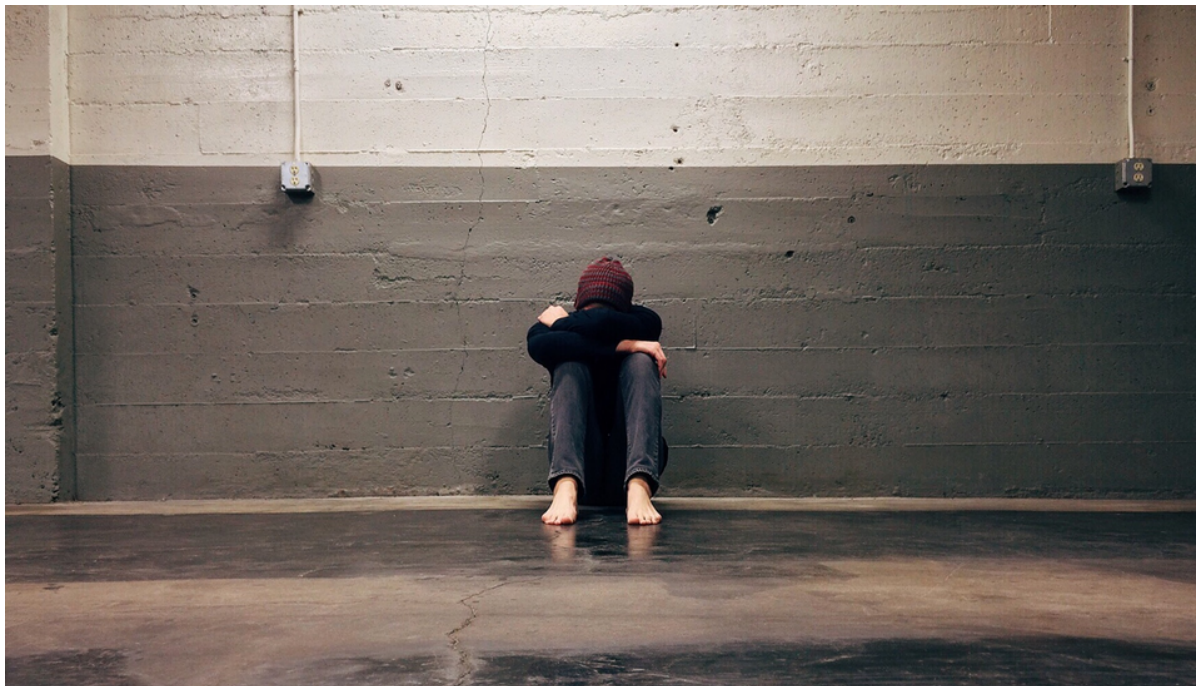


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# GENDER DIFFERENCES IN INTIMATE PARTNER VIOLENCE SERVICE USE



## ILLINOIS CRIMINAL JUSTICE INFORMATION AUTHORITY

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*Abstract: Although males experience intimate partner violence (IPV) at a rate only slightly lower than females, they are much less likely to receive formal victim services. We examined differences in males and females who received services for IPV victimization. Using InfoNet data web-based case management system used by domestic violence and sexual assault victims service providers in Illinois—we compared non-fatal male and female IPV victim demographics collected between 2015 and 2019. We analyzed their characteristics, IPV victimization type, and service receipt. We found that the racial/ethnic representation among male IPV victims was more proportionate to their representation among Illinois residents than that of female IPV victims. Females more often reported having a disability or limited English proficiency, both barriers to accessing services, in addition experiencing abuse that presented an increased risk of escalating to homicide. Female victims received three times the number of service contacts that males did and were more likely to need and receive counseling, housing services, and shelter. Findings suggest male IPV victims needed legal services more often than female IPV victims; they were more often referred to a victim service provider by a legal source, to receive civil legal advocacy, and to have filed for an order of protection.*

## **Introduction**

A review of intimate partner violence (IPV) literature found that few studies focus on male IPV victimization,<sup>1</sup> but findings point toward similar rates for males and females<sup>2</sup>. An article reviewing IPV prevalence in various countries concluded that 19.3% of males and 23.1% of females had been physically assaulted by an intimate partner.<sup>3</sup> A British study found that while females were more likely to have experienced some form of partner abuse at age 16 or older (19.9%), 9.6% of males also had reported this type of abuse.<sup>4</sup> Furthermore, a national survey investigating victimization estimated that 26% of males in Illinois will be victims of intimate partner violence or stalking during their lifetimes; the percentage for females was higher at 42%.<sup>5</sup>

Research also indicates that females perpetrate IPV. Authors of an article on prior studies of IPV in heterosexual relationships found 28.3% of females and 21.6% of males reported perpetrating physical violence in an intimate partnership.<sup>6</sup> In addition, some studies have found the majority of IPV to be bidirectional in nature, with the lines between victim and perpetrator blurred in a relationship.<sup>7</sup> While study methodologies, scope, and estimates may differ, research shows that males are IPV victims and that females perpetrate IPV.

Despite the similarities in victimization rates, males are less likely to seek services from a domestic violence provider. Research showed male IPV victims were less likely than female victims to use formal services and were more likely to describe informal support as helpful.<sup>8</sup> However, we know little about how IPV victim service receipt and victimization characteristics differ by gender.

## **Intimate Partner Violence Risk Factors**

Research has identified characteristics associated with increased IPV risk. Being separated or divorced has been shown to increase the likelihood of IPV compared to currently married individuals.<sup>9</sup> Having a long-term illness or disability also increased risk of partner abuse, but this increased risk did not differ by gender.<sup>10</sup> Among females, being an immigrant or unemployed was found to increase one's likelihood of IPV victimization, whereas higher education attainment decreased IPV risk.<sup>11</sup> We are unaware of any systematic reviews of demographic characteristics linked to increased IPV risk among males.

Studies also point to other risk factors that may vary by gender, including IPV type, use of force, and remaining in an abusive relationship. A Croatian study found that females were more likely to have experienced physical and financial abuse, whereas males were more likely to have experienced psychological abuse.<sup>12</sup> A meta-analysis of studies on IPV perpetration in heterosexual relationships found that gender effects were complex; females were more likely than males to be physically aggressive, but males were more likely to inflict injury.<sup>13</sup> Finally, a study of gender differences in relationships among young adults found that male IPV victims were more likely to remain in the abusive relationship than female IPV victims.<sup>14</sup>

## **Gender Differences in Help-Seeking**

Research suggests that males may be less likely or hesitant to seek help from formal sources of support. For example, a study of Croatian IPV victims' help-seeking behaviors found that males were less likely to report IPV to police or to the court.<sup>15</sup> In a British hotline report, 50% of male domestic abuse victim callers reported they had never before spoken to anyone about the abuse and 71% stated they would not have called the hotline were it not anonymous.<sup>16</sup>

Researchers have identified barriers to male victim help-seeking. As males are expected to be stoic and self-sufficient,<sup>17</sup> they may feel that seeking help through formal means is a threat to their masculinity. A systematic review of male IPV victims' help-seeking behaviors revealed that males avoided disclosing IPV because of concerns that others would question their masculinity or assume they were the aggressor.<sup>18</sup> Adherence to traditional gender roles and masculinity has also been shown to negatively impact attitudes toward counseling among males;<sup>19</sup> this occurs because males may internalize the stigma associated with help-seeking.<sup>20</sup> Other barriers to male help-seeking are blame, beliefs about the helpfulness of services, and society often not recognizing IPV against males as abuse. A study of adult responses to IPV vignettes found that participants were more likely to blame an IPV victim when they were male.<sup>21</sup> The belief that formal victim services could not help them also created a barrier; many also assumed victim services for males were not available.<sup>22</sup> Study participants rated police as least helpful of all potential help-seeking sources.<sup>23</sup> Research also has demonstrated that emergency room staff failed to identify IPV in males more than females.<sup>24</sup>

The perpetrator's gender and sexual orientation also can impact help-seeking behavior. When study participants were presented with vignettes of IPV participants were more likely to describe IPV as abuse when the perpetrator was a heterosexual male and were less likely to do so when partners were the same sex.<sup>25</sup> Respondents were also more likely to report a male assaulting a female to the police, than a female assaulting a male.<sup>26</sup>

## **Outcomes of IPV**

Males and females experience similar long-term effects associated with having intimate partner violence at comparable rates.<sup>27</sup> Exposure to IPV can lead to poor mental health and poor appraisal of one's own physical health.<sup>28</sup> However, studies have noted that female IPV victims experience more short-term emotional effects (e.g., depressive symptoms).<sup>29</sup> Studies link IPV to depressive symptoms, alcohol disorders,<sup>30</sup> and traumatic brain injury.<sup>31</sup> IPV also causes nightmares, particularly for female victims.<sup>32</sup>

The effects of IPV spill over into other facets of victims' lives. A study of employee-supervisor dyads found that IPV heightened psychological distress, which led to negative work outcomes.<sup>33</sup> Services for both IPV victims and perpetrators are important as a history of IPV precedes intimate partner homicide (IPH) in the majority of IPH cases.<sup>34</sup> A perpetrator's history of gun use<sup>35</sup> or strangulation<sup>36</sup> during IPV incidents increases the risk of IPH. For these reasons, understanding male and female IPV victim characteristics and service receipt is paramount to effectively providing services and preventing escalation.

## Current Study

To further the understanding of how IPV incidents and service use differ by gender, we analyzed InfoNet domestic violence data. InfoNet is a web-based system used by Illinois domestic violence and sexual assault providers for storing client and service data that inform strategic planning, case management, and grant administration. InfoNet contains data on clients, offenses, perpetrators, and services received.

## Methods

### Procedure and Sample

We examined records on IPV victims who sought services between 2015 and 2019, for abuse perpetrated by a current or former intimate partner. We included victims who had experienced physical, emotional, or sexual abuse (Table 1). Analyses were limited to data collected in 2019, as the COVID-19 pandemic and Illinois' stay-at-home orders impacted victim service provision.<sup>37</sup>

**Table 1**

*InfoNet Data Fields Used to Determine Study Inclusion*

Data Field	Description
Date of primary offense	Limited to clients whose victimization occurred between 2015 and 2019.
Client's gender	Clients that self-identified as cismale (identified as male and assigned male at birth) or female-to-male trans were coded as male. Cisfemale (identified as female and assigned female at birth) and male-to-female trans identities were coded as female. Clients whose gender was genderqueer or other were excluded because too few clients identified as these genders to conduct statistical analyses.
Perpetrator's relationship to client	Perpetrator relationships examined included victim's husband, ex-husband, boyfriend, ex-boyfriend, wife, ex-wife, girlfriend, ex-girlfriend, or same-sex partner.

A total of 86,412 client records drawn from 61 Illinois domestic violence service providers met the criteria for study inclusion. This study was approved by ICJIA's Institutional Review Board.

Table 2 provides a list of variables analyzed and, if applicable, how they were recoded.

**Table 2**  
*Variables Used in Analyses and Descriptions*

Variable	Description
Race/Ethnicity	Clients' self-described race/ethnicity. More than one racial/ethnic category may have been selected. <sup>38</sup>
Age	Client age at first contact with provider.
Relationship status	Client's relationship status at first contact with the provider. We analyzed two relationship statuses: married and single. Statuses that were not analyzed include widowed, divorced, legally separated, and common law married.
Parent of dependent child	Clients were considered parents if they had at least one child in their care at least part time. This does not include children that clients did not have primary custody of or adult children living in another household.
Employment status	Client employment status at first contact. Categories of <i>Employed full time</i> , <i>Employed part-time</i> , and <i>Not employed</i> were analyzed. Not employed clients included unemployed clients and those that were not seeking employment, such as retirees, students, homemakers, and people unable to work due to a disability.
Education	Client education level at first contact. The <i>At least some college</i> category included those who attended college, regardless of whether they received a college degree.
Limited English proficiency	Clients who needed an interpreter at intake to receive services.
Disability status	Determined by whether the client presents with a physical or mental disability at intake. Disabilities included hearing or vision impairment, a developmental disability, requiring a wheelchair or having another immobility, or requiring medication to be administered or assistance with feeding, dressing, or in other areas. This category also included clients for whom <i>Other disability</i> was selected.
Client referral source	Person or entity that referred client. Collected at intake. The referral sources we examined were: <i>Hotline or helpline</i> (comprised of Illinois Domestic Violence Helpline, National Domestic Violence Hotline, and other local hotline), <i>Legal source</i> (comprised of legal system, private attorney, state's attorney, and circuit clerk), <i>Police</i> , <i>Hospital</i> , <i>Any medical source</i> (comprised of hospital, non-hospital medical, and medical advocacy program), <i>Self</i> (those not referred by any other source), and <i>Social circle</i> (comprised of relative and friend).
Client service needs	Assessed by the provider, clients may present with up to 23 unique needs. In this analysis, we examined emotional/counseling, legal advocacy, and housing or shelter needs because they are common and address long-term safety and stability. We combined housing and shelter needs to create the housing or shelter need variable. The number of unique service needs was calculated for each client.
Services received	The current analysis focused on whether clients' service history involved receipt of counseling, shelter or housing, legal services, and assistance, as the providers' ability to meet client needs in these areas may differ by gender. In the analysis, we included <i>Housing service or shelter</i> (comprised of <i>Housing advocacy</i> ,

*Transitional housing, On-site Shelter, and Off-site shelter), Economic assistance, Educational assistance, Medical assistance, Employment assistance, Any assistance* (comprised of all assistance categories), *Family counseling, Individual counseling* (comprised of *In-person counseling* and *Telephone counseling*), *Conflict resolution, Individual therapy, Civil legal advocacy, and Criminal legal advocacy*.<sup>39</sup> We also computed the average number of service hours provided on all counseling types. Finally, we created a sum of all service contacts received; a service contact occurs when a client meets with a provider to receive any service.

Reason for case closure	When a client's case is closed, providers can enter a case closure reason. We limited our analysis to cases providers indicated were closed because no further service was needed.
Orders of protection filed	Order of protection filed by client against perpetrator. Orders of protection are recorded by court type: civil or criminal. We separately analyzed each type.
Orders of protection denied	Order of protection denied after filing. An order of protection status is categorized as granted, denied, or pending. Calculated by dividing the number of denied orders of protection by the total number of orders of protection either denied or granted, then multiplying by 100. Pending orders of protection were excluded.
Reported to police	If a police report date was entered, we categorized the offense as having been reported to police.
Trial set	Available when information about the perpetrator's trial (court case) was entered in InfoNet.
Primary presenting issue	The client's reason for seeking services: physical, emotional, or sexual domestic violence. We limited our analysis to physical and emotional issues because they were the most common primary presenting issues.
Escalation risk	Providers noted factors reported by clients that would indicate risk for escalation of violence. Fields included <i>Threatened and/or attacked with knife or gun, Perpetrators hit or attempted to hit with object, and Strangled</i> .
Location of primary presenting issue	IPV offenses occur most commonly in the home. Our analyses were limited to <i>Own home</i> and <i>Shared home</i> fields because IPV offenses occur most commonly in the home.
Perpetrator age	Perpetrator's age at client intake.
Perpetrator gender	Gender identity of the perpetrator, as reported by the client. Male included cismale and female-to-male trans. Cisfemale and male to female trans identities were coded as female.

## Analytic Process

We analyzed the dataset using Excel. We compared male IPV clients with female IPV clients on the variables described in Table 2. When the variable used in the comparison was interval-ratio (i.e., denoted by a number, such as age), we used independent sample t-tests to determine significance; independent sample t-tests are used to determine whether there is significant difference in the sample means of two independent groups. When the variable was nominal (i.e., denoted by the presence or absence of a characteristic, such as disability status), we used chi-square tests to determine significance; chi-square tests are used to determine whether there is



significant association between two categorical variables, based on the degree the observed data deviates from what would be expected if the variables were unrelated. For each variable, we omitted cases with missing data; therefore, the denominator used to calculate percentages may vary across variables.

## **Limitations**

Service providers ask clients for demographic information at intake. In most cases, victims seek services shortly after the IPV occurred. However, some clients do not seek services until months or years later. Thus, the demographic information recorded at intake may not accurately reflect certain demographic characteristics (e.g., employment status) at the time the IPV occurred.

Furthermore, this study only included data on IPV victims seeking formal, publicly funded victim services. Since males are reluctant to identify themselves as victims<sup>40</sup> or use formal victim services,<sup>41</sup> males are likely underrepresented in this dataset.

Finally, providers do not consistently enter perpetrators' criminal court information (e.g., trials, sentencing). Therefore, researchers were unable to analyze data on many of those fields. And while researchers used criminal court information data to create the trial set variable, the results may not be representative of all domestic violence victims in this sample.

## **Findings**

### **Client Demographics**

We compared the demographic characteristics of male and female domestic violence clients using chi-square tests and independent sample t-tests. Results are presented in Table 3.

**Table 3**  
*IPV Clients' Demographics, by Gender*

Demographic variable	Male		Female		$\chi^2$
	N	%	N	%	
Race					
White	3,813	58.6	36,795	46.7	343.35***
Black	1,542	23.7	22,302	28.3	62.86***
Latino/a (any race)	972	14.9	16,858	21.4	151.02***
Marital status					
Single	3,160	48.5	44,455	56.0	136.36***
Married	2,325	35.7	27,124	34.2	6.25*
Parent of dependent children	4,253	70.6	59,811	77.7	158.43***
Employment status					
Full-time	4,165	64.5	33,030	41.8	1247.81***
Part-time	527	8.2	9,375	11.9	80.26***
Not employed	1,764	27.3	36,536	46.3	867.28***
At least some college	3,093	48.3	40,517	51.8	29.98***
Clients with limited English	356	5.4	7,092	8.9	93.05***
Clients with a disability	263	4.0	5,179	6.5	63.85***

\* $p < .05$ , \*\*\* $p < .001$

*Note.* InfoNet data. Sample was 86,412, but lower for specific variables due to nonresponses and other missing data.

We found differences in races/ethnicities of male and female clients. There were 9.6 White female clients for every White male client, 14.5 Black female clients for every Black male client, and 17.3 Latina clients for every Latino client. Overall, the racial/ethnic distribution of male clients more closely mirrored the racial/ethnic makeup of Illinois residents at 61% White, 15% Black, and 18% Latino.<sup>42</sup>

Findings also revealed differences in age, and marital, parental, and employment status. Male clients ( $M = 37.7$ ,  $SD = 11.32$ ) were an average of 4.3 years older than female IPV clients ( $M = 33.4$ ,  $SD = 10.32$ ),  $t(86,398) = 32.24$ ,  $p < .001$ . Females were 15% more likely to be single and males were 4% more likely to be married. Female clients were 10% more likely to be parents of dependent children. Males were more likely to be employed full-time at intake; females were more likely to be employed part-time or unemployed.

Gender differences found in attaining college education mirrored estimates that appeared in the General Social Survey (GSS), a biannual survey measuring American traits and opinions among the adult population; the GSS found 40% of females had a junior college degree or higher compared to 37% of males.<sup>43</sup> In our sample, female clients were 7% more likely to have at least some college education.

Female clients were more likely to have characteristics that could pose barriers to service access; they were 65% more likely to have limited English proficiency and 63% more likely to have a disability.



## Referral Source

We examined referral sources by client gender using chi-square tests and found significant differences (Table 4). Female IPV clients were more likely to be referred by a hotline or helpline, a medical source, a hospital, a friend, or a family member than males. In contrast, male clients were more likely to be referred by a legal source or the police. They also were more likely to self-refer.

**Table 4**  
*IPV Client Referral Sources, by Gender*

	Male		Female		$\chi^2$
	N	%	N	%	
Formal support					
Hotline or helpline	49	.7	2,777	3.5	144.34***
Legal source	1,808	27.6	16,698	21.2	152.26***
Police	2,500	38.1	27,201	34.3	38.86***
Any medical source	119	1.8	3,952	5.0	134.36***
Hospital	76	1.2	3,052	3.8	124.90***
Informal support					
Self	1,451	22.1	16,572	20.9	5.45*
Friend	292	4.5	6,258	7.9	101.76***
Relative	262	4.0	3,969	5.0	13.22***

\* $p < .05$ , \*\*\* $p < .001$

Note. InfoNet data. Sample was 86,412.

## Service Needs

Service need findings are presented in Table 5. Service needs were analyzed using chi-square tests and independent sample t-tests.

**Table 5**  
*IPV Clients' Service Needs, by Gender*

	Male		Female		$\chi^2$
	N	%	N	%	
Housing or shelter	196	3.0	16,020	20.2	1,164.18***
Emotional or counseling	3,571	54.8	55,102	69.6	609.83***
Legal advocacy	5,824	89.4	57,343	72.5	896.41***

\*\*\* $p < .001$

Note. InfoNet data. Sample was 86,412.

Each service need examined varied significantly by client gender. Providers were more likely to indicate that female clients needed shelter or housing and emotional or counseling services at intake than males, whereas males were more likely to need legal advocacy at intake. Overall, female IPV clients ( $M = 2.84$ ,  $SD = 1.79$ ) averaged more needs than males ( $M = 2.59$ ,  $SD = 1.01$ ),  $t(86,410) = 11.12$ ,  $p < .001$ .

## Services Received

We also looked at gender differences in services received. Service receipt was analyzed using chi-square tests and independent sample t-tests (Table 6).

**Table 6**

*Services Received by IPV Clients, by Gender*

	Male		Female		$\chi^2$
	N	%	N	%	
Housing or shelter Assistance	198	3.0%	14,599	18.4%	1,000.65***
Any assistance	251	3.8	13,604	17.0	790.28***
Economic	159	2.4	8,749	11.0	480.08***
Educational	32	0.5	2,975	3.7	190.12***
Medical	76	1.2	5,580	7.0	338.49***
Employment	89	1.4	5,854	7.3	339.64***
Emotional support					
Family counseling	54	0.8	3,547	4.4	199.85***
Individual counseling	3,882	58.9	55,677	69.7	328.84***
Conflict resolution	99	1.5	5,614	7.0	301.01***
Individual therapy	65	1.0	2,925	3.7	130.41***
Legal services					
Civil legal advocacy	5,944	90.3	64,365	80.6	374.44***
Criminal legal advocacy	469	7.1	10,433	13.0	194.03***
Case closed due to no further services being needed	163	16.4	2,895	14.4	2.95+

+p<.10, \*\*\*p < .001

*Note.* InfoNet data. Sample was 86,412, but lower for specific variables due to nonresponses and other missing data.

Female IPV clients were more likely to receive any form of assistance. They were also more likely to receive housing or shelter services and economic, educational, medical, and employment assistance. In addition, female IPV clients were more likely to receive services related to emotional support, including family counseling, individual counseling, conflict resolution services, and individual therapy. Of clients receiving therapy, females received about twelve times as many counseling hours as male clients.<sup>44</sup> We also observed a gender difference in the number of counseling hours received by male clients when the perpetrator's gender was male. Males abused by males averaged more counseling hours than males abused by females.<sup>45</sup>

Legal services comprised a larger portion of male victims' total service contacts at 49% for males and 22% for females. In addition, the type of legal advocacy service received varied by gender. Male IPV clients were 12% more likely to receive civil legal advocacy, whereas female clients were 83% more likely to receive criminal legal advocacy.

Overall, female IPV clients ( $M = 29.1$ ,  $SD = 80.75$ ) had more total service contacts than males ( $M = 9.7$ ,  $SD = 25.84$ ),  $t(85,811) = 19.37$ ,  $p < .001$ . An analysis of male IPV victims and perpetrator gender revealed that male victims had more total service contacts when the

perpetrator was male ( $M = 14.1$ ,  $SD = 48.11$ ) than female ( $M = 9.3$ ,  $SD = 22.26$ ),  $t(6,589) = 4.66$ ,  $p < .001$ ). In comparison, the difference between female clients whose perpetrator was male ( $M = 28.9$ ,  $SD = 79.66$ ) and those whose perpetrator was female ( $M = 30.3$ ,  $SD = 102.93$ ) was not statistically significant,  $t(79,258) = .76$ ,  $p = .449$ ).

## Court Use

Differences in court use by gender are presented in Table 7. Chi-square tests were used to compare IPV victims by gender.

**Table 7**  
*IPV Client Court Use, by Gender*

	Male		Female		$\chi^2$
	N	%	N	%	
Order of protection filed <sup>46</sup>	5,266	80.0	47,871	59.9	1,029.95***
Civil order of protection filed	4,931	74.8	41,933	52.4	1,232.86***
Criminal order of protection filed	323	4.9	6,683	8.4	97.50***
Civil order of protection denied	1,036	17.4	4,739	7.9	611.02***
Criminal order of protection denied	7	2.3	95	1.3	1.92
Reported to police	26	.4	793	1.0	23.16***
Case had a trial set	0	0	47	0.1	3.88*

\* $p < .05$ , \*\*\* $p < .001$

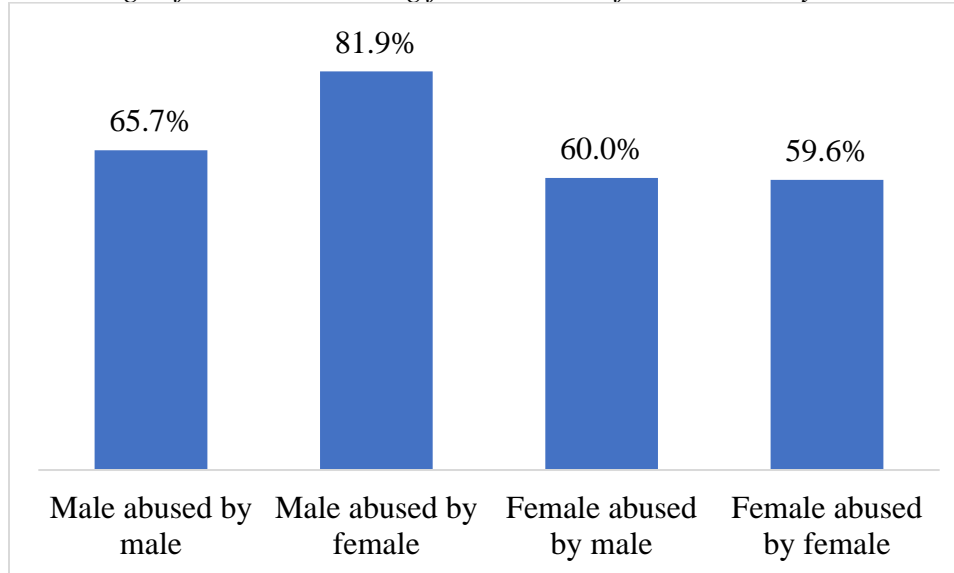
*Note.* InfoNet data. Sample was 86,412, but lower for specific variables due to nonresponses and other missing data.

Overall, male clients were 34% more likely to file an order of protection. However, male clients were 43% more likely to file a civil order of protection, while female clients were 71% more likely to file a criminal order of protection. In addition, we found that males who received civil legal advocacy services were more likely to file for an order of protection.<sup>47</sup> Civil orders of protection filed by males were 2.2 times more likely to be denied; no gender difference was observed for criminal orders of protection.

A follow-up chi-square analysis found that when the perpetrator was female, males were more likely to file an order of protection than when the perpetrator was male,  $\chi^2(1, n = 6,615) = 108.91$ ,  $p < .001$  (Figure 1). We saw that female clients with a male perpetrator were no more likely to file for an order of protection than those with a female perpetrator,  $\chi^2(1, n = 80,048) = .18$ ,  $p = .671$ .

**Figure 1**

*Percentage of IPV clients Filing for an Order of Protection, by Client and Perpetrator Gender*



*Note.* Data source from InfoNet. Sample was 86,412.

### Offense and Perpetrator Characteristics

Table 8 contains findings from chi-square analyses of IPV offense and perpetrator characteristics by gender.

**Table 8**

*Offense and Perpetrator Characteristics of IPV Clients, by Gender*

	Male		Female		.
	n	%	n	%	$\chi^2$
Offense characteristics					
Physical DV as primary presenting issue	2,995	45.5	45,000	56.4	289.45***
Emotional DV as primary presenting issue	3,635	55.2	34,910	43.6	327.96***
Perpetrator hit or attempted to hit victim with object	719	10.9	12,109	15.2	86.41***
Strangled	433	6.6	15,223	19.1	638.93***
Abused in own home	2,293	35.9	25,586	32.8	26.01***
Abused in shared home	1,608	25.2	26,580	34.0	209.15***
Perpetrator characteristics					
Male	753	11.4	78,038	97.8	56,445.54***
Ever married to client	2,481	37.7	29,547	37.0	1.24
Current intimate partner of client	2,628	39.9	39,525	49.5	223.08***

\*\*\* $p < .001$

*Note.* InfoNet data. Sample was 86,412, but lower for specific variables due to nonresponses and other missing data.

We investigated offense characteristics that may increase victims' risk for future IPV escalation. Females were 24% more likely to have physical DV as their primary presenting issues, whereas males were more likely to have emotional DV as their primary presenting issues. We saw no gender difference in likelihood of being threatened or attacked with a gun or knife, but female clients were more likely to have had the perpetrator hit or attempt to hit them with an object or to have been strangled during the incident.

We also saw differences in the location of the DV incident. Males were 9% more likely to be abused in their own homes, whereas females were 35% more likely to be abused in a home they shared with the perpetrator.

We also found that perpetrator characteristics differed for female IPV clients compared to male IPV clients. Female clients were over eight times more likely to have been abused by a male perpetrator. While there were no differences between client gender and whether the perpetrator was ever their spouse, female clients were 24% more likely to have been abused by a current romantic partner.

Those who perpetrated IPV against female clients ( $M = 36.0$ ,  $SD = 10.97$ ) were an average of two years older than those who perpetrated IPV against males ( $M = 34.0$ ,  $SD = 10.00$ ),  $t(85,532) = 14.18$ ,  $p < .001$ . Male clients were older than their perpetrators ( $M = 3.7$ ,  $SD = 8.56$ ); female clients were younger than their perpetrators ( $M = -2.6$ ,  $SD = 8.36$ ),  $t(85,486) = 58.13$ ,  $p < .001$ .

## **Discussion**

### **Female IPV Victim Risk Factors**

Foremost, during the period studied, female IPV clients were more likely to have a disability and economic-related service needs than male IPV clients. While research has shown that females are more likely to have a disability than males in the United States,<sup>48</sup> the differences observed between males and females were smaller than those seen in our sample of IPV victims, suggesting that females with a disability are more likely to experience IPV than males with a disability. As a result, having a disability may increase females' risk of IPV more than males.

Female clients also were more likely to be unemployed at intake and to receive employment and economic assistance than males. This finding was consistent with an Australian study which found that unemployment increased females' risk of experiencing physical abuse, but not risk for males.<sup>49</sup> The increased risk factors for female IPV clients and their greater service usage is consistent with findings from a previous study; researchers found that female victims returned to their abusers due to lack of money or shelter.<sup>50</sup>

These findings point to two potential IPV risk factors for females – having a disability and economic-related needs. These findings indicate that for female IPV victims, assistance services are important. Providers should be aware female IPV victims are more likely than males to have disabilities or economic-related needs and ensure they have the capacity to serve clients with disabilities and other needs.

## **Order of Protection Filings among Male IPV Victims**

Male IPV clients were more likely to receive civil legal advocacy and to file for a civil order of protection than female clients, particularly when the male IPV client's perpetrator was female. In addition, male clients who had received civil legal advocacy were more likely to file for an order of protection than female clients receiving civil legal advocacy. Studies have identified several reasons male IPV victims may be more likely to file for an order of protection. Males may file an order of protection to protect themselves from being considered to be the perpetrator if the abuse escalates. Previous research has shown IPV against males in heterosexual relationships can be minimized by the victims' friends and family. Males also are assumed to be the perpetrator.<sup>51</sup>

Additional research suggests that male IPV may be at greater risk of legal or administrative abuse. This type of abuse occurs when the perpetrator manipulates legal or administrative institutions to harm the victim, such as filing unsubstantiated orders of protection.<sup>52</sup> Males may be at greater risk because of gender assumptions victim service providers and the court system have about IPV perpetrators.<sup>53</sup> A survey of male IPV victims demonstrated how widespread legal or administrative abuse is; 67% of male IPV victims reported being falsely accused of abuse by a partner, 49% were falsely accused by a partner of physically abusing their children, and 39% had a restraining order filed against them based on their abusers' lies.<sup>54</sup> Other researchers noted that female IPV victims had also experienced similar abuse, including unsubstantiated lawsuits and allegations of child endangerment.<sup>55</sup> To protect against these forms of abuse, male victims may be more likely than females to seek legal advocacy services or file for an order of protection.

Male IPV victims may also be more likely to receive legal advocacy services than females because inequities in the legal system benefiting female IPV victims lead them to seek assistance from service providers. One study found that judges were thirteen times more likely to grant a temporary restraining order to a female victim against a male perpetrator than to grant an order for a male victim against a female perpetrator.<sup>56</sup> Another study found that even though most received civil legal services, male clients' civil orders of protection were over twice as likely to be denied compared to those of female clients.

## **Overall Services Needed and Received**

Female clients had more service needs and service contacts than male clients. This suggests that female IPV victims have greater service needs and require more intensive services than males. Specifically, female IPV clients were more likely to need emotional support or counseling and to receive various emotional support services, including individual counseling and family counseling, than males. Female victims' greater need for and receipt of counseling points to increased emotional and psychological impacts compared to males. This is consistent with prior research which found that female IPV victims were more likely than males to have experienced short-term negative emotional effects from IPV.<sup>57</sup> However, males may have also been less likely to participate in counseling because of gender roles stressing that males should be self-sufficient and manage problems on their own.<sup>58</sup> A survey of help-seeking behaviors found males were eight times more likely than females to have said they would fix their problems on their own.<sup>59</sup>

While male IPV victims had fewer needs and were less likely to receive most service types than females, differences in male IPV victims' service receipt varied by perpetrator gender. Males abused by a male had more service contacts than when the perpetrator was female.

Prior research examining the relationship between gender and service needs or receipt among IPV victims is scarce. One study found that males and females at a Dutch sexual assault center received comparable service types.<sup>60</sup> This is inconsistent with our findings. Additional research is needed to better understand whether service needs and receipt differ by IPV victim or perpetrator gender.

Furthermore, researchers and providers should explore factors to explain why IPV victim service needs and receipt differed by gender in the present study. Future studies can examine whether males IPV victims have fewer service needs or are less likely to disclose needs. Providers should also review their intake procedures to ensure any tools or approaches used to assess client need are appropriate for both male and female IPV victims, including clients with same-sex partners. A study examining male and female attitudes toward therapy found that males prefer support groups and group psychological therapy.<sup>61</sup> Providers should offer or consider offering group counseling or therapy options to male clients if such service options might better meet their male IPV clients' needs.

### **Use of Housing Services and Shelter**

Results showed that female IPV clients were more likely to need shelter or housing services, to have been abused in a home they shared with the perpetrator, and to have received economic and employment assistance than male IPV clients. These findings suggest that female IPV victims may have increased housing needs because their current living situations are unsafe and they have fewer financial resources to relocate.

### **Similarity to Underlying Illinois Demographics**

We also found that the racial/ethnic makeup of male IPV clients was closer to the racial/ethnic makeup of Illinois residents than it was for female IPV clients. While this study found that White IPV clients are underrepresented and Black IPV clients are overrepresented compared to the general Illinois population, this finding was more pronounced for female clients. However, the observed differences may be the result of differences in the characteristics of victims who access publicly funded victim services, rather than gender differences in IPV victimization patterns.

In a prior analysis of InfoNet data, ICJIA researchers found Black female and Latina domestic violence victims accessed victim services more often than would be expected based on their representation in the Illinois population. Furthermore, results suggest that these differences were partially dependent on economic factors, as female IPV clients' racial makeup in this sample more closely mirrored Illinois residents whose annual household income was below \$50,000 annually.<sup>62</sup> The small number of male IPV clients reported in InfoNet prevented researchers from conducting a similar analysis for males. However, male clients' racial/ethnic characteristics suggests that their economic circumstances are less likely to lead them to contact a service provider compared to female clients.



## **Differences in Escalation Risk to Intimate Partner Homicide**

We found that female IPV clients were more likely to have reported offense characteristics that may increase their risk for escalation to IPH, including that the perpetrator hit or attempted to hit them and strangulation. Past strangulation is associated with increased risk for IPH.<sup>63</sup> Thus, female IPV victims may be at increased risk for IPH compared to male IPV victims.

## **Stigma for Male Clients**

Previous research has found that stigmatization, along with shame and embarrassment, are key factors discouraging male IPV victims from formal help seeking.<sup>64</sup> In our study, males were less likely to reach out to formal helplines or hotlines for assistance. This was particularly true when the perpetrator was female; we found that male IPV clients were more likely to contact a helpline or hotline when abused by another male than when abused by a female. Research has demonstrated that male IPV victims are often met with indifference and that the abuse they experienced is minimized, particularly if the perpetrator is female.<sup>65</sup> Males abused by females may fear their masculinity will be threatened and that they will not be believed if they reach out for help.<sup>66</sup>

Results also revealed that males abused by females were more likely to receive civil legal advocacy and to file for an order of protection than males abused by males, but had fewer service contacts with victim service providers and fewer counseling hours. This finding suggests that male IPV clients focus more on the legal impacts of the abuse than their emotional support needs. Their decision to prioritize receipt of legal advocacy is not unfounded. Prior research has shown that when females abuse males, the victim is more likely to also be arrested than when a male abuses a female.<sup>67</sup> Overall, lessening the stigma associated with male IPV victims' service seeking, particularly for heterosexual male victims, is important for increasing their access to and receipt of needed victim services.

In addition, we found that male IPV clients were more likely to be referred to a victim service provider by the police or legal sources than females, suggesting that law enforcement and the legal system may be strong referral pathways for male IPV victims. Male IPV clients were less likely than female clients to be referred to victim service providers by family or friends, suggesting that male IPV clients may be less likely to disclose the abuse to these informal support sources. Furthermore, research has shown that community members may be unaware that males are eligible for services,<sup>68</sup> which may result in fewer male IPV victims being referred by family and friends than females. Efforts to address the stigma of IPV for males can help to address the gender differences in referral sources. Reducing the stigma of being a male IPV victim would result in them feeling more comfortable mentioning the abuse to a wider range of people and institutions.

## **Conclusion and Future Directions**

Our findings highlight several areas where male and female IPV clients diverge and services could be improved. Future studies could increase our understanding of gender differences.

Broadly speaking, male victims receive legal services, whereas female victims receive a myriad of services, particularly counseling and assistance services.

We suggested that male IPV clients' greater use of orders of protection and legal services is related to legal and administrative abuse, either because males are more likely to use legal advocacy services to help perpetrate this type of abuse or because documenting the abuse will better protect them. Therefore, domestic violence service providers should devote resources to identifying and responding to legal abuse. We recommend that InfoNet users support the addition of a legal abuse data field. This type of data collection would enable researchers to more fully explore a potential link between legal abuse, order of protection filings, and civil legal advocacy service receipt and to explore gender differences.

Consistent with previous literature, our findings suggest that males may be less likely to leave abusive relationships than females. They also received less counseling and emotional support services than female victims which may impact their ability to leave an abusive relationship. More research is needed to better understand the relationship between emotional support and victims' ability and/or decision to leave an abusive relationship.

In addition, increased efforts to destigmatize counseling and promote its use to male IPV victims are needed. Male-only support groups for IPV victims may lessen the stigma associated with counseling and therapy; evidence shows males prefer group therapy more than females.<sup>69</sup> A potential challenge to establishing male-only support groups for IPV victims is few males seek services; only 8% of all InfoNet clients were male. However, the COVID-19 pandemic has expanded providers' use of virtual services, enabling support groups to be held across a larger geographic area and increasing attendance. Additionally, future studies should examine male IPV victims' counseling preferences, including those for male or female counselors.

Prior studies show that anonymous hotlines help male IPV victims to talk about their experiences,<sup>70</sup> yet InfoNet data indicated males called hotlines less frequently than females. Thus, providers should promote DV hotlines to male populations, portraying them as anonymous and low commitment. Additionally, they should provide training to staff on best practices for serving male IPV clients, including on how unconscious bias may impact the way needs of male IPV victims are assessed and the type and quantity of services they receive.

If you or someone you know needs support for any form of domestic violence, please see the following resources:

**Domestic Violence**

National Domestic Violence Hotline

1-800-799-SAFE

<http://www.thehotline.org/>

Chicagoland Domestic Violence Help Line

1-877-863-6338 (Chicago area only)

[http://www.cityofchicago.org/city/en/depts/fss/provdrs/dom\\_violence/svcs/  
domestic\\_violencehelpline.html](http://www.cityofchicago.org/city/en/depts/fss/provdrs/dom_violence/svcs/domestic_violencehelpline.html)

For more information on domestic violence, visit the Illinois Coalition Against Domestic Violence's Web site at <http://www.ilcadv.org> or call 217-789-2830.

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- <sup>45</sup> The difference between the mean counseling hours received by male clients abused by males ( $M = 7.1$ ,  $SD = 22.87$ ) and male clients abused by females ( $M = 4.3$ ,  $SD = 21.45$ ) were significant at a .05 level,  $t(4,259) = 2.52$ .



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