

A SYSTEMATIC REVIEW ON INTIMATE PARTNER VIOLENCE (IPV) AMONG MALE PARTNERS AND ITS PSYCHO-SOCIAL IMPACT

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Abstract

Current review systematically describes the types, causes, psychosocial impact and dilemmas of Intimate partner violence (IPV) among male victims. Male partners suffer physically, sexually & psychologically due to IPV by their female partners. As compared to the published literature, the IPV against male partners exists many folds in the society. This ratio is continuously increasing due to the fear of being criticized, lack of family support, lack of legal & moral framework support from human rights forums. No doubt, strengthening women rights have consistently mobilized the society & law firms to protect the female victims. But current ratio of male victims in the society demands a proper legislation too.

Keywords: Male: Victimization; IPV; Partner Violence

INTRODUCTION

The prevalence of intimate partner violence (IPV) is a major problem for the public's health. Despite the growing research on interpersonal violence, there has been relatively little conducted on male victims of IPV and interpersonal violence, victimization and perpetration in men are not well understood (Godbout et al., 2017; Abrahams, Jewkes, Laubscher, & Hoffman, 2006; Black et al., 2011; Desmarais, Reeves, Nicholls, Telford, & Fiebert, 2012a, 2012b; Tjaden & Thoennes, 2000). The topic of intimate partner violence (IPV) has received a growing amount of attention in the published works of science, which has resulted in an abundance of research on risk factors, including a rapidly growing body of reviews and meta-analyses (Capaldi, Knoble, Shortt, & Kim, 2012; Fry, McCoy, & Swales, 2012; Gil-Gonzalez, Vives-Cases, Ruiz, Carrasco-Portino, & Alvarez-Dardet, 2008; Smith-Marek et al., 2015). The objective of current study was to highlight various form of abuse and limitations of the male partners who are seeking help in IPV.

PREVALENCE OF IPV AGAINST MEN

Since the early to middle 1970s, when studies of intimate partner violence (IPV) first began, there have been reports of incidences of women physically assaulting their male partners. For instance, Gelles (1974), a pioneer in the field of research on domestic violence, discovered that "the eruption of conjugal violence occurs with equal frequency among both husbands and wives" (p. 77). Since then, data on the incidence of intimate partner violence (IPV) committed by women against men have been collected from a variety of different sources. To begin, the most recent data available from the National Crime Victimization Survey (NCVS), which is conducted by the United States Department of Justice, indicate that in the year 2004, more than 1.3 per 1,000 men were assaulted by an intimate partner, the majority of whom were women (Catalano, 2007). In addition, whereas the rate of reported intimate partner violence

against women dropped dramatically between 1993 and 2004 (from 9.8 to 3.8 women per 1,000), the rate of reported IPV against men did not fall quite as precipitously during this time period. National Family Violence Surveys [NFVS] of 1975 and 1985; 1992 National Alcohol and Family Violence Survey] carried out by researchers at the University of New Hampshire in the 1970s to 1990s showed that in contrast to declining rates of violence by men toward women, violence by women toward men has remained stable over the 17-year period that spans the time between the first (1975) and last (1992) surveys. These surveys were carried out between 1975 and 1992. (Straus, 1995). According to the "National Violence Against Women Study" (NVAWS), which was a national random-digit-dial telephone survey of 8,005 women and 8,001 men in the United States, 24.8 percent of women and 7.6 percent of men reported that at some point in their adult lives, they had been the victims of physical and/or sexual abuse at the hands of an intimate partner. The implications of this are that an intimate partner is responsible for the sexual assault or physical abuse of approximately 1.5 million women and 834,700 men each year (Tjaden & Thoennes, 2000). These trends are the same as those found in the NCVS, with the exception that the rates of intimate partner violence in the family violence surveys are significantly higher. To be more specific, when age and socioeconomic status were taken into account, it was reported that minor assaults (such as slapping or pushing) committed by wives toward their husbands occurred at a rate of approximately 75 per 1,000 in 1975 and 1985. After that, the number of reports increased to approximately 95 per 1,000 in 1992. According to the findings of the study, the rate of severe assaults committed by wives toward their husbands (for example, punching or beating up) was approximately the same at 45 per 1,000 throughout all of the study years. These rates of severe assaults projected into approximately 2.6 million men per year who were victims of intimate partner violence that was likely to cause an injury (Straus & Gelles, 1986).

CLASSIFICATIONS OF IPV AGAINST MEN

Classification of IPV among male partners is generally divided into two types

- 1) Classification by Form of abuse
- 2) Classification by Type & Cause

(1) Classification By Form Of Abuse

One method of categorizing IPV is based on the type of abuse that occurs. It is possible that gaining an understanding of the various types of abuse will assist in the process of determining strategies that can be used to combat each type of abuse. The World Health Organization (2002) divides intimate partner violence (IPV) into three categories: physical, sexual, and psychological. Although some policymakers have identified additional categories, such as economic and social abuse, it is not entirely clear whether these subcategories actually exist as distinct dimensions of intimate partner violence (IPV) (Hegarty, Sheehan, & Schonfeld, 1999). This classification is frequently used and reported in studies individually as physical violence, psychological violence, and sexual violence, or in combination with each of these types of violence (Devries et al., 2013; World Health Organization, 2013).

(a) Physical Violence: Physical violence refers to the use of physical force to inflict pain, injury or physical suffering to the victim. Slapping, beating, kicking, pinching, biting, pushing, shoving, dragging, stabbing, spanking, scratching, hitting with a fist or

something else that could hurt, burning, choking, threatening or using a gun, knife or any other weapon are some examples of physical violence (García-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005).

(b) Sexual Violence: The term "sexual violence" refers to "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person, regardless of their relationship to the victim, in any setting, including but not limited to home and work." Sexual violence can occur anywhere, including but not limited to the workplace and the victim's home (Jewkes, Sen, & Garcia-Moreno, 2002, p. 149). In the context of intimate partner violence (IPV), the term "sexual abuse" refers to the act of physically forcing a partner to have sexual intercourse who did not want it, forcing a partner to do something that she found degrading or humiliating (Garca-Moreno et al., 2005), harming her during sex, or forcing her to have sex without protection. In addition, sexual abuse can also include forcing a partner to do something that she found degrading or humiliate (World Health Organization, 2014).

(c) Psychological Violence: The use of a variety of behaviors, either in public or in private, with the intention of humiliating and controlling another person is referred to as psychological violence. Verbal abuse, calling someone offensive names, constant criticism, blackmailing, saying or doing something to make the other person feel embarrassed, threats to beat women or children, monitoring and restricting movements, restricting access to friends and family, restricting economic independence and access to information, assistance, or other resources and services such as education or health services are all examples of psychological violence (Follingstad & DeHart, 2000; WHO, 2002).

(2) Classification By Type & Cause

Two types of classification systems exist that describe different categories for IPV among male partners.

- A) Swan and Snow's classification
- B) Miller and Meloy's classification

(A) Swan And Snow's Typology: In their study involving 108 women who had used intimate partner violence (IPV) within the previous six months, Swan and Snow (2002, 2003) investigated women's experiences of being a victim of and a perpetrator of IPV (physical violence, sexual violence, emotional abuse, injury and coercive control). The authors identified three subtypes, which include victims, abused aggressors, and mixed relationships (mixed male coercive relation or mixed female coercive relationship). The victims include those who have been abused, while the abused aggressors include those who have abused others.

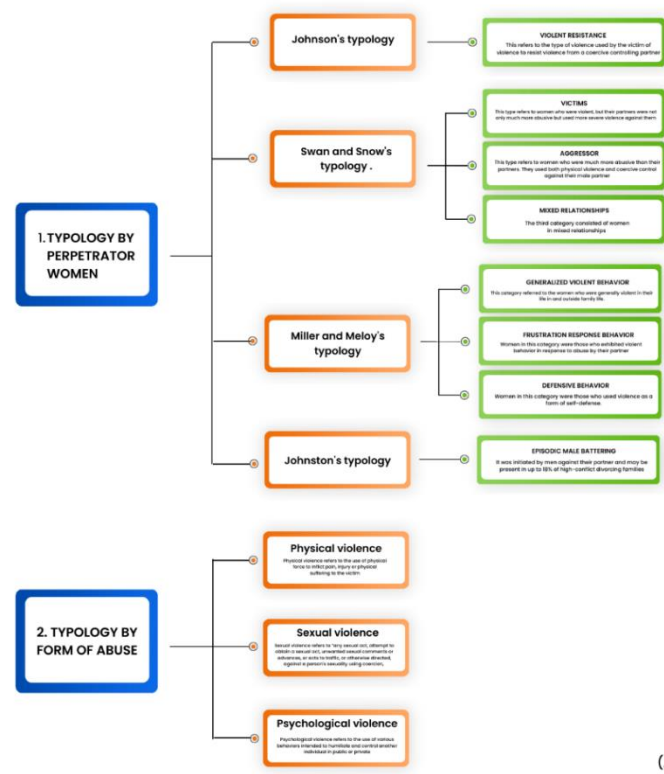
(a) Victims: This category includes women who were violent themselves, but whose intimate partners were not only much more abusive than they were, but also used more severe forms of violence against them. This category comprised 34% of the total sample, which consisted of 108 individuals (Swan & Snow, 2002). This category was further broken down into two different kinds. The male partners of type A were more likely to engage in all forms of violence than their female counterparts. On the other hand, the male partners of type B were more likely to engage in severe violence and were more controlling toward their female partners. However, women committed moderate acts of violence and/or emotional abuse against their male counterparts that

were equal to or greater in severity. For these women, self-defense was the main reason for the use of IPV (Swan & Snow, 2002, 2003).

(b) Aggressor: This category included women who were significantly more abusive to their partners than their partners themselves, and it accounted for 12 percent of the total sample in the study. The women resorted to both physical violence and controlling their male partner through the use of coercion. Additionally, this category was broken down into two distinct subtypes. Women who were considered to be of "type A" were those who were more likely to resort to any and all forms of violence against their male partners. Women who used greater levels of severe violence and coercion were classified as type B women aggressors. However, their partners were responsible for equal or more moderate levels of physical violence and/or emotional abuse. The use of intimate partner violence (IPV) against these categories of women was motivated by a desire for retribution and control (Swan & Snow, 2003).

(C) Mixed Relationships: The third category consisted of women who were in mixed relationships, and these women made up fifty percent of the people who participated in the research. Three point two percent of the women were in relationships with mixed male coercive partners, and eighteen point two percent of the women were in relationships with mixed female coercive partners (Swan & Snow, 2003). The women in mixed-gender abusive relationships were just as or more violent than their male partners, despite the fact that the male partners were more controlling than the women were on their own. On the other hand, research has shown that women who are in mixed-gender coercive relationships are just as coercive, if not more so, than their male partners, while their male partners are more violent than the women.

TYPES OF VIOLENCE AGAINST MEN



(B) Miller And Meloy's Typology

Following their conviction for a domestic violence offence, 95 female offenders who were required to participate in treatment programs as a condition of their probation were the subjects of an investigation conducted by Suzanne Miller and Michelle Meloy (Miller & Meloy, 2006). They investigated the background of intimate partner violence and came up with a model consisting of three categories of abusive women: generalized violent behavior, frustration response, and defensive behavior.

(a) Generalized Violent Behavior: This category included the women who were generally violent throughout their lives, both inside and outside of the context of their families. On the other hand, these women did not exercise dominance over their romantic partners; "... in fact, the victims did not fear them nor change their behavior out of a sense of intimidation— responses that would be typical in a scenario with female victims who were abused by men" (Miller & Meloy, 2006, p. 98).

(b) Frustration Response Behavior: The women who fell into this category were those who acted violently as a response to the abuse they received from their partner. There were a total of thirty percent of the sample's female participants who belonged to this group. These women had a history of being abused by either their current or former partner, and after attempting other methods to stop the violence, these women resorted to using violence as a means of retaliation, which was unsuccessful (Miller & Meloy, 2006). Nevertheless, the use of violence by these women did not change the abusive behavior of their partners or the power dynamics of the relationships in which they were involved.

(c) Defensive Behavior: Women who resorted to physical force in order to protect themselves were placed in this category. They resorted to violent behavior in situations in which they were aware that their partner was about to escalate their level of aggression. The majority of these mothers resorted to violent means in order to safeguard their young children. Approximately 65 percent of the women in the sample could be classified in this manner.

LITERATURE SEARCH

Several different methodologies were used to compile the list of pertinent previously published articles. The literature search included more than 300 related articles on IPV. Most reliable source for literature search was "Google scholar". Various keywords have provided peer reviewed literature from authentic sources like Springer, Taylor & Francis and Sage publishers. The latest literature for Introduction was found with key words "IPV against male" & "IPV against, male, men, man, 2022, 2021, 2020" on Google scholar. The literature for the types of IPV was found under keywords "types, forms, IPV against men" on Google scholar. However, the effect of IPV among male partners was found almost under all related key words particularly including "impact, effect, of IPV, against male, against men" on Google scholar. Finally, the reference sections of all selected studies were thoroughly examined for other relevant articles. When an article was identified, the title, abstract, and full text were read to identify appropriate studies based on the inclusion criteria described below.

Inclusion Criteria

Inclusion criteria comprised of the peer reviewed data from approved sources and all geographic locations regardless of the race, time and the type of study settings.

Exclusion Criteria

Exclusion criteria was non-peer reviewed articles, unapproved work and the letters.

Data Sources

The big data sources include Google Scholar database, Elsevier, Springer, Taylor & Francis, official publications and reports from State departments of various countries.

Study Bias

The risk of bias was eliminated by including the studies from all significant geographies and multiple ethnicities.

Health Effects Associated with IPV Victimization of Men

Abuse in the form of power and control, in addition to other forms of psychological abuse, was found to be associated with men's overall self-reported state of "poor" health. All forms of intimate partner violence were found to be linked to depressive symptoms, heavy alcohol use, "therapeutic" drug use, recreational drug use, and a previous history of injury in men. In men, being a victim of physical IPV was associated with a higher risk of developing an injury as well as a chronic disease. Abuse of psychological power and control in men was associated with the development of a chronic mental illness (Coker et. al., 2002).

Although a sufficient literature has been found to conclude the study but still the rates of **sexual and psychological IPV** by women toward male partners are harder to obtain because they have rarely been systematically investigated, even though studies show women use both of these types of IPV toward male partners. Studies of college women show that as many as 33% report using aggression (either verbal or physical) to coerce men into engaging in sexual behavior or intercourse (Anderson, 1998; Hines & Saudino, 2003; Struckman-Johnson, 1988), and 20% of men report sustaining such sexual aggression from a woman (Hines & Saudino, 2003; Struckman-Johnson, 1988). Percentages differ based on the exact operational definition of "sexual aggression," and although most of the aggressive tactics used by the women in these encounters to coerce men into sex were verbal, a few women and men indicated that women sometimes use physical force to achieve their sexual goals (Anderson, 1998; Struckman-Johnson & Struckman-Johnson, 1998). Reports of the prevalence of psychological aggression by women toward men estimate that at least half, and as much as 90%, of men are the recipients of some type of psychologically aggressive act (e.g., being threatened, called names, or being insulted or sworn at) in their relationships (Hines & Malley-Morrison, 2001; Hines & Saudino, 2003; Simonelli & Ingram, 1998; Straus & Sweet, 1992).

In general, the findings of these studies suggest that there may be some gender differences in the manner in which men and women use intravenous drug use as well as the circumstances that lead to their use of intravenous drug use. Concurrently, the findings of these studies provide information regarding documented instances of criminal-level IPV perpetrated by women. The findings of this study highlight the significance of investigating women who make use of IPV because it is possible that the service requirements for women and men are not identical. These studies also make a passing reference to the potential challenges that may arise for men who are victims of intimate partner violence at the hands of their female partners when they interact with the social service and criminal justice systems as victims of intimate

partner violence. When it comes to seeking assistance from social services and the criminal justice system, men who have experienced intimate partner violence at the hands of their female partners face a number of potential internal and external barriers. For instance, men in general are less likely to seek help for problems that are considered to be non-normative by society or for problems that society considers to be ones that men should be able to handle on their own (Addis & Mihalik, 2003).

Men who are victims of intimate partner violence may be reluctant to seek assistance out of the fear that they will be mocked and that they will feel shame and embarrassment (McNeely, Cook, & Torres, 2001).

Psycho-Social Impact Of IPV Among Male Partners

These findings cannot necessarily be generalized to all men who come forward seeking assistance for having been a victim of intimate partner violence because the majority of the research that has been done on the outcomes and consequences for men who have been a victim of IPV has typically been carried out on men who have been a part of community- or population-based samples. In addition, the majority of these studies make a comparison between the relative consequences experienced by male and female victims. However, due to the fact that female victims typically have more negative outcomes, the problematic outcomes that men typically experience are typically glossed over. Regardless, these studies are helpful in elucidating possible outcomes for men who are victims of intimate partner violence (IPV). As a whole, the findings have demonstrated that intimate partner violence (IPV) is responsible for causing serious harm to a great number of men, including, in some cases, their deaths (Mann, 1996; Stets & Straus, 1990). Emergency room physicians have reported treating a wide variety of injuries sustained by men as a result of intimate partner violence (IPV), including those caused by axes, burns, fireplace pokers and bricks, as well as gunshot wounds (Duminy & Hudson, 1993; Krob, Johnson, & Jordan, 1986; McNeely et al., 2001). There are numerous accounts in the published research on community samples of couples that detail instances in which men suffered physical harm at the hands of their female partners. For instance, Cascardi and colleagues (1992) discovered that two percent of men who reported experiencing minor or severe IPV also reported suffering broken bones, broken teeth, and/or an injury to a sensory organ. This was the case for those men who had reported experiencing IPV. In a similar vein, information obtained from the NFVS in 1985 revealed that 1 percent of the men who reported being the victims of severe assault required medical treatment (Stets & Straus, 1990). Morse (1995) and Makepeace (1986) discovered that males had higher rates of injury than females. They found that between 10 and 20 percent of males who had experienced IPV reported having suffered some kind of injury. These higher injury rates could be a result of the different ways in which the injuries were measured across the studies and/or the different types of samples that were used (for example, Morse sampled younger adults, whereas Stets and Straus studied a sample based on the population of the United States).

Another study that looked at deaths caused by violence in North Carolina and the different epidemiologic patterns of death for males and females found that approximately 13 percent of all male homicides involved IPV in some way, and that 4 percent of men killed were directly killed by an intimate partner (Sanford et al., 2006; Garcia et al., 2007). These findings were found in another study that looked at deaths caused by violence in North Carolina and the different epidemiologic patterns of death

for males and females. Although men are also victims of injuries inflicted by their intimate partners, the patterns of these injuries have not received sufficient research (Sheridan & Nash, 2007). In a study conducted on male participants in a batterer's treatment programme offered by the VA, 23 percent of the perpetrators reported that they had injured themselves as a result of their intimate partner violence (IPV) and had sought medical attention for those injuries. These men had a psychiatric diagnosis in proportion equal to 55 percent, and a diagnosis of substance abuse in proportion equal to 45 percent. When compared to non-perpetrators, men who were perpetrators of intimate partner violence in a methadone clinic had a significantly higher number of partners, rates of anal intercourse, and a significantly higher risk of having a partner with a history of IV drug use (Gerlock, 1999).

Intimate partner violence perpetrated by women against men is connected with a variety of mental health issues in males, including depression, stress, psychosomatic symptoms, and general psychological discomfort, according to the findings of preliminary study (Cascardi, Langhinrichsen, & Vivian, 1992; Simonelli & Ingram, 1998; Stets & Straus, 1990). Therefore, intimate partner violence (IPV) committed by women against males may be regarded a serious health and mental health concern in this nation, much like other types of family violence. However, academics, community service providers, and professionals working with mental health all still have a lot to learn about this societal issue.

According to studies that investigate the psychological effects of intimate partner violence (IPV) on males, a significant number of those men report having feelings of rage, emotional anguish, embarrassment, and fear as a direct result of being a victim of IPV (Follingstad, Wright, Lloyd, & Sebastian, 1991; Morse, 1995). Studies have also shown that males who have suffered intimate partner violence (IPV) have higher rates of depression, stress, psychological distress, and psychosomatic symptoms than men who have not been victims of IPV. This is in comparison to men who have never been victims of IPV (Cascardi et al., 1992; Simonelli & Ingram, 1998; Stets & Straus, 1990).

Men who experienced psychological maltreatment from a partner have been shown to display depressive symptoms and psychological distress (Simonelli & Ingram, 1998; Vivian & Langhinrichsen-Rohling, 1994). Little work has been done on the mental health status of men who sustained sexual aggression from a female intimate partner, although preliminary research does indicate that the majority of these men are upset by these experiences (Struckman-Johnson & Struckman-Johnson, 1998).

Although the research that were looked at here are helpful in addressing probable repercussions of intimate partner violence toward males, they were also restricted. For instance, the primary emphasis of these investigations was on the internalizing symptoms, which are experienced by women in the general community at a rate that is twice as high as the rate experienced by males. The studies didn't look at more externalising symptoms like alcoholism, which is more typical of how men react to stressful events (Comer, 1992), and they didn't assess symptoms of post-traumatic stress disorder (PTSD), which has been found in women who sustain intimate partner violence (Walker, 1993), as well as men who have been exposed to other types of traumatic events. Both of these types of symptoms have been found in women who sustain IPV (Kulka et al., 1990). Help-seeking men may experience more physical and psychological injuries than men in a community- or population-based sample, in

the same way that samples of women who use shelters experience more injuries than women who sustain IPV in community- or population-based studies. Additionally, none of the studies on mental health status were of men who had experienced IPV and sought help for it.

Intimate partner violence (IPV) is often regarded as a painful experience, and a significant number of males who have been victims of IPV and have sought assistance describe their own IPV experiences as traumatic (Cook, 1997).

PTSD Among IPV Male Partners

The most prevalent sorts of traumatic reactions are symptoms of post-traumatic stress disorder (PTSD) and misuse of alcohol or other substances (American Psychiatric Association, 1994). PTSD is a mental health condition that can develop after an individual has been exposed to a traumatic event. The symptoms of PTSD tend to cluster on three dimensions: persistent re-experiencing of the traumatic event, persistent avoidance of stimuli associated with the traumatic event, and persistent increased arousal (American Psychiatric Association, 1994). There is a strong correlation between increased symptoms and greater severity of interpersonal violence (IPV) exposure; nevertheless, even psychological or moderate IPV can evoke PTSD symptoms (Astin et al., 1993; Housekamp & Foy, 1991; Kemp, Rawlings, & Green, 1991; Woods & Isenberg, 2001).

There hasn't been a lot of research done on whether or not guys may experience similar mental health effects. Preliminary research indicates that greater intensity of intimate partner violence (IPV) encounters among men is related with increased PTSD symptoms (Hines, 2007; Hines & Malley-Morrison, 2001). However, the subject pools for these investigations consisted exclusively of university students. It is not known if this link would hold true for a wider group or for a population of males who have experienced intimate partner violence and have sought assistance. In addition, the misuse of alcohol and other substances is a frequent method of coping with the experience of having gone through a traumatic incident. Stress-coping theories of alcohol and drug use propose that increases in the use of these substances may be connected with the psychological sequelae of a traumatic event. This is because increased use of these substances can lead to feelings of helplessness and isolation (Jacobsen, Southwick, & Kosten, 2001; Simons, Gaher, Jacobs, Meyer, & Johnson-Jimenez, 2005). Research has shown time and time again that people who have been abused as children or as adults have greater rates of alcohol and substance misuse than those who have not been abused, and that the intensity of the abuse is proportional to the depth of the trauma that the victim has been exposed to (Stewart, 1996). Therefore, drinking alcohol or using other substances is a maladaptive method of coping with the unpleasant feelings that are connected with a traumatic experience (Jacobsen et al., 2001).

Social Impact & Challenges To IPV Male Partners

If men do overcome these internal barriers, they may experience external barriers when contacting social services or the police. They can have problems discovering the few options that are available expressly for male victims of intimate partner violence and might run into opposition from those who provide services for victims of intimate partner violence. For instance, males who have experienced intimate partner violence have complained that, while phoning domestic violence hotlines, hotline employees have indicated that they exclusively aid women or inferred that the men

must be the actual abusers of their partners. Help seeking men have stated that they have been sent to batterers' programs by crisis hotlines on occasion. If a man calls the police during an event in which his female spouse is being aggressive, there is a possibility that the police will not arrive or accept a complaint even if the man has made the call. Other men have said that the police have made fun of them or that they have been wrongfully detained and convicted as the violent culprit, even if there is no proof that the female companion was injured (Cook, 1997; Hines, Brown, & Dunning, 2007; McNeely et al., 2001). Additionally, there exist laws in certain areas that prohibit the arrest of women who are the major offenders of intimate partner violence (IPV). For instance, in the state of Massachusetts, cases involving male victims were much less likely to result in an arrest compared to those involving female victims that were otherwise comparable. In addition, in several incidents involving male victims, law enforcement officials either did not make any arrests or arrested the male victims themselves, thinking that they were the principal offenders (Buzawa & Hotaling, 2000).

Anecdotal studies, in which self-identified male victims described their experiences with the criminal justice system, provide some indication that within the judicial system, some men who sustained IPV may be treated unfairly because of their gender. These studies were conducted by researchers who did not conduct scientific experiments. Male help-seekers have reported that their female partners have falsely accused them of abusing their children sexually and of being violent even though they have apparent corroborating evidence that their female partners were violent and that the male help-seekers were not violent toward their partners or children. Despite this, the male help-seekers have lost custody of their children and have been falsely accused of being violent by their female partners. Help-seeking men have complained that their allegations against their female partners' violent behavior have not always been taken seriously, although their partners' false charges have apparently been given substantial weight throughout the legal procedure (Cook, 1997). Other men have described having similar situations, in which their partners' females abused the legal or social service systems in order to improperly prevent access between them and their children or to file false charges with child welfare agencies. These actions were taken by their partners (Hines et al., 2007). It has been suggested by a number of authorities that the burden of proof for intimate partner violence (IPV) victimization is high for men because it falls outside of our common understanding of gender roles (Cook, 1997). This can make separating from a violent female partner that much more challenging. For instance, many males who have experienced intimate partner violence claim that they stayed with their violent female partners in order to shield their children from the violence that was being perpetrated by their spouse. The men were concerned that if they left their violent wives, the legal system might still award custody of the children to their wives, and that their wives might even block their custody rights as a continuation of the controlling behaviors that their wives used during the marriage. In addition, the men were concerned that the legal system might still award custody of the children to their wives (McNeely et al., 2001).

Dilemmas In Interpreting IPV Research

Given the limited and frequently contradictory study results, it is difficult to make definitive statements on intimate partner violence in males. The inconsistency in the use of terminology, the "measurement" of behaviors and relationship dynamics, the effects of choice of study population, and the context given for survey questions are some of the inherent challenges that come with the study of a complex behavioral

issue. These challenges make it difficult to interpret the findings of research. Despite proposed standard definitions, there is a lack of consistency in the language used in IPV studies (Saltzman, 2008). The term "intimate partner violence" (IPV) is sometimes used to refer to victimization alone, rather than making a distinction between victimization and perpetration. Individual acts of physical, sexual, or emotional violence can be referred to as "IPV" independent of the context in which they occur. Alternatively, the term can be used to refer to a "power and control" dynamic that is connected with one's major role in a violent relationship. Self-report or partner report of events that are connected with shame, remorse, social stigma, unpleasant emotions, and many other undesirable effects that may alter self-report is inevitably involved in comprehensive measures of the incidence of intimate partner violence (IPV). The relevance of any activity is also determined by the environment in which it occurs. For instance, a shove that is used to start a sexual assault carries a totally different connotation than a shove that is used to protect oneself against a sexual attack that is already happening. Even a harsh gaze might be interpreted as a dire threat to the spouse who is the victim in the setting of a relationship that is abusive and controlling. In certain societies, some behaviors are seen as extremely disrespectful, whereas in others, the same behaviors might not be given the same level of importance. Therefore, same individual acts may have drastically differing meaning, and the way in which these acts are understood may result in contradictory findings from study.

Comparing many distinct groups of married couples or presenting survey questions in a variety of settings can also lead to study conclusions that are inconsistent with one another. According to the findings of study titled "family conflict," women and men in heterosexual relationships engage in a significant amount of reciprocal or "bi-directional" violence towards one another. Other research has indicated that male perpetrators of violence against female victims exhibit much greater levels of both physical and psychological violence compared to female perpetrators of violence against male victims. The majority of research have come to the conclusion that when there is a history of physical violence in a heterosexual relationship, women have an increased risk of suffering significant injuries at the hands of their male partners. Researchers who are attempting to reconcile these findings have proposed a theory that suggests survey tools that do not include context, measures of power and control, or injuries underestimate the prevalence and effects of male violence toward their female partners. Additionally, the researchers hypothesize that different populations of couples, ranging from those who experience less harmful "situational" or "bidirectional" violence to those who experience "intimate terrorism," have been studied. The clinical interview offers a window of opportunity to collect qualitative and contextual information as well as to observe the effects of interpersonal dynamics on a patient's health.

CONCLUSION

Male victims of IPV exist in the society but their issues are seldom reported in the literature. The possible reason are the fear of criticism, lack of legal assistance and raised voices at any human rights forum. Consequences of IPV is the potential health risks due to physical violence, psychological disturbance leading to alcoholism, poor job role and aggressions. Such cases when neglected can lead to the separation and

high divorce rate. A strong legislation is required to address the issues of male victims before this is too late.

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