Invited paper

Intimate partner violence: gender issues and the adjudication of homicide and other cases

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Abstract

Purpose – The purpose of this paper is to explore the role of gender in intimate partner violence (IPV) and, based upon the author’s experience as an expert witness, 25 years of clinical experience working with IPV perpetrators and victims, and a review of the relevant scholarly literature, provide judges, attorneys, mental health professionals and expert court witness suggestions for the adjudication of cases involving IPV in homicide and other cases.

Design/methodology/approach – The author reviewed the extant general domestic violence research literature, depending largely on results from findings from the Partner Abuse State of Knowledge Project, a series of 17 literature review published in five issues of the peer-reviewed journal, Partner Abuse. Other relevant research articles were found via a search of the PschInfo database, using the keywords “intimate partner homicides,” “domestic violence homicides,” “intimate partner homicides and gender” and “domestic violence homicides and gender.”

Findings – The judicial response to IPV perpetration has been limited by common misconceptions, among them the confusion between most forms of IPV, which are primarily bi-directional and less consequential and battering, which involves more serious assaults and is typically motivated out of a desire to dominate and control one’s partner. Another misconception is that women are much more likely than men to perpetrate IPV in self-defense or to express emotion. On the other hand, there is no question that female victims are much more likely to experience severe physical injuries, and that women account for approximately three-quarters of homicide victims.

Practical implications – These include the following: this concise review of IPV research provides a clearer understanding of IPV, useful for anyone working in the field. Mental health professionals working with IPV perpetrators, as well as victims, can draw from this research best practice suggestions in working with more problematic cases. The paper should be especially useful to anyone involved in the adjudication of IPV cases, including lethal cases. In particular, prosecutors and attorneys working for the defense are given suggestions on how to obtain more reliable research data, choose more fruitful questions for their clients, and better conceptualize a case overall.

Originality/value – This paper presents a more nuanced and evidence-based conceptualization of serious and lethal IPV, drawing on a broad research base not generally available to members of the legal profession.

Keywords Offenders, Sentencing, Victims, Assessment, Evidence based practice, Courts

Paper type Literature review

For several decades now, intimate partner violence (IPV) has been recognized as a major social problem, as well as a criminal act requiring prosecution for protection of victims (Hines, Malley-Morrison and Dutton, 2013). Unfortunately, the criminal justice system treats (IPV) perpetrated by males far more seriously than IPV perpetrated by females. The higher level of life-threatening injuries suffered by women, and the reluctance of male victims to call the police provide two explanations. Still, even controlling for extent of physical injuries, men are incorrectly designated the dominant aggressor (Hamel, 2011) and disproportionately arrested compared to
known rates of IPV in the general population (Shernock and Russell, 2012). It has been argued, therefore, that the disproportionate arrest and prosecution of men in IPV cases is also due to a pervasive gender bias (Hamel, 2011; Hamel and Russell, 2013).

Attorney misinformation on IPV

Over a period of 20 years providing consultation and expert witness testimony on IPV in numerous family law cases, and for the prosecution as well as the defense in criminal cases, the author has noted how misinformed attorneys appear to be on this subject, limiting their ability to properly litigate cases involving accusations of IPV. The extent to which they are misinformed differs, of course, across individual attorneys. Many attorneys do not necessarily presuppose that men perpetrate the vast majority of IPV, but the belief that men engage in higher levels of so-called “power and control” behaviors is a pervasive one, and there is widespread minimization of the impact of IPV on male victims, as found, for example, on informational pages of the website of the American Bar Association (Dutton et al., 2009) as well as in results of a ten-item quiz of basic IPV knowledge administered to various populations throughout the USA. Notably, family law attorneys and judges answered correctly on average only 3.17 out of 10, slightly better than the 2.66 average score from undergraduate university students with no training in IPV (Hamel et al., 2009). Respondents were particularly ill-informed about the high rates of more serious IPV perpetrated by women.

Attorneys are obligated to undergo continuing training and keep pace with recent findings in any field central to a particular court case, but their inability to do so with respect to IPV is at least partly due to a lack of accurate, up-to-date information available from the major domestic violence organizations, such as the National Coalition Against Domestic Violence (Hines, 2014), or from the major mental health organizations (see Hamel, 2014 for discussion). Even among domestic violence researchers, there have been documented instances of attempts to misrepresent data, and sometimes conclusions conclusions inconsistent with their own findings (see Straus, 2010). It has taken well over a decade for Johnson’s (2008) misleading estimates of female batterers in the general population to be properly debunked, and reliable research findings on women offenders and power and control behaviors across gender have only recently begun to proliferate in the scholarly literature (e.g. Carney and Barner, 2012; Jasinski et al., 2014; Langhinrichsen-Rohling et al., 2012; Elmqvist et al., 2014).

Regardless of what side they represent, attorneys who are poorly informed about the causes, characteristics and consequences of IPV will be limited in their ability to properly defend their clients or effectively prosecute a case. In this paper, the author seeks to correct and augment attorneys’ knowledge of IPV, based on his personal experience as an expert witness and a review of the scholarly literature, including papers on so-called “power and control” behaviors. Practical implications will be discussed for the adjudication of cases involving IPV, including homicide cases.

IPV research

A mitigating factor in IPV is a history of previous IPV by the victim against a defendant, but defense attorneys and prosecutors I have worked with often fail to account for men’s tendency to deny or minimize violence perpetrated upon them and to interview them accordingly. Male victims are especially reluctant to admit to experiencing fear (e.g. Celi, 2011; Cook, 2009). Attorneys may thus lack the confidence to vigorously defend a client at trial, and too often accept a guilty plea to a lesser charge, with all its attendant economic and social ramifications. It is also common for attorneys to confine true battering, which involves a pattern of physical and emotional abuse, with less consequential situational violence, or to incorrectly assume that Walker’s (1983) three-phase cycle of violence is representative of all IPV dynamics; and many attorneys continue to rely on Walker’s original conception of the battered women syndrome despite its serious limitations, rather than emphasize the role of trauma and PTSD, which has much stronger empirical support (Follingstad, 2003; Hamel, 2014).

It has been well known among researchers that men and women in intimate relationships physically assault one another at approximately equal rates (e.g. Straus and Gelles, 1990; Archer, 2000). It has also been known that the large majority of IPV, sometimes known as situational violence, is infrequent, does not result in injury, and arises mostly from escalating arguments.
However, the broader context in which IPV occurs had not been questioned until the past decade. Previously, it was assumed that women rarely initiate IPV, that their violence is primarily committed in self-defense or as a way of expressing anger – a more benign motive compared to male-perpetrated IPV, thought to be committed primarily as a way to dominate and control the partner. Today, it is known that in intimate partner relationships women initiate the violence as often as their male partners (Hamel et al., 2015), and are just as likely as male perpetrators to do for coercive reasons; and that with the notable exception of sexual coercion, engage in comparable levels of emotional abuse and controlling behaviors (e.g. psychological warfare and manipulation, threats, possessive and jealous behaviors; Langhinrichsen-Rohling and McCullars, 2012). The largest, most recent national survey of IPV ever conducted, the National Intimate Partner and Sexual Violence Survey, reported that 12.7m women and 17.3m men are victims each year of emotional abuse and control in their intimate relationships (Black et al., 2011). The sweeping literature review by Carney and Barner (2012) reported virtually identical percentages of emotional abuse and control across gender (43 percent by men and 41 percent by women), as did Hamel et al. (2015) survey of men and women in court-mandated perpetrator programs. At its core, IPV is a relationship problem, not one of sex or gender (Cross et al., 2011; Felson and Lane, 2010).

Types of IPV

A pattern of physical abuse together with emotional abuse and controlling behaviors is known as controlling-coercive violence or, more commonly, battering. National surveys in the USA and Canada have found comparable levels of battering across gender (Jasinski et al., 2014; Laroche, 2005). Battering is considered the most serious type of IPV, with the greatest physical and psychological impact on victims (Hines et al., 2013). Although men and women incur minor injuries at comparable rates, due to their relatively lesser size and strength and difficulty defending themselves women sustain a much larger share of serious injuries, and express greater fear of victimization (Lawrence et al., 2012). Nonetheless, both male and female victims of battering report high levels of anxiety, low-self-esteem and PTSD, and typically report greater distress from persistent emotional abuse (which does not depend on size and strength) than acts of physical violence (Coker et al., 2002; Hines et al., 2013; Williams and Frieze, 2005).

Mutual abuse and initiation of IPV

Victims of severe, chronic battering sometimes retaliate against their abusers, and may elicit sympathy from others, but often it is difficult to distinguish between victim and perpetrator, given that nearly 70 percent of physical IPV is bi-directional (Langhinrichsen-Rohling et al., 2012). This is the case even with victims who have entered a shelter. Approximately half of the women living in the first shelters established in the UK were co-batterers of violence toward husbands and/or their children (Pizzey, 2009), and in the USA, a shelter survey found that 67.1 percent of female victims had perpetrated severe violence at least once toward their male partners in the previous year (McDonald et al., 2009). In a large majority of abusive relationships, it is more accurate to view the parties neither as perpetrators or victims, but rather as co-perpetrators, particularly when non-physical forms of abuse are taken into account. When asked in another shelter survey about their relationship abuse, victimized women said their own violence was perpetrated in self-defense less than 50 percent of time (Saunders, 1986).

Other lines of research find that the female partners of men arrested for domestic violence initiate physical assaults in 40 percent of the cases (Gondolf, 1996; Stacey et al., 1994). As well, abused men who seek help through domestic violence hotlines sometimes report to having engaged in IPV of their own, mostly in self-defense (Cock, 2009; Douglas and Hines, 2011). Bi-directional IPV is not necessarily perpetrated at equal levels of severity or chronicity; often, one person is the dominant aggressor, who drives the relationship abuse. A history of abuse victimization must, therefore, be considered in the context of the entire relationship, and the personalities of the parties involved:

On the whole, men do indeed have a more powerful left hook. The problem is that the dynamic of domestic violence is not analogous to two differently weighted boxers in a ring. There are relational strategies and psychological issues at work in an intimate relationship that negate the fact of physical strength. At the heart of the matter lies human will. Which partner – by dint of temperament, personality, life history – has the will to harm the other? (Pearson, 1997, p. 117)
Individuals arrested for domestic violence give a variety of reasons for assaulting their partners, among them self-defense, retaliation, failures in communication and anger regulation, jealousy and to exercise control, but battering is essentially fueled by a desire to dominate one’s partner, coupled with poor impulse control and beliefs that violence is acceptable (Capaldi et al., 2012; Dutton, 2006). Research with female victims indicates that a woman is a highest risk for being severely injured when her partner has engaged in a pattern of battering behavior (physically abusive, jealous, highly controlling), abuses alcohol and drugs, is unemployed, and has a history of violence outside the home. Additional risk factors relevant to lethal assault include partner having previously stalked the victim, forced her to have sex or threatened to kill her (Campbell et al., 2003, 2007).

Life-threatening IPV

According to a survey of abused men who contacted a national domestic violence hotline, abused men are at greater risk of life-threatening violence when in a relationship with a partner who is low income and has been psychologically and physically abusive, and when the man has sought help in the past (Hines and Douglas, 2013). The prison study by Jordan et al. (2012) found that male and female perpetrators of lethal as well as serious, non-lethal IPV were equally likely to have mental health issues, although the women were less likely to have had problems with alcohol and drugs. Longitudinal studies indicate that adult IPV can be traced in both male and female perpetrators to a history of anti-social behavior and family dysfunction in childhood (e.g. Ehrensaft et al., 2004). Men and women arrested for perpetrating a domestic violence offense have been found to evidence personality traits often associated with violence, including borderline, anti-social, narcissistic, histrionic and sadistic traits that are stable and consistent across relationships (Henning et al., 2003; Johnston and Campbell, 1993; Simmons et al., 2005).

One of the few studies to investigate the personalities of both male and female intimate homicide perpetrators, conducted by Kalichman (1988), reported higher ratings on the Minnesota Multi-Phasic Personality Inventory for female perpetrators on scales for paranoid, anti-social and dependency traits. Unfortunately, the most reliable instrument for predicting lethality in IPV cases, the Danger Assessment, was designed only for female victims, and, when properly used, predicts an attempted or completed murder in less than 50 percent of cases (Campbell, Webster, and Glass, 2009). Still, knowledge of relevant risk factors, combined with all other facts of a case, can help determine which party is the dominant aggressor.

In the USA, 16 percent of murder victims are killed by an intimate partner (Cooper and Smith, 2011). Compared to men, women are proportionately more likely to be killed by an intimate partner than a stranger, and account for the large majority of intimate partner homicide victims (Garcia et al., 2007). Female perpetrators are far less likely than male perpetrators to physically overpower their victims and beat them to death, but as likely to use knives, guns, and other weapons (Junik and Winn, 1990; Mann, 1988; Swatt and He, 2006). They are also less likely to have a previous criminal record of violent crime (Jordan et al., 2012). A prevailing theory, known as the gender perspective (Felson and Lane, 2010), holds that men are jealous and possessive and perpetrate intimate homicides for the same reason they perpetrate other forms of IPV: to enforce dominance over their female partners, assumed to be their right in a patriarchal society (Saunders and Browne, 2000; Serran and Firestone, 2004). According to this view, women who kill their intimate partners typically do so in self-defense, or when in fear of imminent harm, after years of traumatic psychological and physical abuse – the main features of the now well-known battered woman syndrome (BWS) (Walker, 1983).

Battered woman syndrome

There are several arguments in support of this theory. Women who kill their intimate partners are statistically more likely than men who kill their intimate partners to report having been previously assaulted (Browne, 1987; Garcia et al., 2007; Gillespie and Reckdenwald, 2017; O’Keefe, 1997; Saunders and Browne, 2000). Compared to men, women are more likely to kill their partners at some point during the relationship, possibly due to ongoing abuse, rather than after a break-up, thought to be due to pathological jealousy (Jordan et al., 2012; Wilson and Daly, 1992). Furthermore, the higher rates of suicide by male homicide perpetrators might be an indication of
guilt, whereas women would not harm themselves if they had killed their partner in self-defense and sought safety from further abuse (Browne, 1987; Morton et al., 1998). Additionally, the decreasing rates of female-perpetrated intimate homicides relative to those by men of the past several decades has been cited as evidence for the self-defense motive, as the increased level of services for battered women has lessened their need to take matters into their own hands (Dugan et al., 1999).

On the other hand, other research studies have yielded contradictory results, and disentangling the various motives and circumstances around intimate partner homicides has proved to be a difficult task. Many findings in support of the gender perspective were based on studies using small samples, but a large scale analysis by Felson and Messner (1998) of 2,058 partner homicide cases in 33 of the most populated USA counties found that 50 percent of female murderers had not been physically assaulted by partner before the incident, and less than 10 percent were judged to have acted strictly in self-defense. The review by Mann (1988) of 145 randomly selected closed cases of female-perpetrated intimate partner homicides in several US cities indicated that 58.3 percent were pre-meditated and 30 percent of the defendants had previously been charged with a prior felony assault. According to an analysis of court records and presentence reports of 158 intimate partner homicide cases in Arizona, in 56 percent of cases involving female perpetrators, there was no reported history of physical abuse against the defendant (Jurik and Winn, 1990), and a previous study found that 60 percent of women who murdered their partners had previous criminal records, and that only 21 percent of the homicides were preceded by a history of previous abuse, or threats of abuse by the partner (Jurik et al., 1989).

Furthermore, higher reported rates of victimization among female perpetrators may not accurately reflect the actual numbers. Information about past victimization comes from either the parties involved, or criminal justice data such as previous arrests and criminal protection orders, and can be misleading. Due to greater tolerance for female-perpetrated IPV and the expectation that men present a façade of strength (Celi, 2011; Cook, 2009; Douglas and Hines, 2011; Rooney, 2010), men report abuse at a rate half that of victimized women, according to results from the National Violence Against Women Survey (Tjaden and Thoennes, 1998), even when they are severely abused and in fear for their lives. Men are often arrested on a domestic violence charge despite a higher rate of physical and emotional IPV by the partner prior to the incident (Capaldi et al., 2009). Police tend to minimize the risk to male victims (Hamel and Russell, 2013; Storey and Strand, 2012), and as mentioned previously are trained to view men as the dominant aggressor (Hamel, 2011; Hamel and Russell, 2013) and arrest them at rates far disproportionate to known rates of abuse in the general population (Henning and Renauer, 2005; Shernock and Russell, 2012).

The research literature finds little support for the theory that men are motivated to batter their female partners to enforce traditional gender roles, at least in the USA (Sugarman and Frankel, 1996). The famous National Family Violence surveys conducted by Straus and colleagues in the 1980s (Straus and Gelles, 1990) found a positive correlation between IPV and household dominance by either the husband or wife; and Straus’ international survey of 13,601 university students in 32 countries, male and female respondents who endorsed such items as “my partner needs to remember that I am in charge” were equally likely to use severe violence against their partner (Straus, 2008). In short, men, like women, attempt to control their partners for a variety of reasons, having more to do with personality and circumstances than gender roles. Why women engage in non-lethal battering at rates equal to men, but are more at risk to be killed, is a question that remains unanswered. One possibility is that men’s superior strength allows them greater lethal options, such as using their fists. Another is that men, who are generally more violent than women, may temper their aggressive tendencies in the home lest they violate social rules of chivalry and duty to protect women, but may feel less restrained when relationship conflicts reach a certain level of intensity or chronicity, and/or when afflicted with mental illness or a substance abuse disorder (Cross et al., 2011; Felson and Lane, 2010).

Conclusions and recommendations

There is now a convincing body of research to suggest that men are capable of experiencing severe, and sometimes lethal IPV at the hands of their female partners. The findings discussed
above are especially compelling given growing concerns around the concept of the BWS and the proliferation of research on the role of trauma.

Although the term battered person syndrome is often used a gender-neutral alternative, there is weak evidence for an actual syndrome or its ability to meet Daubert testimony standards for relevance and reliability. The term is vague, never operationally defined or confirmed by replication studies (Dutton, 1996) – e.g. a definition of “battering” includes coming home late. Walker’s theory was in fact based on a self-selected sample of subjects who were asked leading questions and whose responses were subjectively interpreted, and none of the women’s partners were interviewed. Walker failed to provide comparison groups to gage levels of BWS symptoms between abused and non-abused women or differences between abused women who have BWS and those who do not (Dixon and Dixon, 2003), and failed to account for symptom variance due to mediators of psychological effects of battering (vulnerability factors, resources, support, other stressors, severity of the abuse, etc.; Follingstad, 2003). There is, in fact, inconsistent support for an actual cycle – e.g. less than 50 percent of subjects experienced all three phases no time frame was proposed for the duration of a cycle, and no data provided on how often the tension stage does not lead to battering incident, or why some men (e.g. psychopaths) can strike without a tension build-up or never offer a third phase apology (Faigman, 1986). These and other flaws in BWS have been documented elsewhere (e.g. Coughlin, 1994; Faigman, 1986; Follingstad, 2003; Russell, 2010; Schopp et al., 1994).

PTSD vs battered woman syndrome (BWS)

Happily, there is compelling social science data for high rates of PTSD and other trauma-related disorders among victims of IPV, providing much a much stronger empirical basis for mitigating factors in cases involving both male and female victims who fight back against an abuser. It has been estimated that 31 to 84 percent of battered women experience PTSD (Dutton and Goodman, 1994), depending on whether the diagnosis is based on formal DSM-V criterion or the more expansive definitions inherent in the increasingly popular diagnosis of Complex PTSD (Courtois, 2008). Surveys have found abused men to average a 45 cut-off score for PTSD on the PTSD checklist or PCL; experience PTSD at a rate more than 15 times that of men in the general population; and, as with female victims (Johnson and Leone, 2005) at the highest rates when reporting experiences of battering rather than situational violence (Hines and Douglas, 2011, 2015). Focusing on trauma symptoms has many advantages, both diagnostically and legally. PTSD and Complex PTSD are well-defined terms, referring to actual behaviors, known etiologies, and the existence of relevant symptoms – e.g., there is a correlation between levels of violence suffered and PTSD symptoms (Terrance and Matheson, 2003). Trauma-related categories better account for research findings on the consequences of battering on male and female victims, including the relatively gender-neutral impact of emotional abuse; and more accurately explain the various types of battering phenomena, including memory lapses, aggressive episodes and other contradictions that might otherwise compromise a defense built upon a BWS defense (e.g. the victim is thought to be helpless, but can accurately predict future acts of violence and seek support).

Suggestions for attorneys

Life-threatening and lethal IPV is perpetrated for various reasons, including jealousy and the desire to maintain control over one’s partner and relationship. Some perpetrators who kill their partners (more often, but not always, women) have experienced previous abuse at the hands of the victim. However, there is a difference between violence committed in self-defense or in response to a perceived threat of harm, as opposed to retaliation for previous abuse. Determining which of these is most relevant to a particular case is not always simple. A useful guide can be found in the below list.

Questions relevant to a Battered Person’s defense.

Questions regarding the event:

1. Did the defendant plan to assault the victim?
2. Was there an intent to injure or kill?
3. Did the defendant believe he/she was in imminent danger of unlawful bodily harm?
4. Did he/she use only a reasonable amount of force to counter the perceived danger?
5. If she did not retreat, did the defendant feel he/she was in danger of death or serious bodily injury?
6. What unusual circumstances did the defendant and victim face at the time of the assault?

Questions regarding defendant and victim histories:
1. Was the defendant previously subjected to a pattern of battering, consisting of physical assaults leading to serious bodily harm, threats to seriously injure or kill her or family, and/or emotionally abusive and controlling behaviors?
2. Is there confirmation of such a pattern of battering aside from the defendant’s self-report – e.g., prior calls to police, arrest reports, eyewitnesses, medical reports, or trauma symptoms?
3. Does the defendant evidence signs of trauma, and how are these symptoms relevant to the defendant’s actions against the victim?
4. How have these symptoms impacted how the defendant has been able to present himself/herself in court, and perhaps undermined his/her credibility?
5. Does the defendant have a history of prior trauma (in childhood or previous relationships) that might account for these symptoms (rather than abuse at the hands of the victim)?
6. Was the defendant able to predict, based on the victim’s pattern of violence against him/her, when he/she would be violent again?
7. How often when he/she recognized signs of impending violence did violence actually occur?
8. Did the defendant respond to the perceived threat based on a reasonable fear of harm, as opposed to memories of past abuse by others? In other words, did objectively non-threatening behavior by the victim trigger fear that was then projected on the victim?
9. When previously assaulted, or threatened with assault by the victim, did the defendant make efforts to seek help? If not, is there evidence of previous life-threatening threats by the victim?
10. If he/she did seek help, was help available? For example, was the local shelter full, police slow to respond, a restraining order issued but ignored, etc.?
11. If there is evidence of prior bi-directional abuse between the defendant and victim, was there a dominant aggressor?
12. Is there a record of the defendant, or the victim, perpetrating any previous battering behavior upon other partners?
13. What are the characteristics of the defendant’s personality? Does he/she present with characteristics typical of perpetrators rather than victims – e.g., angry temperament, need to dominate and control, jealous, impulsive, with borderline, narcissistic, paranoid or anti-social traits?
14. What are the characteristics of the victim’s personality? Does he/she present with characteristics typical of perpetrators rather than victims?
15. Did the defendant subject the victim to a pattern of battering, consisting of physical assaults leading to serious bodily harm, threats to seriously injure or kill her or family, and/or emotionally abusive and controlling behaviors?
16. Is there confirmation of such a pattern of battering aside from the victim’s self-report – e.g., prior calls to police, arrest reports, eyewitnesses or medical reports?

Recommendations for attorneys working in the area of family law can be found in Hamel (2016), some of which are included with the general recommendations below:

1. Become familiar with the latest, most accurate information on the prevalence, causes, characteristics and consequences of IPV. A simple way to access this research is to examine
the 2687 page Partner Abuse State of Knowledge Project, a compendium of IPV research available for free online at: www.domesticviolenceresearch.org

2. For additional training be careful to first ascertain whether the presenter has an accurate understand of IPV and an expert in their field. In general, individuals affiliated with battered women’s organizations can provide sound advice on the treatment of abused women, but prone to disseminate unreliable information on IPV generally.

3. Other IPV expert witnesses, not necessarily affiliated with victim organizations, may be unfamiliar with some of the findings discussed in this article, and adhere or default to a gendered perspective. Do not hesitate to challenge their credentials. You may want to have them complete a brief questionnaire on basic IPV knowledge, such as used by Hamel et al. (2009). Challenge the admissibility of any research that appears biased or misleading by asking about its sample characteristics. Research that makes general conclusions from samples of male offenders in perpetrator treatment, for example, or women residing in shelters, should be regarded with suspicion.

4. Recognize the inherent flaws in current laws and policies around IPV arrest and prosecution, especially mandatory arrest and so-called “dominant aggressor” guidelines. Keep in mind that these laws have a primarily political rather than empirical basis.

5. Given that male victims are reluctant to admit to having been abused, ask about specific acts of IPV (e.g. “how many times as she slapped you?”), and avoid asking general and possibly threatening questions about him being “battered” or “abused.” Instead of asking about fear, use terms such as anxiety or emotional distress. Instead of asking about being a “victim,” ask about being a “target” of IPV.

References


**Further reading**


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