

Quantitative study—other

Male victims of physical partner violence have poorer physical and mental health than men of the general population

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Commentary on: Hines DA, Douglas EM. Health problems of partner violence victims: comparing help-seeking men to a population-based sample. *Am J Prev Med* 2015;48:136–44.

Implications for practice and research

- High blood pressure, asthma, sexually transmitted diseases (STDs), depression and post-traumatic stress disorder (PTSD) are health indicators of female-to-male partner violence (PV).
- Nurses and other healthcare providers should consider assessing for PV victimisation among men with these physical and mental health problems.
- Future research should look at health outcomes between those with and without PV victimisation, and also at health outcomes of those who perpetrate PV aggression. In addition, future research could also look to assess gastrointestinal and sleep disorders, as these conditions are linked to PV aggression.^{1 2}

Context

There is growing evidence describing women committing PV against men. Health conditions associated with male PV victims include depression, anxiety, PTSD and substance use problems such as alcohol and illicit drug use.^{1–3} The purpose of the study is to assess the mental and physical health problems of men with female-perpetrated PV and to compare these health indicators among help-seeking men and those in a population-based sample.

Methods

The study used two samples, both of which had men aged 18–59 years with at least 1 month in their lifetime spent in an intimate relationship with a woman. One sample included 611 men with female-to-male PV who sought help from a doctor or mental health professional, lawyer, police, family, friend or PV agency, hotline or website. The second sample included 1601 men from the Knowledge Networks panel, representative of the US population. Validated measures included: demographics; psychological, physical and sexual PV; injuries received from female partners; PTSD; depression; physical health conditions; alcohol and substance use; child maltreatment; traumatic events; and social support.

Bivariate χ^2 and multivariate logistic regression, log-binomial and robust Poisson analyses were performed.

Findings

Compared with the population-based sample, the help-seeking sample differs in higher average age, education and lower per cent racial/ethnic minority. The help-seeking sample also had differences in relationship demographics and higher rates of all forms of PV victimisation (psychological, physical, sexual or legal/administrative; injuries; controlling behaviours) as well as smoking, drinking, marijuana use, traumatic events, childhood neglect, sexual abuse and violence exposure. This sample also had an increased likelihood of depression, PTSD, high blood pressure, asthma and STDs.

Commentary

This study focused on comparing physical and mental health outcomes between men seeking help for female-to-male PV victimisation and those in a population-based sample. Rather than evaluating health outcomes between those with and without PV, this study compared health outcomes between female-to-male PV victims seeking help a general population of men who had at least 20% lower rates of all forms of PV. Future research can consider assessing male help-seeking, PV victimisation, and PV aggression among both community and population samples. In addition, as detailed in the study, future PV victimisation work can consider assessing gastrointestinal and sleep disorders, given these health conditions are associated with PV aggression.^{1 2}

Worldwide, almost one-third (30%) of women who have ever been in a relationship have experienced physical and/or sexual violence by their intimate partner.⁴ The US Preventive Services Task Force guidelines recommend screening all women aged 14–46 years for PV victimisation and to provide brief counselling.⁵ Despite high PV prevalence and screening guidelines for healthcare providers, there are low rates of PV victimisation screening. Less than 25% of female patients in the US report healthcare professionals asking about PV,⁶ but there are no available studies to comment on international rates for women or men being asked about PV victimisation.

This study can help inform identification of male patients with PV victimisation. Nurses routinely have male patients presenting for care of hypertension or asthma and, on further questioning, such healthcare providers may detect among men signs or symptoms of depression, PTSD or STDs. This study shows the importance of considering PV victimisation screening for such men.

Competing interests None declared.

References

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