

INDEPENDENT REVIEW OF  
MEN AND DOMESTIC VIOLENCE: WHAT RESEARCH TELLS US

*Authors of report. Kieran McKeown and Philippa Kidd*

This review was prepared at the request of the Department of Health and Children and is one of two independent commentaries commissioned on the report, Men and Domestic Violence, what research tells us, hereafter called “The report”

The Department of Health and Children commissioned the report and it appears that the brief given to the authors was wide. The basic question which the authors were given to answer was that in the title “Men and domestic violence: what research tells us.”

On page 23 the authors outline the terms of reference for the report

The following are the terms of reference as quoted

*The review will address the following questions:*

*1. What work has been carried out in relation to the prevalence of domestic violence against men and what are the findings?*

*2. What paradigms are used to understand the phenomenon?*

*3. What measures have been useful?*

*4. What service needs have men who have been victims of violence identified?*

*5. What services have been developed in other countries and what trends are known in relation to their effectiveness?*

It is unclear how these particular terms of reference were arrived at - whether they were given to the authors or developed either by the authors themselves or in consultation with others.

The report is divided into 5 main chapters. The chapters deal with the following areas:

Chapter 1: What is the context for reviewing domestic violence against men

Chapter 2: What research exists on prevalence of domestic violence against men

Chapter 3: What is the prevalence of domestic violence against men

Chapter 4: What are the factors associated with domestic violence

## Chapter 5: What services are needed to address domestic violence against men?

There is some divergence between the quoted terms of reference and the report as provided. While some of the terms are addressed quite clearly, others are not and there was some difficulty in relating the various parts of the report to the terms of reference

The authors use the term *review* and *report* interchangeably. In the context of evidence based health care the term review is used to denote a publication or an article that expresses views on a particular subject, backed up by a reference list and quotations from publications that, in general, tend to support the views of the author. Such reviews have less status than a systematic review which sets out a clear and focussed question or questions to answer, develops a comprehensive and appropriate search strategy and clearly defines eligibility inclusion and exclusion criteria for the studies quoted. The conclusions of such a systematic review should be equally well founded and based on clear analysis of the studies included and should clearly set out the limitations, if any, of the conclusions.

Chapter 1: This deals with the context giving rise to this work and quite reasonably concludes that there is a paucity of research in the area of domestic violence against men and that there are certain perceptions and assumptions made about issues in this area. As previously noted it then lays out the terms of reference for the report.

Chapter 2: This deals with research on prevalence of domestic violence against men. It details the studies the authors identified and considered in regard to prevalence of domestic violence against men. The authors detail the inclusion criteria for such studies but do not state the search strategy used in identifying the studies. They state that the inclusion criteria used exclude a “vast” number of studies and a little further on “a large number” of studies. The characteristics or references of excluded studies are not detailed as would be typical in a systematic review. The resulting thirteen included studies are then dealt with in detail in the report and in the appendix to Chapter 2. The authors

compare the studies under various headings. The inclusion criteria used are such that it is unlikely that anything other than national surveys can qualify for inclusion. Since it is not clear which studies were excluded it is not possible to consider if their inclusion might have might have resulted in different conclusions. In general, while I have reservations about the methodology used to identify and to include studies, it is my opinion that the conclusions of the authors regarding prevalence studies, measurement of violence, and the issues that arise from them are relatively well analysed. The authors have also clearly set out the common and disparate areas for each of the studies.

Chapter 3: This chapter builds on the previous chapter and seeks to determine the prevalence of domestic violence against men. The authors have some difficulty in calculating from relatively heterogeneous studies a robust estimation of the prevalence of domestic violence against men. This chapter might well have benefited from the added expertise of a statistician for further advice on whether a number of studies could and should be combined to allow a meta-analysis. A statistician might have been able to provide confidence intervals for the prevalence rates quoted. The authors again confine much of their commentary to the issues raised within the thirteen included studies. They also quote from some other authors. In general, the publications quoted are in the main from books that would be considered as secondary sources. There is no evidence that the authors did a systematic search of relevant journals. Similarly, some qualitative aspects of the thirteen included studies are used to illustrate the context of violence. However, again it is not clear from the report that other potential sources of qualitative data were systematically searched for and appraised, although the authors do note a tension between population based studies such as they have included and findings from what they term clinically based studies with regard to the frequency that men or women are physically violent towards a partner.

This chapter, based mainly on the studies they first identified, also used these same studies to draw conclusions about the context of domestic violence. While the prevalence data might have been benefited from further analysis by a statistician and within the limitations of the studies included, the conclusions drawn by the authors are likely to be

valid. I am less convinced by the conclusions drawn about outcomes and in particular the context of such violence. It would have been more appropriate to deal separately with these issues. This would have been more in line with the original terms of reference. In addition it is not clear that a systematic search and appraisal of relevant literature was done. There is no evidence in the report of such a search. The issues of outcome and context of violence should have included a wide search of relevant journals in the medical, social and psychological fields together with a detailed appraisal of both qualitative and quantitative research.

Chapter 4: This deals with the factors associated with domestic violence. Again a majority of the demographic data is drawn from the thirteen included studies. This chapter also references a number of other sources where the issues raised in some of the original studies are further explored. However, again there is no evidence that a systematic search of relevant sources was undertaken. The authors themselves in their conclusion note that they have reviewed a “fairly extensive literature “ and that “although not exhaustive the review covers some of the main studies in this area and is broadly indicative of what is known about the factors associated with domestic violence” (page 80). It is not possible to determine from the report whether many other studies were identified and subsequently excluded. Nor is it clear if defined methodological criteria were used to evaluate the evidence. It is possible that this was done but it is not clear from the report. Therefore the reliability of the conclusions must be questioned. For instance the authors mention the role of alcohol in domestic violence. There is a Cochrane review that has shown that interventions for problem drinking have resulted in reduction in domestic violence. While the focus of the Cochrane review is on studies mainly in women it is nonetheless surprising that sources such as Cochrane and other evidence based resources were not noted as having been accessed.

Of further concern is the dearth of citation and analysis of the research pertaining to intimate partner violence among men who have sex with men. There is also a body of literature on spousal caregivers and elder abuse, which also does not appear to have been accessed by the authors. Similarly there does not appear to have been any systematic attempt to access and review literature on psychological /pathological correlates other

than some commentary on power distribution inequities. It is possible that the authors did in fact access some of this literature but felt that the quality of the research was poor. However this is not stated in the report. In developing an evidence-based approach to elucidating the information provided by research, it is usual to cite less strong evidence if there is a lack of robust evidence, or at least to detail the efforts used to identify such research.

Some studies are also available on the effects of targeted education programmes for health care providers in raising awareness of domestic violence issues. A number of guidelines exist for the identification of victims of intimate partner violence which are gender neutral or applicable to both sexes. These studies or guidelines do not appear to have been accessed by the authors. There is also no indication that the authors considered, the value of, for instance, the role of questionnaires or other forms of enquiry in identifying victims of domestic violence.

Chapter 5: This examines the services that are needed to address domestic violence against men. As the authors did not appear to access information on awareness training and educational programmes in health care providers, this area of possible intervention is not dealt with in any detail other than a mention on (page 87), within the context of raising public awareness. Again this chapter concentrates on heterosexual relationships and fails to address issues for violent homosexual relationships.

Conclusion: This is a report commissioned by the Department of Health and Children on Men and Domestic Violence, what research tells us.

1. While not disputing any of the conclusions reached by the authors I feel the only way to ensure the comprehensiveness of the report is by using and documenting a systematic approach to searching for, accessing and evaluating the relevant research for each of the terms of reference as outlined on Page 23 of the report. Because of this failure to systematically address each aspect of the topic the authors may not have identified all the relevant research and may have missed a number of relevant and important aspects,

particularly including relevant qualitative research and violence within homosexual male relationships.

2. The report has not dealt sufficiently with the area of interventions, guidelines and outcomes of interventions.

3. The report does identify major population based prevalence studies. It does show that at international level the issues of male victims of domestic violence is receiving attention and suggests some interventions which may be of help in targeting future strategies.

4. The report could have benefited from an extended authorship with a greater multidisciplinary involvement to include more statistical input and a greater emphasis on an evidence-based approach using the services of a librarian and others familiar with systematic review methodologies.