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Methods of Diagnosing Violence against Men in the Family

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Abstract: The study aimed to investigate the methods based on social perception models and content analysis for diagnosing the well-being of men in discomforting families due to violence. The research found that social knowledge of gender differences regarding "man" and "man in discomforting families" is underdeveloped. Also not necessarily a noun "man" interpretation the methods created congruently using them. The greater expectancy social roles fit the objects, social knowledge led to expect lower social attractiveness of men in discomforting families and greater social desirability of judgments the about them. Content and substantive analysis of the portrait of the object in ideas, beliefs and stereotypic judgments about the groups being on the team of social charters by socially significance variables are the methods based on the repertoire of judgments. The sub-approaches for compatibility analysis are content and adaptive analysis which test the expectations of the description. The first deals with the groups significance discourses and the second with the consequence and discrepancy with social perception model validity. Rapid social changes in society defined family reorganization and traditional family values destruction where domestic violence became popular and wide-spread. Violence against women is nowadays drawn intensive situations in many societies. However, the aim is to investigate methods of violence diagnosing against men in discomforting families which domains of object perception field, social knowledge of gender perception, men-based subjectivity of methods congruency construction discrepancy with stereotypes and defense mechanisms freedom from social desirability biases. Violence in families descriptions contain images of men and women, objects of violence conception as such not preventing the issue of the group's perception legitimacy. So, gender differences analysis regarding "man" and "man in discomforting families" knowledge images should be on the agenda. Family discomforting perception should be discussed as of exterior or subjective image formation where externally based on family violence criteria conditions, emotions or manifestations.

Keywords: Diagnosing Violence, Gender Differences Analysis, "Man" and "Man in Discomforting Families" Knowledge, Violence Against Men in the Family.

1. Introduction

Violence against men in the family is a less spoken but very serious issue in many cultures. However, this is a very less researched area and has not received enough attention as a serious issue. Violence against men in the family has to be explored from the grassroot levels and this can be diagnosed clearly. The methods to diagnose such violence against men in the family are recorded in the following sections. violence against men in the family. A female being violent to male in family settings has never been discussed ever in any field. There are very few articles which describe violence against men in the family mainly in words without any data collection. Data has to be collected to state the fact that there is violence against men in the family. The indicator points of violence against men in the family is very much similar to violence against women in the family. The same questionnaire designed for women in tese aspect will be a good indicator to analyse and diagnose early that this aspect exists in a family.

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Background and Significance

Violence against men in the family, though often overlooked, is a significant issue affecting many individuals. This violence can manifest as physical force, psychological and emotional abuse, coercive actions, and social control. Such violence can result in chronic health issues, psychological disorders, traumatic problems, social challenges, economic hardship, and even suicide among its victims. Despite the severity of these issues, victims often remain silent, leading to underreported cases. Current methods to diagnose violence in the family, including interviews, questionnaires, and checklists, are typically designed for women as victims, thus failing to consider men as potential victims. This gap in knowledge has necessitated the research and design of methods to specifically diagnose violence against men in the family. The objective of this research is to design methods to accurately diagnose violence against men in the family. The methodology involves three stages of research: first, gathering data regarding the experiences of men who have been victims of violence in the family; second, analyzing these experiences to develop validated indicators for diagnosing violence against men in the family; and third, modeling representative methods to be employed by professionals to diagnose violence against men in the family. Prior to the implementation of these methods, their reliability and validity will be evaluated. The result provides valuable insight regarding the violence against men in the family, which has historically been overlooked, as well as a more effective means of employment for professionals in this field.

Purpose and Scope of the Study

Violence against men in the family is a social problem that is gaining more recognition but has been ignored for a long time. Understanding and reaching men who are victims of violence is critical if this problem is to be turned around [1][2]. An early potentially effective step is to educate social workers and administrative personnel at hospitals, health facilities, and justice systems regarding the need for and advantages of implementing methods for recognizing domestic violence against men. Those who routinely confront domestic violence must be educated regarding how to approach, talk with, and reach male victims to encourage them to disclose their situation and seek help. However, to train programs to help these personnel reach men, it is necessary first to understand existing methods for recognizing violence against men. Therefore, this study aims to explore existing prevalence studies and methods for diagnosing violence against men in the family. The focus is on men’s victimization, never on women’s or both men’s and women’s victimization, and on heterosexual families and relationships only.

2. Understanding Violence Against Men in the Family

This research takes an important step in the direction of addressing a previously neglected area of study. It is among the first of its kind in the United Kingdom, and the focus on telephone support providers allows for a novel understanding that moves beyond the experiences of victimized men [3]. By examining the experiences of a group of professionals delivering a non-gendered DVA service, details are revealed of the challenges and opportunities to support men and women as they seek to navigate DVA disclosure and help-seeking. Understanding Violence Against Men in the Family details the development and experiences of services for men victimized by DVA, and the context in which these became established, including changes to policy and research interest [4]. Additionally, other services aiming to provide help to women perpetrating DVA and men abusing women are considered. Finally, gaps within the current service landscape are highlighted, alongside recommendations to improve the visibility and accessibility of help.

Definition and Types of Violence

Intimate partner violence (IPV) can affect someone of any age, gender, sexual orientation, culture or economic background. Harmful behaviours can be verbal, emotional, physical, sexual or financial.

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Understanding the various definitions and types of IPV is crucial for identifying its impact on individuals and enhancing their well-being [5]. Whether it happens within or outside the family, there are different forms of IPV that affect men.

In the family context, this mainly includes:

- Physical violence: the use of physical force to inflict pain, injury or physical suffering to the victim. Examples are slapping, beating, kicking, choking, and use of weapons. Such violence can also be threatened or attempted to cause serious injury or death. This form of violence often occurs in combination with other forms of IPV.
- Sexual violence: IPV that consists of 'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances'. This can take place regardless of the victims' relationship with the perpetrator. Types of sexual IPV are forced sexual intercourse, coercion into unprotected sex, and forced prostitution.
- Psychological violence: the use of various behaviours intended to humiliate and control another individual. Various emotional and verbal abuse fall under this category as well. This form of family violence is used by the perpetrator to apply coercion and intimidation against the victim [4].

Prevalence and Underreporting

The notion of men being a "taker" of violence in the family is erroneous. Evidence suggests that across cultures and communities, men are victims of violence in family settings [4]. Family is perceived to be a safe haven for peace and tranquility; thus, violence against any family member is grievous. Nonetheless, its prevalence is rampant in countries. Historically, evidence of the prevalence of violence against men in the family is anecdotal, fuzzy, absent, or not shared [6]. Sadly, it was perceived as un-masculine to be a victim of violence in the family. This stems from entrenched social stigmas that male victims will be judged as weaklings and lesser men, or homophobic and associated with same-sex couples. Even worse, victims may be ridiculed and deeply hurt. However, there is a significant relationship between socio-cultural factors and the underreporting of male victimization. Some victims did not think that the violence constituted a crime and thus did not seek help or report the violence. Others did mention societal constraints, including fear of rejection from families or fear of disintegrating the family. One of the greatest challenges is the lack of knowledge of where to go for assistance and inaccuracy in diagnosing violence against men.

Challenges in Diagnosing Violence Against Men

Currently, in the Russian Federation, there is no clear definition and methodology for diagnosing violence against men in the family. Its specificity is a reflection of certain social attitudes with their respective standards, attitudes, stereotypes around masculinity and femininity. In everyday life, the majority of these standards, attitudes and stereotypes are reproduced. In the scientific discourse, they become objects of multidisciplinary research by various sciences: sociology, psychology, cultural studies and others [3]. Part of the scientific discourse becomes an object of interest for medicine and creates the need to identify domestic violence against men in the formulation, suggestions and primary hypotheses of the study. However, there is a gap between the scientific discourse and the practice of violence diagnosis. This gap exists because of the absence of systematic and formal knowledge in the medical sciences about the uniqueness of domestic violence against men [4].

There is a number of factors that contribute to underdiagnosis. The domestic violence against men is not recognized; thus, it forms a request for patients, but the absence of standard diagnostic tools precludes diagnosing violence against men in the family. Societal attitudes with stereotypes promote in men acceptance of domestic violence as a norm and victimization in the family as a source of embarrassment, guilt and shame. Inability to get social support, medical care, protection from violence,

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and the predominance of compassion for a woman abuse victim inhibit a request for diagnosis on suspicion of domestic violence against men in the family. As a result of this discrepancy, the medical community is unaware of the existence of domestic violence against men in the family and of the need to diagnose it. Thus, the problem persists.

Gender Stereotypes and Stigma

The rigidity and representational fallibility of gender stereotypes has been the subject of scrutiny, particularly how it impacts the diagnosis of violence against men in the family [7]. Gender stereotypes invariably privilege male violence, rage and aggression and understand female violence and aggression to be passively realised, protective or parental, a product of distress [3]. Many domestic violence support systems exist to confront patriarchal violence and their genesis reveals modern systems of gender representational design with respect to family violence. Traditions of gender representational focus constructed a hegemonic paradigm of family violence within which gendered violence presents as female, hysterical or irate, manifesting in passivity and relationality. However, gender stereotypes, as part of systems of fear and mistrust, regard male violence, rage and aggression as rooted in power, loss of power, socialization and lack of control or insight. This position makes it difficult to comprehend male victimisation or validate men as help-seeking subjects within domestic violence support frameworks. Representations of female violence and aggression often present female perpetrators as mythically corporeal, literally monstrous and invariably having to employ instruments or set heavily weighted traps. Such accounts emerge from the ludic genre of representative focus and are disproportionate relative to the everyday reality of intra-familial and domestic violence which is not only male against female or patriarchal.

Diagnostic focus on male violence renders the pathology of men in families invisible to a degree and produces inaccurate diagnoses of men as perpetrators, in regard to significant numbers of male victims of female violence in families. Maintaining a diagnostic focus on patriarchal violence ignores or makes invisible the significant number of female perpetrated, lost control violence claims against men who were victims of prior violence. There is a growing body of research on the stigma and shame men experience in seeking help. Stigma can generate isolation and a need to be heard, feared, blamed, hounded and hidden. Stigma can also mask victimisation, as can a range of social amplifications of exclusion. The logic of stigma implies an absence of acceptance, credence and comprehension. For men, hetero-masculinity values putdowns of victimhood and denial of agency. Factors of stigma and shame can result in prejudicial social outcomes, complications in resolution and reconceptualisation of self. Such stigma and shame can obscure public awareness of need, community response and effective resource provision.

Lack of Awareness and Training

Health professionals, law enforcement officials, and social service providers are generally unaware of the potential for men to be victims of violence in the family [7]. Even when men do present to these professionals, they are unlikely to be seen as victims. In the particular area of health professionals and violence against women, it has been shown that, whilst there is a general awareness of the potential for women patients to be victims of violence, male victims were almost completely overlooked [3]. Similar problems exist in the areas of social services and law enforcement, with systemic lack of awareness regarding the potential for men to be victims of violence in the family. There is dearth of basic resources in violence against men in the family. Until these resources are developed and made available, routine diagnosis of male victims of violence in the family is unlikely to occur.

Social service professionals have been cited as indicating a need for greater education around domestic violence, and to receive domestic violence training in general. Social service professionals should be provided with general information about the issue of violence against men in the family. There is a need for ongoing training programs for health professionals, law enforcement officials, and social

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service providers regarding the issue of violence against men. Successful training programs could be expanded to other communities. Health professionals, law enforcement officials, and social service providers should routinely screen male patients, clients, or cases for the potential of violence against men in the family. The screening should be done in a sensitive manner.

4. Existing Screening Tools and Protocols

Screening tools and protocols are employed for clinical/healthcare-based settings. Several such tools exist, which have been researched and used both in primarily clinical settings and novel adaptations in non-healthcare settings. Most screening tools target female victims, yet some validate their use for and, or explicitly include male victims. The most frequently used existing screening tools for identifying female victims include the Abuse Assessment Screen (AAS), Hurt, Insult, Threaten, Scream (HITS), Partner Violence Screen (PVS), and the Woman Abuse Screening Tool (WAST). Most screening tools for male victims of IPV include the Revised Conflict Tactics Scale (CTS2), HITS, and WAST. Many studies have adapted existing HITS, AAS, PVS, WAST, and CTS3 tools to specifically suit young women in high school and college settings.

Despite evidence of male victimization, the patient and clinical application of knowledge is limited. While some screening tools for identifying male victims exist and are supported in literature, they are rarely included in either education or clinical care. Furthermore, screening tools generally lack culturally relevant adaptations for marginalized groups. The absence of education about and screening for male victimization contributes to a cycle of under-identification and treatment of abuse [8]. As awareness of violence against men in the family setting grows, it is critical to apply and further adapt existing tools, protocols, and screening questions.

Overview of Current Tools

One of the most essential elements in framing and developing responses to violence against men in the family concerns the understanding of methodology and research. The purpose of this component is to offer an overview of the various tools and methods that have been utilized thus far to diagnose this type of violence. Each approach entails its strengths and limitations. A combination of chances for use assists in managing some of the limitations of individual approaches normally used in violence against men in the family research. A set of inter-related processes is evaluated that could assist policymakers in formulating recommendations for economic growth in developing countries [4]. A basic knowledge framework complements this by outlining the conceptual and technical foundations on which analytical models are constructed and simulations are run.

The provision of non-experimental basic data can be a powerful tool for the analysis of men's experience of violence against women, although it is necessary to appreciate its limitations [9]. Throughout the analysis undertaken for this paper, consideration is given to the detailed data needed for particular kinds of analysis as well as the additional requirements for developing countries. Data collection mechanisms include general population surveys, "hotlines," and administrative data. Specific methodologies employed include qualitative approaches, epidemiological approaches, and experimental approaches.

It can better assess levels and trends, the nature and dynamics of men's experience of violence against women, health impacts, service use, and the targeting of interventions. National and international research initiatives (or networks) have been successful in producing a homogenous body of research; however, the utility of studies varies widely and research protocols have sometimes fallen short of adequately addressing the complexity of the issues. A plethora of policy responses has emerged on worldwide, national, and local levels. Actual responses have borne little resemblance to the intent expressed in police operational directives, and have been the product of multiple factors.

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Effectiveness and Limitations

This section focuses on the effectiveness and limitations of different methods used to diagnose violence against men in the family. Family violence affects both men and women. However, it is difficult to determine the extent of family violence against men. On the one hand, there is a lack of knowledge about the social stigma of men as victims, the legal and medical barriers men face when seeking aid in domestic violence situations, and the unreliability of men's self-reports. Women are viewed as victims while men are seen as perpetrators [3]. On the other hand, the abuser often exerts power and control over the victim using both physical and psychological strategies, including many resources available involving social and economic deprivation. Many men victimized by their wives have difficulty after decades of being oppressed, there is little understanding of the form and the extent of violence men have experienced in their families, and their attitude toward the violence against them. While psychological violence is often overlooked or ignored even though it is pervasive and harmful, it is not clear whether husbands' belief of their wives' poverty is the cause of the psychological violence that abusers promote. Thus, it is important to establish the effectiveness of different methods in the diagnosis of men victimized by the violence in their families. One way to do so is to conduct surveys as they can help get the response of many individuals at the same time regarding their experiences in a specific environment [4].

However, surveys have their limitations including little chance for follow up, as defects in understanding of questions in the survey may not be clarified, and there is a chance for biased responses like social desirable responses as men tend to be ashamed of being victimized. Thus, it would be sound to complement surveys with interviews as they are helpful in clarifying the questions and getting the respondent's direct narrative. Interview is often regarded as the best approach in understanding the culture and its dynamics. However, there is the possibility of eliciting a biased view by the researcher and the problem of generalizability.

Psychological assessment is also used to see defenses of individuals by analyzing their responses after viewing different stimuli. It is often regarded as an objective approach, but it may also be manipulated by the subjects. It is useful to assess the difference of responses under the stimuli. However, it is not clear whether a man who detects dangers is adaptive or has psychological problems. A spouse's anger is rather a sign of failure. Spouses being aware of the cycle of abuse is important for the violence to stop, but this is often regarded as a problem of defense by the scientists.

5. Innovative Approaches to Diagnosing Violence Against Men

In the past several years, recognizing that men can be victims of violence, abuse and exploitation has gained increased attention from researchers, clinicians, the media and governments. However, once obtained, a better understanding of men's victimization necessitates the availability of appropriate diagnostic tools. At the core of detection is the ability to disclose abuse, victimization or exploitation. Most existing approaches to dependency and disparity focus on women and children. However, the existence of men's victimization from violence, abuse and exploitation is beyond doubt, and it has been studied from several perspectives. Using a more nuanced understanding of masculinity as evidence that men can also be considered victims of systemic and structural inequities in health and healthcare. There is a flower of writings that consider men's health issues, including men's health and service use for cardiopulmonary conditions, men's mental health service use, self-harm and help-seeking, men's health issues in health policy and men's health discourse in the media. This space has however received relatively little attention in the context of VAW and the healthcare system. Much like women, men are also considered vulnerable and marginalized victims of violence who deserve healthcare attention. Similar to women's victimization, a plurality of expressions and manifestations of VAW against men is evident. The literature has recognized different types of victimization men can experience including family violence, Homicide, forced criminality, torture, violence in conflict and

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structural violence. In many of these studies, gender is often addressed superficially, and assumptions about the differences between men and women are sometimes left unchallenged. Beyond gender blindness, a more damaging notion to VAW is that of emphasizing 'gender as social constructions'. Although this notion does empower women in the quest for equality and emancipation, it implies that men are devoid of vulnerabilities, relegating violence against men as naturally happening and not needing to be problematized. Thus far, the focus of VAW literatures has been on women and girls, neglecting the need to further understand men's victimization [3].

Technology-based Solutions

The use of apps, websites, and digital platforms that aid diagnosis could address the gap in awareness of violence against men in family. Online/digital platforms can address this issue at large scale and help complement offline discussions. Technology-based solutions could attract potential men who have never actively reflect on their experiences with violence in family. Digital solutions could provide quick and anonymous screening of violence and also indirectly profiling the severity, frequency and types of violence they experience in their families. Digital solutions could also help educate the general public and healthcare professionals, helping them catch warning signs that they may have previously missed [10].

Given that technology-based solutions could engage both victims and perpetrators, they could fall in a wider category called "technologies for social good". Overall online apps could provide a suite of services ranging from educational content and resources that help mitigate violence, screenshots/collected evidence that defensively serve victims in court trials, anonymous discussions with other victims went through the same experience to aggregate notable patterns in violence in family context. Such technologies could markedly impact and transform the socio-cultural context surrounding violence against men, breaking reclusiveness and shifting concerns and discussion of such violence into a public domain [11]. Websites with extended educational content and resources could help address the lack of awareness towards such violence outside the USA and address also victimization and perpetration perspectives at the same time. Integrated dialogues with verified experts and informative discussion forums that aggregate patterns of violence through online conversations could provide generalizations about violence that digital solutions otherwise couldn't detect. Such themes generated through discussions may echo similar themes of violence previously unseen by authorities and at social standards circle as culture, socio-economic status, education, immigration status for instance.

Community-based Interventions

Community-based interventions were defined as explicitly prevent violence against women and girls (VAWG) in families and intimate partnership primarily through affecting men's and couples' behaviors, attitudes, and understandings of related roles and social norms. They were situated within villages, neighborhoods, or wider settings, and therefore generally had a wider target population than other interventions. Most required community awareness-raising or fell into the community mobilization category in terms of intervention type. Some targeted specific subpopulations, primarily based on shared identities or stabilizing factors such as similarities in class or life circumstances and some had an element of addressing macro or societal level norms [12].

Bystander approaches aimed to influence 'third party' community members generally developed in parallel with some of these interventions in settings with high levels of violence against women. There were apparently few such interventions addressing family VAWG or violence against men in families until the early 2010s. In parallel, a number of church- or faith-based community mobilization initiatives addressing family VAWG were also implemented under the auspices of local agencies with some NGO support or partnerships but appeared to be hard to find in the published literature. Despite burgeoning literature on the impacts of community-based VAWG interventions more generally,

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published evaluations of the above were notable by their absence: In the former cases, mostly descriptive papers were found and in the latter, implementation descriptions and planned studies [13].

9. Conclusion

Summary of Key Findings

The issue of violence, abuse, and cruelty in the family traditionally denotes a picture of battered women and ill-treated children. However, it was found that, just like women and children, men too may become victims of domestic violence. The aim of this work is to consider the possibilities of developing methods adequate to the understanding and exploration of male vulnerability in the family. General ideas and expectations associated with the exploratory methods of investigating violence against men in the family are discussed. Men are expected to be strong, rational, competitive, and… protectors. This consists in providing the family with assurance of survival – material, physical, and emotional. Once there is a question regarding their masculinity, there is fear/concern that masculinity seems threatened. When being challenged, men react defensively. Either they reassure someone that all is fine, or the discourse transforms into a conflict and deregulation of emotions [14]. In a variety of ways, boys and men are socialized to believe that fear is a sign of weakness and vulnerability. This generally results in learned helplessness and hopelessness in the male population, both of which are sources of rage against women. Extant findings are based on a qualitative approach and an analysis of focus group interviews with male respondents regarding violence against men in the family [4]. While respect should be given to all respondents, those presenting general attitudes and beliefs regarding violence against men in the family comprise a higher value, allowing a more thorough understanding of the problem. Findings illustrate that violence, aggression, humiliation, and/or isolation may smear masculinity and jeopardize manhood. These consequences depend on the intensity of violence and/or vulnerability, as well as on contextual variables. This exploratory research concluded with catalogued open and closed questions, which are further discussed in a gendered way.

Implications for Practice

Those who work with victims of domestic violence and intimate partner violence need to be aware of the experiences that men have regarding their victimization given the lack of attention male victims receive. As men’s experiences with victimization and abuse are largely dismissed, stigmatized and trivialized, it is necessary to identify how these beliefs affect their help-seeking behavior and if societal perceptions have any impact on men’s decision to disclose abuse and pursue legal recourse [7]. Professionals who work with victims are generally unaware of the stigma around and the societal stigma and fear of false accusations may restrict men from seeking help. This necessitates education on the understanding of how societal perceptions impact their decision to report and the principles that male victims adhere by when deciding whether or not to seek assistance. It is suggested that continued research into the social consequences of these male victimizations and the need for awareness training and policy changes within Family Services, healthcare, women’s and men’s shelters, the police, and other criminal justice institutions on the coping mechanisms of men used in the context of abuse would benefit this population and be a foundation for professionals to better assist men [4]. Holistic approaches with gender neutrality and culturally appropriate care are critical in seeking to assist and advocate for victims. Immediate support for those seeking help should be tailored to each individual client’s situation by providing safety planning, shelter services, and programs that address the unique needs of that client. Long-term approaches include ongoing social and emotional support for victims of IPV, education and awareness, and creating more accessible services by establishing outreach programs to educate victims on available services, providing services for clients with disabilities, and creating accessible crisis line and transportation alternatives for clients affected by environmental factors. Such practices would create the means for professionals to effectively assist men experiencing violence within the family.

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