Men as Victims of Intimate Partner Violence - A Case Report

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ABSTRACT
Intimate partner violence (IPV) is an important worldwide problem. Several studies on IPV found equivalent rates of assault perpetrated by men and women. The victim was a 30 years old three wheel driver, married with two children. He was assaulted by his wife with a club over the head and was admitted to the Teaching Hospital Karapitiya. A CT scan of the brain revealed a left parieto-occipital large extra dural haemorrhage (EDH), left parietal skull fracture with midline shift of 2cm and cerebral oedema. Left tempo-parietal craniotomy and evacuation of EDH was done.

On examination, apart from the surgical incision, he had a sutured laceration 8cm in length over the left side of the head. Left sided 3rd cranial nerve palsy was also present. The idea of women being violent is a hard thing for many people to believe as it goes against the stereotype of the passive and helpless female. This, in spite of the fact that women are known to be more likely than men to commit child abuse and child murder. Findings of this case suggest that women use IPV against their male partners. Given the potentially serious physical and mental health consequences this can have, particularly for victims, research in this area needs to move beyond the argument over who perpetrates more IPV and who suffers more as a consequence of IPV.

Key words: intimate partner violence, male victims, female perpetrators, Sri Lanka

INTRODUCTION
Intimate partner violence (IPV) is an important worldwide problem (1,2). It is a type of domestic violence defined by the World Health Organization as “any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship (1). The patriarchal model of the society supports the idea that IPV is a gender issue, perpetrated by men towards women (3,4). Meanwhile, several studies on IPV found equivalent rates of assault perpetrated by men and women (5,6).

CASE REPORT
The victim was a 30 years old three wheel driver, married with two children. For the last couple of months, wife started to suspect him regarding an extramarital relationship which he strongly refused. On 5th of December 2011 around 6.30pm, when he was sleeping on the floor (after a bout of alcohol), he felt severe pain over the left side of the head. When he raised his head, he saw his wife standing near him holding a club. When he shouted for help she ran away and he had an episode of loss of consciousness. By that time few neighbors gathered around the house and immediately, he was brought to the Teaching hospital, Karapitiya.

On admission to ETU, he had been semiconscious with GCS 08/15. He complained of severe pain over left side of the head. Immediate CT scan of brain was performed.

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It revealed (Figure 1), left parieto-occipital, large extra dural haemorrhage (EDH) (thickness 4cm), left parietal skull fracture, midline shift of 2cm to the right side and cerebral oedema. Ipsilateral lateral ventricle compressed. Left temporo-parietal craniotomy and evacuation of EDH was done. On 6/12/2012, repeat CT done and it revealed (Figure 2) an EDH of 3x8cm with mid line shift of 7cm. Re-evacuation of EDH done on the same day. After that he recovered gradually.

On examination, apart from the surgical incision, he had a sutured laceration 8cm in length over the left side of the head, obliquely placed, lower end is placed 6cm from midline and 9cm from top of the head (Figure 3). Left sided 3rd cranial nerve palsy was also present (Figure 4).

He was discharged 14 days after the incident.

**DISCUSSION**

In the case under discussion, the victim had a fresh laceration with a large underlying EDH. No other injuries present over any part of the body. According to the history he was assaulted while he was lying down, using a club. The injury pattern is compatible with such history. The other two possibilities were either a fall or RTA. In both of these situations, it is highly unlikely to receive a single laceration over the head. The circumstantial evidences also are supportive for the history given by the victim. The fresh injuries suffered by this victim are; laceration over the head, skull fracture and extra dural haemorrhage with
mid line shift. In this case, emergency craniotomy was performed to evacuate the EDH. Unless prompt and proper care was given, this patient would die. So the category of hurt would be “fatal in the ordinary cause of nature”. Assailant can be charged for attempted murder.

In 1977, Suzanne Steinmetz released results from several studies showing that the percentage of wives who have used physical violence is higher than the percentage of husbands, and that the wives’ average violence score tended to be higher, although men were somewhat more likely to cause greater injury. She also found that women were as likely as men to initiate physical violence, and that they had similar motives for their violent acts. Steinmetz concluded that "the most unreported crime is not wife beating - it's husband beating" (7).

The idea of women being violent is a hard thing for many people to believe. It goes against the stereotype of the passive and helpless female. This, in spite of the fact that women are known to be more likely than men to commit child abuse and child murder (8).

In 1988, an investigation of spousal homicide between 1978 and 1982 found that 7.8% of murder victims were husbands murdered by wives, and 8% were wives murdered by husbands (9).

More recently, in a study of spousal homicide in the period from 1986 to 1995, it was found that there was an overall ratio of 1.3:1.0 of murdered wives to murdered husbands (10).

In 1996, for instance, in a critique of the Curtis report, Wilt & Bannon wrote that "nonfatal violence committed by women against men is less likely to be reported to the police than is violence by men against women; thus, women assailters who come to the attention of the police are likely to be those who have produced a fatal result" (10).

Results like these are greeted with great suspicion by those who see domestic violence as a political issue to be exploited rather than a social problem to be solved. In a book on domestic violence, Roger Langley and Richard C. Levy conclude a chapter on battered husbands by saying, "Husband abuse should not be viewed as merely the opposite side of the coin to wife abuse. Both are part of the same problem, which should be described as a one person abusing another person. This problem must be faced and dealt with not in terms of sex but in terms of humanity" (11).

CONCLUSION
Severity of the injuries received by the victim in this case was very significant when compared to the cases reported in other countries. Findings of this case suggest that women use IPV against their male partners. Given the potentially serious physical and mental health consequences this can have, particularly for victims, there are compelling reasons why research in this area needs to move beyond the argument over who perpetrates more IPV and who suffers more as a consequence of IPV.

REFERENCES
1. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World report on violence and health. World health organization, Geneva; 2002.
2. Carmo R, Grams A, Magalhaes T. Men as victims of intimate partner violence. Journal of Forensic and Legal Medicine. 2011; 18: 355-359.
3. George MJ. Riding the donkey backwards: men as the unacceptable victims of marital violence. J Mens Stud. 1994; 3: 137-159.
4. Hamel J. Toward a gender – inclusive conception of intimate partner violence research and theory: part 1- Traditional perspectives. *Int J Mens Health* 2007; 6: 36-53.

5. Straus MA, Gelles RI. Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *J Marriage Fam*. 1986; 48: 465-479.

6. Archer J. Sex differences in aggression between heterosexual partners: a metaanalytical review. *Psychol Bull* 2000; 126:651-680.

7. Steinmetz, Suzanne K. "The battered husband syndrome", *Victimology*, 1977. 2: 499-509.

8. Daly M, Wilson M. "Parent-Offspring Homicides in Canada, 1974-1983" *Science* 1988; 242: 519-524.

9. Wolfgang M. Patterns in Criminal Homicide Wiley, New York, 1958.

10. Wilt GM, & Bannon, JD. Violence and the police:Homicides, assaults and disturbances The Police Foundation, Washington DC, 1996.

11. Langley R. & Levy RC. Wife Beating: The Silent Crisis; Pocket Books, New York 1977.

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