the editor about the neglect of female-on-male violence. <sup>16,17</sup> Horner <sup>16</sup> referred to the 1996 British crime survey of 16 500 adults in England and Wales, which found that 4.2% of women and 4.2% of men said that they had been physically assaulted by a current or former partner in the past year. Horner also makes the point that 'most violence against children is committed by women'. Carlsten <sup>17</sup> urged recognition of the fact that '... regardless of the precise percentages, this is a bi-directional, bi-gender issue'. Health workers are continuously urged to ask women about domestic violence, but it would seem reasonable to urge them not to ignore the possibility of eliciting male victims in the history taking.

Strauss<sup>14</sup> has published widely on the subject of physical violence against partners. He started with conventional assumptions about prevalence and aetiology, but came to realise that '... there is a need for a much more multi-faceted view of PV [partner violence]', and in particular recognition of the evidence which shows that 'women assault their partners at about the same rate as men, and that the motives for violence by both males and females are diverse'. Strauss reports on the International Dating Violence Study in which data were obtained from 13 601 students in 32 nations. The data showed that '... almost one third of the female as well as male students physically assaulted a dating partner in the previous 12 months, and that the most frequent pattern was bidirectional, i.e., both were violent, followed by "female-only" violence'.

With regard to 'minor assault only', South Africa was second in the frequency of male-on-female violence (42.9%). The frequency in South African females was not much less (39.3%), but interestingly females in 7 other countries had higher incidences. With regard to 'severe assault' the figure was also 42.9% for South African males, which sadly was more than double the incidence of any other nation. The figure for South African females dropped to 14% in this category, 10th in the list of nations.

The only other African nation in the study, Tanzania, was more typical of nations in other parts of the world, with more females than males admitting to both minor assaults and major assaults on their partners.

In interpreting the generalisability of these results to wider populations, however, it should be noted that the participants were students and that partner violence is more common among dating couples and among women about to be married than in married couples. <sup>18</sup>

Felson and Cares<sup>19</sup> reviewed data from the Survey of Violence and Threats of Violence Against Women and Men in the United States collected in 1995 and 1996 from a nationally representative sample of 8 000 adult men and 8 000 adult women. They concluded that violence by male partners was more frequent and more likely to result in injury and to generate fear. However, in common with other studies, they found that 'in spite of their strength advantage ... male victims are more likely than female victims to suffer serious injuries'. Felson and Cares suggested that the stronger partners may be more likely to resist and suffer severe injury as a result. On the other hand, females appeared to be more likely to initiate attacks, perhaps because they believe that their 'male partners will be chivalrous and will not retaliate'.

## Data from clinical settings

Much of the above data are from surveys of non-clinical population

samples, but there have also been studies in clinical settings. Carney et al. 13 believe that much of the earlier research into partner violence was driven by a paradigm that avoided asking the right questions of men. In a study in a Philadelphia emergency clinic, questions about domestic violence were reframed in gender-neutral terms. It emerged that 12.6% of all male patients were victims of domestic violence. They reported having been kicked, bitten, punched or choked by female intimate partners, and in 37% of cases a weapon had been used against them. In a similar study in Ohio, 72% of men admitted with injuries from spousal violence had been stabbed.<sup>20</sup> The authors were prompted to carry out the study by the '... observation that serious violence between men and women treated at our trauma centre originates roughly equally from both sexes' in spite of media attention appearing to 'focus strongly on domestic violence in the context of women's issues'.

## Comparing women and men arrested for domestic violence

Studies of offenders arrested for domestic violence and the subjects of requests for abuse prevention orders have also revealed that, although the majority of those arrested for domestic violence are still men, women now make up a substantial minority of these criminal cases. <sup>21,22</sup> Interestingly, although female perpetrators of domestic violence are similar in many ways to male offenders, they also differ in important ways. <sup>21</sup> And, just as all male offenders are not all alike, neither are women arrested for domestic violence a completely homogeneous group. <sup>21</sup> These simple, and surely unexpected, findings suggest the need for much more extensive studies of female violence, both with regard to effective identification of the problem and to improving legislative and therapeutic approaches.

# Rethink of stereotyped approach to domestic violence

Felson and Cares<sup>19</sup> interpreted the available data to be more consistent with a *family violence approach* from a *violence perspective*, rather than the conventional *violence against women* approach. Perhaps the major message should be for all workers in the behavioural sciences to guard against becoming too steeped in a stereotyped world view which tends to assume that male partners are responsible for virtually all problems that arise in intimate relationships. Felson and Cares suggest that we must at least consider the possibility that such problems may derive from basic gender characteristics rather than uncritically accept the hypothesised specific complex relationship dynamics which inform the approach of those working with female victims of violence. In general men are bigger, stronger and likely to be more violent in all circumstances than women. This must be remembered in the



context of studies which show that in approximately 71% of all violent couple fights, women initiate the first violent act.

## Can we continue to ignore the evidence?

Mainline psychiatric literature is perhaps not the best source of information about the incidence of abuse, or its epidemiology, or the latest theories about its causes. A psychiatrist could easily work for many years without encountering in the literature to which she is exposed any suggestion that females may be perpetrators in family violence and domestic violence and gender violence, or that it is of any clinical or sociological importance. And yet I have encountered male victims of domestic violence fairly frequently, so I suppose other psychiatrists must also have done so.

Ellsberg and Heise<sup>8</sup> discuss important ethical concerns in domestic violence research, and quote specific WHO guidelines. But the focus of the authors, as well as these important guidelines, is on a perception of domestic violence that is synonymous with male-on-female violence. Perhaps they should have discussed possible ethical shortcomings of workers in this field who show no concern for males abused by females, whatever the incidence or the causes of the phenomenon.

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