



Original communication

Conjugal violence: A comparison of violence against men by women and women by men

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ABSTRACT

Because few studies demonstrated the types of violence performed by women, the aim of our study was to access violence men against women as well as women against men.

A retrospective study was performed based on all the medical certificates for victims who consulted our centre specialized in assault victims.

Eleven percent of the victims were men (81 men, 626 women). Episodes of violence were most often repeated against women than men ($p < 0.05$). Injuring, in most cases mild, were more frequently found in men than women ($p < 0.01$). They were primarily cutaneous in 66% of cases (85% men, 64% women) and severe in 5% of cases i.e. fractures, with no difference in gender. Three cases of sexual assault and one case of chemical submission was observed in women. Insults were made more often by men than by women ($p < 0.002$). A psychological impact was more frequently found in women than in men ($p < 0.01$). The duration of the total incapacity (incapacité totale de travail = ITT) was less than 0–3 days in most cases, and this occurred more often in 91% men than in 65% women ($p < 0.01$).

Consultations for domestic violence occur less frequently in men than in women. Men present more often with injuries that are less severe compared to those observed in women. In contrast, the psychological impact is less frequent in men. Also episodes of violence were most often repeated when the aggressor was a man.

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1. Introduction

According to the National Delinquency Observatory, approximately 280 000 men and 663 000 women have been victims of domestic violence in France during 2010.¹ These acts of violence are still underestimated for both women and men, because many victims do not consult due to fear of further violence or psychological pressure. In the United States, approximately 1.5 million of women and 834 700 men are physically assaulted and/or raped by an intimate partner,² with a less significant assault rate than that observed in France. An increase in the frequency of this type of violence has been noted over time. This is probably due to the increasing frequency and complaints of violence by the victims with more routine medical examinations, particularly within the forensic-legal units and emergency services.³

Since the opening of our specialized center: the “Centre d'accueil spécialisé pour les agressions” (CASA) (Welcome Center for Specialized Assault), an increase in the number of men assaulted by their partner has been observed. Therefore, we were prompted to conduct a study of all the patients, both men and women, who consulted CASA over a one year period. In fact, there are few studies currently available in the literature on these topics because this type of violence has been largely overlooked and remains poorly documented particularly in men.^{4,5}

2. Material and methods

This descriptive study compared domestic violence between men and women in consecutive victims from 1st January to 31 December 2012 examined at the Department of Clinical Forensic Medicine in Rouen (France). All consecutive patients were included to compare the characteristics of violence in men and in women.

The care of victims was carried out by three forensic physicians and the same data were included on the medical certificate: the

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alleged victim's characterization (sex, age, marital status, history of previous violence), the presence of repetitive violence, the type relationship between the victim and the perpetrator (partners or ex-partner, and married or divorced), the day the violence occurred, the time of violence (morning: between 8 and 12 am, afternoon: between 12 and 6 pm, evening: between 6 and 12, night: between 0 and 8 am), the type of violence (physical aggression with the hands, feet or teeth [slapping, punching, scratching] or the foot/kicking [biting], aggression with objects or weapons, strangulation, sexual violence, kidnapping, drug submission, psychological abuses), the type of injuries (skin lesions [abrasions, bruising or hematoma, without functional impairment] or severe trauma [fractures, hemothorax, pneumothorax]), the time between the day of the aggression and the day of the consultation (D0 which is the day of the assault), the type of practitioner consulted by the victim prior to the medico-legal consultation (general practitioner, specialist, Emergency Unit), the psychological impact, such as disturbance of sleep and appetite, anxiety, fear or fatigue, the duration of the total incapacity to work ("incapacité totale de travail" = ITT). In France, ITT is a criminal legal concept that allows the magistrate to assess the seriousness of the physical and psychological injuries and help to determine the type of legal offense. When the ITT is more than 8 days, the person is tried in the "tribunal correctionnel"- criminal court.

Student's-t-test and Wilcoxon's Rank sign non parametric test were used to compare quantitative data. Chi square test with Yates' correction was used to compare qualitative values. The correlation between quantitative values was verified with the Spearman's test. Medians for quantitative data are reported as \pm the standard error of the medians (SEM). The standard deviations were used for descriptive statistics. All analyses were performed using MedCalc Statistical Software version 12.7.2 (MedCalc Software, Ostend, Belgium; <http://www.medcalc.org>; 2013).

3. Results

The number of victims were 707, including 81 men (13%) and 626 women (87%). Domestic violence accounted for 18% of all the victims examined at the CASA during the same period. The results are collected in Table 1.

For all victims, the average age was 35years \pm 11 (36years \pm 12 for men, and 35 \pm 11 years for women), with no significant difference between the different groups. Repeated attacks were performed in 60% of all the victims, in 49% of male and 68% of female, with a significant difference in gender ($p < 0.05$). Domestic violence was more frequent on Sundays, and 45% of them were carried out during Friday, Saturday or Sunday. Domestic violence was more frequently observed in the evening between 18 and 24 h, with no difference between men and women. Two thirds of the victims consulted between D0 and D4 after the episode of violence, with no significant difference between male and female victims (Fig. 1). The victims were most often attacked in their home, and on the on the street, with no gender difference (Table 1). In 69% of cases, the perpetrator was cohabiting with their victim (Fig. 2). The spouses more frequently committed attacks than theirs partners, with no gender difference. More aggressions were performed when individuals were living together ($p < 0.05$). Violence perpetrated between ex-spouses (unmarried couples) was less often observed between spouses ($p < 0.01$). Prior to the medical legal consultation, two thirds of patients had previously consulted and more frequently at an emergency department with no difference between men or women.

Skin lesions were found more frequently in men than in women (85% vs 64%, $p < 0.01$) and severe trauma was observed in 4.9% of all

victims (men 4.9%, women 4.9%). Men were less verbally insulted than women (20% vs 48%, $p < 0.002$), less often strangled (10% vs 16%, $p < 0.2$) but more often were victims of violence using an object or weapon than women (33% vs 20% $p < 0.06$) (Fig. 3). Only 4 women were victims of sexual assault or kidnapping, or chemical submission.

The psychological impact was present in 70% of victims, more often in the women than in men (75% vs 60%, $p < 0.01$).

ITT duration was 2.5 \pm 5.6 days for all victims and more women than men had ITT duration more than 8 days (15% vs 2%, $p < 0.003$). (Fig. 4).

4. Discussion

The men victims of domestic violence consult less than women, because the violence in men are less common, and it is also very difficult for a man to consult.

Actually, in our study more women consulted our Centre compared to men. However, it is possible that women consult more frequently because an extensive amount of information has been provided to prevent domestic violence while limited facilities are currently present to consider men assaulted by their partner. Moreover, a psychological obstacle is often present in men who do not accept to consult for physical injury. It seems that a manly attitude is not compatible with the process to consult after physical injuries performed by women.

Thus, the aim of this descriptive study aims was to compare domestic violence between men and women for understand the mechanisms of violence and therefore improve the detection of victims, their care and prevent recurrence.

Differences between men and women are related in part to societal differences, which are both due to the victim's aggressor, or even the bond between them.

In our study, age was not different between men and women, which is often the case, which was found especially in a retrospective analysis of medical records of Bern University Hospital.⁶ However, a French study, l'ENVEFF, Enquête Nationale sur les Violences Envers les Femmes en France "National Survey on Violence Against Women in France" reported that young women were most often injured, but the explanation could be that most young women consult more often and rapidly that older woman.⁷

Nearly half of victims, whatever the gender, were assaulted during the weekend, as previously reported,⁶ probably because of a more durable relationship between partners at home during this period of week, as well as more alcohol consumption and complications concerning child care. For the same reasons, violence more frequently occurred in the evening, and in a private place, with no difference between gender, as previously reported.^{9,10} Also, we did not observe any difference between men or women as regards violence performed in the workplace. This is in contrast to another study that demonstrated that women would more often perform attacks in the workplace in order to disrupt her partner's social standing.⁹

In our study, the victims consulted quickly after aggression, more frequently at D1 (which is the day after the assault) or at D2, and 75% of them were treated between D0 and D4, without significant difference between male and female victims. Patients who experienced repeated episodes of aggression consulted more rapidly than first episode patients.

Repeated attacks were significantly more often performed when a man was the aggressor according to a previous Canadian retrospective study.⁸

Women delay to consult because they are maybe afraid of the threatening male behavior.

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