

Male Victims of Family Physical Violence and Associated Forensic Aspects

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ABSTRACT

OBJECTIVE This study aimed to study the characteristics of violence against men aged 18 and over who were physically assaulted by family members and issues related to forensic aspects.

METHODS A retrospective analytic study of 225 male patients aged 18 or over who had been physically abused by family members and had received treatment or were autopsied at the forensic department of Nakornping Hospital during the six-year period from June 2018 through May 2024.

RESULTS Of the 225 individuals included in the study, 218 had been injured and 7 had died of their injuries. The highest incidence occurred in the 30-39 age group. The plurality of perpetrators of physical violence, a total of 65 individuals, was intimate partners, (28.89%). Weapons or other objects were used in 164 cases (72.89%), with knives being the most common, used in 92 cases (40.89%). The most frequently damaged parts of the body were the head, face, and arms, affected in 147 cases (65.33%). Most victims sustained injuries to multiple parts of the body. A total of 180 injured individuals (80.00%) were hospitalized. Only 65 victims (28.89%) reported the incidents to the police. Most of the victims of violence by relatives were either age 30-39 or over 60. The majority of the perpetrators were men, and the violence typically resulted in injuries to the upper part of the body.

CONCLUSIONS Male victims of family physical violence account for one-third of all domestic assaults. Individuals in their 30s are the most often abused. Injuries tended to be quite severe, often requiring hospitalization. This violence strains the healthcare system, the justice process budget and results in a loss of labor in the economy. Appropriate guidelines for assisting patients who are victims of domestic violence should ensure that treatment is provided without discrimination and with equality of human rights for both men and women.

KEYWORDS family violence, domestic violence, male abuse, physical violence

INTRODUCTION

According to reports from the Centers for Disease Control and Prevention of the United States, during their lifetime 41% of women and 26% of men have been victims of domestic violence (1) Domestic violence can take many forms,

including physical abuse, sexual abuse, verbal abuse, emotional abuse, neglect of children or the elderly, stalking, or even financial coercion (2-4). However, most cases involve physical abuse (5-7). The consequences of being subjected to domestic violence can range from physical injuries,

post-traumatic stress disorder, low self-esteem, sexually transmitted infections. Additionally, children who witness parental violence are more likely to become perpetrators themselves when they grow up. The worst situations may lead to suicide or death (8-10). Generally, people think that victims of violence are primarily women and children. However, in reality, men can also be victims of domestic violence. Studies have found that violence against men is as prevalent as violence against women (11-14). Other studies have reported more male victims of domestic violence than females (15). Male victims of domestic violence often keep it a secret and do not seek help from hospitals, government agencies, or even the police (3). In general, previous studies of domestic violence have mostly focused on women rather than men. Due to the patriarchal nature of Thai society, the general public may think that Thai family members rarely harm men. Studies of male victims of domestic violence in Thailand are still scarce (9). In today's society, however, people are becoming more aware of gender equality (8, 16). The one-stop crisis center (OSCC) of Nakornping Hospital, which initially assisted only children and women, has since June 2018 included family violence in its policy in response to an increase in the number of men being abused by family members. Most of the violence reported at OSCC was physical abuse, for which there was obvious evidence. This study was conducted based on this principle and reasoning and aimed to study the characteristics of violence against men aged 18 and older who were physically assaulted by family members as well as issues related to forensic aspects of violence in those who received hospital treatment or who were examined by the forensic department of Nakornping Hospital over the 6-year period from June 2018 through May 2024.

According to the Domestic Violence Victim Protection Act. B.E.2550 (2007 A.D.) Section 3, family violence refers to “any act intended to cause harm to the body, mind, or health, or an act done with the intention that it is likely to cause harm to the body, mind, or health of family members, or to compel or use undue influence to make family members act, refrain from acting, or accept any action improperly, but does not include negligent acts”.

Family members refers to “spouses, former spouses, individuals who live or have lived together as husband and wife without being legally married, children, adopted children, family members, and any individuals who depend on and live in the same household”.

METHODS

Study design

Retrospective analytic study

Population and Sample

Data was collected from a total of 225 male patients aged 18 and over who had been physically abused by family members and who had received treatment or been autopsied at the Forensic Medicine Department of Nakornping Hospital over a period of 6 years, from June 2018 through May 2024 (Figure 1).

Data collection

Data was collected from Out-patient Department records, forensic report forms, OSCC records, autopsy reports, and other medical reports, selecting all male cases who had been physically assaulted by family members, whether they had been examined at the clinical forensic medicine clinic or were deceased and underwent autopsy in the forensic department.

This study collected data in five areas 1) information on the victims and the perpetrators, 2) information on the physical assault, 3) the type of injury, 4) medical treatment, and 5) legal proceedings.

Data analysis

The characteristics of the sample group are described using descriptive statistics including numbers, percentages, means, and standard deviations. Data was analyzed using SPSS for descriptive statistics and group relationships were determined using the Chi-Square test or Fisher's exact test, with the statistical significance level set at 0.05.

Ethical statement

This study was approved for human research by Nakornping Hospital on June 27, 2024 (ethics approval number NKP No.106/67).

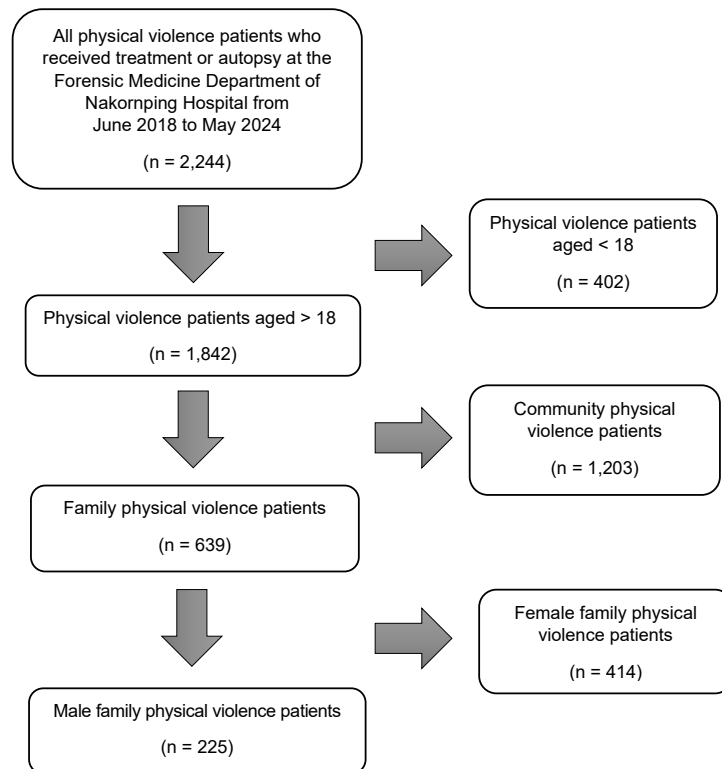


Figure 1. Flow chart of the patient selection process

RESULTS

This study was conducted at the Forensic Medicine Department of Nakornping Hospital, which provides physical examinations for legal case patients and performs autopsies on individuals who die an unnatural death. Data was collected from June 1, 2018 through May 31, 2024. There was a total of 1,759 patients over the age of 18 who had been physically assaulted, comprising 1,203 males (68.39%) and 556 females (31.61%). Among those, 625 individuals had been physically assaulted by family members, accounting for 35.53% of all assaulted patients. Among the autopsies of individuals over the age of 18 who had died from physical assaults, there were 83 cases over the six-year data collection period, consisting of 73 males (87.95%) and 10 females (12.05%). There were 14 cases of individuals murdered by family members, accounting for 16.87% of all assault-related deaths. In this study, there were a total of 225 males aged 18 and over who were physically assaulted by family members and who underwent medical treatment or autopsy at the forensic medicine department at Nakornping Hospital between June 2018 and May 2024 (Figure 2).

Victim and perpetrator characteristics

The average age of the 225 men aged 18 and over who were physically abused by family members was 44.07 ± 14.97 years. The youngest was 18 years old, punched by his father and the oldest was 84 years old. There were two cases involving a son pushing his father and a grandson slapping his grandfather. The age group most frequently abused by family members was 30-39 years, with 61 cases (27.11%). Most of the perpetrators were male, totaling 135 (60.00%). In cases involving intimate partners, most of the perpetrators were female 63 cases or 96.92%, with only two cases involving same-sex couples. Most perpetrators acted alone (215 cases or 95.50%), while eight involved more than one perpetrator, half of whom were family members and half outsiders (Table 1). The perpetrators included intimate partners in 65 cases (28.89%), other relatives in 159 cases (70.67%) and one case involving an action by a wife with a son (Figure 3).

Mechanism of injuries from family physical violence

This study found that male victims of domestic violence are often harmed by either weapons or household items, with 164 cases (72.89%) involving

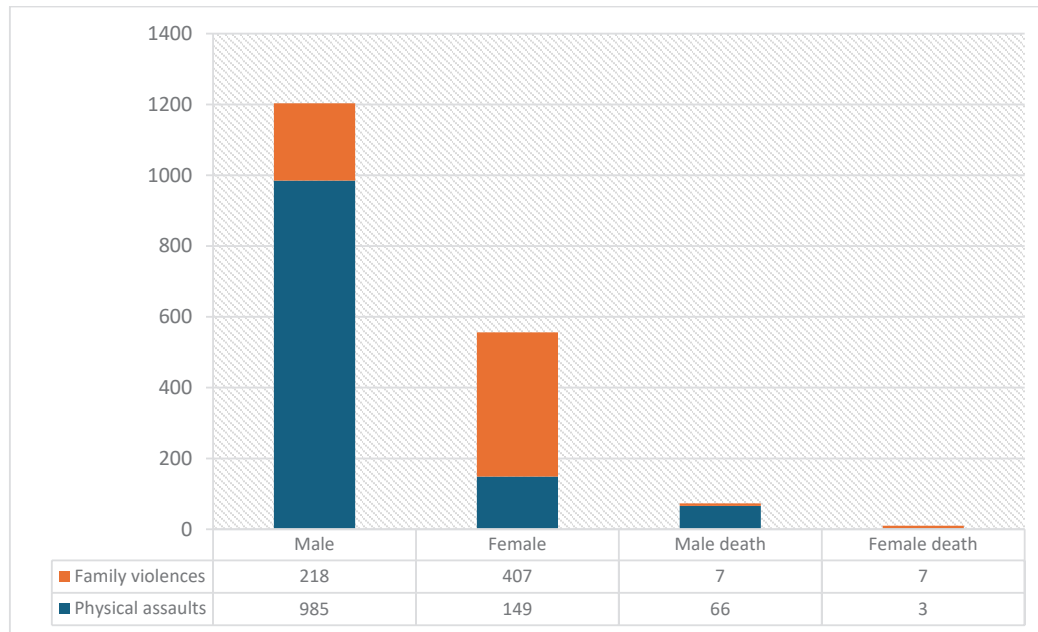


Figure 2. The total number of patients who were physically assaulted or murdered over a period of 6 years, from June 2018 through May 2024

Table 1. Information about male victims and family violence perpetrators

n=225 (100%)		
Victims	Age, n (%)	
	18-29 years	42 (18.67)
	30-39 years	61 (27.11)
	40-49 years	44 (19.56)
	50-59 years	35 (15.55)
	≥60 years	43 (19.11)
Perpetrators	Gender, n (%)	
	Male	135 (60.00)
	Female	74 (32.89)
	Both male & female	4 (1.78)
	N/A	12 (5.33)
	Number of perpetrator (s), n (%)	
	1	215 (95.56)
	>1	8 (3.55)
	N/A	2 (0.89)
	Relationship, n (%)	
	IPV	65 (28.89)
	Non-IPV	159 (70.67)
	IPV & non-IPV	1 (0.44)

N/A, not available; IPV, intimate partner violence; non-IPV, non-intimate partner violence

weapons and 58 cases (25.78%) involving bodily harm without weapons. Weapons were used seven times as often as household items, with 140 cases (85.37%) involving weapons and only 20

cases (12.20%) involving household items (Table 2). There were one case involving the use of gasoline to set the male victim on fire and one case of running over the victim with a car. Most physical violence involved punching, hitting, slapping, and kicking. The study found that injuries from sharp objects were the most common at 46.66%, and almost all victims had visible wounds and other injuries, with only 2 cases showing no visible injuries (Table 3).

In cases where females were the perpetrators, the use of weapons or other equipment was found in 59 cases (79.73%), with 58 individuals (78.38%) admitted to the hospital but only 17 individuals (22.97%) reported the incident to the police. In cases where males were the perpetrators, the use of weapons or other equipment was found in relatively fewer cases, specifically 94 individuals (69.63%), with 112 individuals (82.96%) admitted to the hospital, but a larger proportion (44 individuals or 32.59%) reporting to the police.

Autopsy of victims of family physical violence

The physical violence against males by family members in this study involved 218 injured individuals (96.89%) of whom 7 men (3.11%) died. Details of the deceased are shown in Table 4.

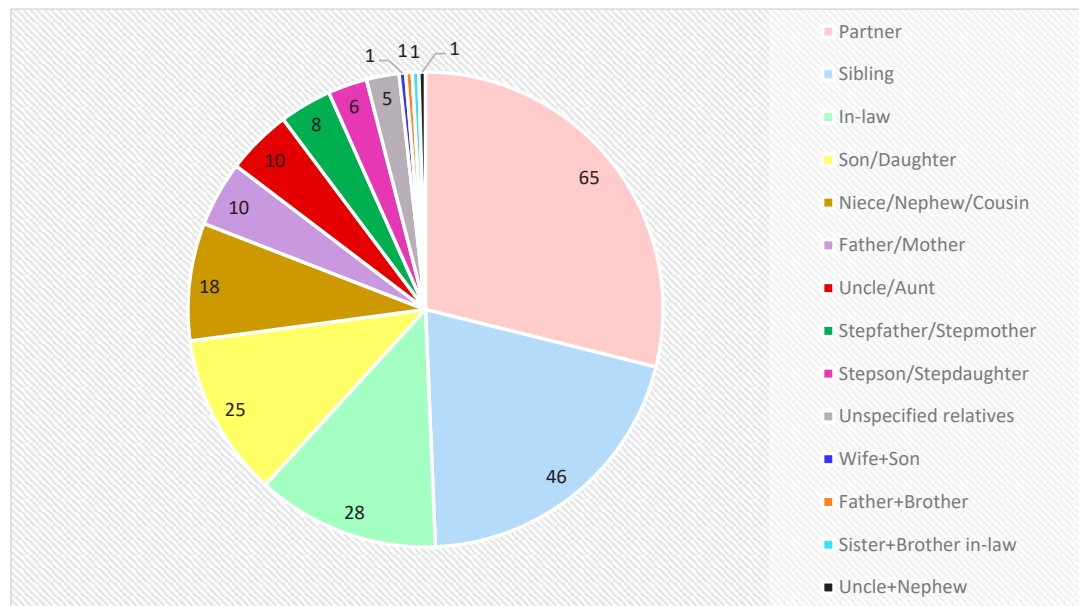


Figure 3. The number of men who were physically assaulted by family members

Table 2. Weapons and household items used by family members to physically assault men

Weapons	Cases	Household items	Cases
Knife	92	Bottle	9
Wood	16	Bamboo	4
Gun	11	Stone	3
Scissor	6	Bicycle pump	1
Hammer	5	Fan	1
Axe	5	Fork	1
Metal rod	5	Tray	1
Hoe	3	Guitar	1
Brass knuckle	2	Mortar	1
Sickle	1		

Forensic examination of the injuries of family physical violence

Most of the injuries were found in the upper body, including the head and face, neck, chest, and arms, a total of 111 cases (49.33%). Injuries in the lower body alone, including the abdomen, back, genitals and anus, and legs, were found in only 20 cases. There were 94 cases of injuries in both the upper and lower body. The most frequently injured areas were the head/face and the arms, with 147 cases (65.33%). The least frequently injured areas were the genitals and anus, with only 3 cases. Most patients had injuries in more than one area, a total of 150 cases (66.67%), with the most extensive injuries involving six areas in one case where a female partner used a bottle to inflict harm. Among the injured who

Table 3. Mechanisms of physical violence of male victims by family members

	Cases, n (%)
Instrument	164 (72.89)
Weapon	140 (62.22)
Household item	20 (8.89)
Weapons & household item	2 (0.89)
Others	2 (0.89)
Physical violence alleged	58 (25.78)
Barehanded	56 (24.89)
(punches, kicks, slapping)	
Shoving	9 (4.00)
Strangling	7 (3.11)
Grabbing	6 (2.67)
Scratching	6 (2.67)
Biting	4 (1.78)
Throwing objects	3 (1.33)
Injuries caused by	167 (74.22)
Sharp object	104 (46.22)
Blunt object	50 (22.22)
Gunshot injury	10 (4.46)
Gunshot & sharp object	1 (0.44)
Burn	1 (0.44)

received treatment at the hospital, most had to be admitted for treatment, a total of 180 cases (80.00%). The most common diagnosis for male victims of family physical violence was soft tissue injury. Details of the diagnoses are shown in [Table 5](#). There were differences in injuries from bodily force, blunt objects, and sharp object trauma as shown in [Table 6](#). In terms of treatment, the

Table 4. Autopsy findings of male victims who died from physical violence by a family member

Autopsy	Age	Relation	Weapon	Findings
1	44	Father	Hammer	Basal subarachnoid hemorrhage, fracture maxilla & mandible
2	49	Mother	Knife	Hemoperitoneum, left carotid artery, lung & diaphragm tear
3	50	Wife	Gun	Hemothorax, hemoperitoneum, aorta, heart, both lungs, liver & right diaphragm tear
4	60	Sibling	Gun	Hemothorax, heart, right lung & liver tear, multiple left ribs fracture
5	32	Sibling	Knife	Hemothorax, left lung tear, fracture left 5 th rib
6	56	Sibling	Axe	Diastatic fracture, bilateral frontal subarachnoid hemorrhage, multiple ribs fracture, right kidney tear
7	64	Daughter-in-law	Gun	Hemoperitoneum, aorta, right kidney & small intestine tear

Table 5. Diagnoses of male victims of family physical violence

Diagnosis	Cases	Diagnosis	Cases
Soft tissue injury	79	Bone fracture & tendon injury	51
Abrasion	47	Tendon, vessel, and nerve injuries	23
Contusion	39	Carpal bone	13
Cut	26	Ulnar	9
Laceration	19	Radius	4
Stab	8	Humerus	4
Fingernail	4	Scapular	3
Bite	3	Elbow	2
Burn	1	Shoulder	2
Head & face injury	77	Spine	1
Intracranial hemorrhage	40	Pelvis	1
Skull fracture	29	Femur	1
Fracture orbit	16	Foot	1
Fracture nasal	15	Abdominal injury	21
Fracture zygoma	11	Thoracic injury	21
Fracture mandible	9	Blindness	1
Fracture maxilla	3	Paralysis	1
Fracture facial sinus	3		

Table 6. Comparison between injuries from bodily force, blunt object, and sharp object trauma

	Bodily force	Blunt object trauma	Sharp object trauma
Location	Upper body	Upper body	Throughout body
Injured area	Head & face	Head & face	Arm
Diagnosis	Soft tissue injury	Head & face injury	Bone & tendon injury
Treatment	Medication	Medication	Debridement & suture
Admission rate	65.52%	80.00%	88.46%

most common was debridement and suturing the wound, with 88 cases (39.11%), most of whom were admitted for 1-3 days; no cases were admitted for more than 1 month.

Most victims did not report the violence to the police: 160 people (71.11%). Only 65 people (28.89%) reported the incident, with the majority of those reporting being relatives of the victim (50 cases). In only 15 cases were the people in-

volved classified as intimate partners.

Differences among characteristics in cases involving intimate partner violence (IPV) and non-intimate partner violence (non-IPV) offenders and the results of statistical group comparison

When comparing the group of males who were abused by their partners with the ones who were abused by relatives, a significant factor difference

is age. Abused individuals in both groups were mostly in the age range of 30–39 years, but in cases of abuse by relatives, it was more common to find individuals over 60 years old as well. The perpetrators in the intimate partner group were mostly female, while in the relative group they were usually male. The injury locations in the former group often included both upper and lower parts of the body, while in the latter group, most were only in the upper body (Table 7).

DISCUSSION

This study found the male family physical violence rate to be 35.21%. Violence often comes from intimate partners rather than other relatives. Among relatives, siblings were found to be the most violent towards each other, possibly due to their proximity, which makes conflicts more likely. The rate of IPV was 15.55%. Two studies in France found IPV rates of 11.39% (6) and 11.00% (17), while a study in Portugal found a rate of 11.51% (18). In Australia, the rate involving an intimate partner was similar at 12.00% (19). This contrasts with studies in Arab countries, where the deeply rooted patriarchal culture showed much lower rates of male IPV. In Turkey, the rate was 1.30% (20), and 1.40% in Jordan (21). Most of the physical violence against men in the current study involved heterosexual partners, with only 3.08% involving same-sex partners. Despite increasing openness about homosexuality, some still consider it shameful, do not want their families to know, fear social stigma, or worry about bias and discrimination from law enforcement. This has led to even less disclosure of violence between same-sex partners. Studies of violence between same-sex partners are still rare, but one study in the U.S., a country with sexual freedom, found a rate of 13.80% (3). A study in Germany found a similar rate of 8.40% (22).

The age group where male physical abuse occurred most frequently was 30–39 years, which aligns with most studies (6, 8, 23). This may be due to high stress levels related to work and finances, potentially affecting family relationships. As for abuse by relatives, it is most commonly found in two age groups: 30–39 and over 60 years. In the over-60 age group, the abuse is often perpetrated by children, with issues of alcohol or drug addiction.

As to the issue of reporting to the police, our study found that 28.89% of cases involved reporting family members, while only 23.08% involved reporting intimate partners. A study in Germany found reporting rates as high as 78.40% (22), and France the rate was 58.40% (6). However, a study in Australia found a lower reporting rate of 8.10% (19). Most male victims of physical abuse tend to confide in friends, relatives, neighbors, or even strangers on social media rather than consulting a doctor, who received the lowest number of consultations (3). When it comes to reporting to the police, victims stated that the police provided the least amount of help due to various factors, particularly the patriarchal nature of Thai society. Male victims feared being blamed for weakness, for not being trustworthy, being ridiculed by society, being falsely accused of being the aggressor, losing custody of their children, or because their injuries were minor and they hoped their partner would change their attitude and they could reunite as a family (3, 4, 8, 24).

In IPV, injuries are often found throughout the body, both upper and lower parts. This may be due to the incidents occurring in private homes where there are no witnesses to assist. During a scuffle, injuries can occur to all parts of the body in a non-specific manner. The most commonly injured areas are the arms (69.23%), followed by the head and face (41.54%). Similarly, in studies in France and Germany (18, 22), the upper limbs were the most frequently injured areas. In two other studies conducted in France (6, 25), the head and neck were the most commonly injured areas (71.70% and 61.00%, respectively). Arm injuries are rampant due to defensive actions, while the head and face are easily accessible areas for harm. In cases of violence by other relatives, injuries are often found only in the upper body rather than the entire body.

Most studies have found that men are more often subjected to violence in the form of blunt force rather than sharp force. For example, a study in France found the incidence of blunt force to be 79.00% and of sharp force to be 12.00% (22). Another study in Bulgaria similarly found the former more than the latter (97.20% vs. 2.80%) (23). Two other studies from France found that blunt objects were used more than sharp objects, with 15.00% versus 11.10% (6) and 16.60% versus 2.30%

Table 7. Differences in characteristics among cases involving intimate partner violence and other relative offenders and results of statistical group comparison

	IPV=65 (100%)	Non-IPV=159 (100%)	Total=224 (100%)	p-value
Age, n (%)				0.042 ^{a*}
18-29 years	14 (21.54)	28 (17.61)	42 (18.75)	
30-39 years	24 (36.92)	37 (23.27)	61 (27.23)	
40-49 years	14 (21.54)	29 (18.24)	43 (19.20)	
50-59 years	7 (10.77)	28 (17.61)	35 (15.62)	
≥60 years	6 (9.23)	37 (23.27)	43 (19.20)	
Sex, n (%)				0.000 ^{b*}
Male	2 (3.08)	133 (83.65)	135 (60.27)	
Female	61 (93.84)	13 (8.17)	74 (33.03)	
Male & Female	2 (3.08)	1 (0.63)	3 (1.34)	
N/A	0 (0.00)	12 (7.55)	12 (5.36)	
Number of perpetrator(s), n (%)				1.000 ^b
1	63 (96.92)	152 (95.60)	215 (95.98)	
>1	2 (3.08)	6 (3.77)	8 (3.57)	
N/A	0 (0.00)	1 (0.63)	1 (0.45)	
Instrument, n (%)				0.165 ^b
Weapon	42 (64.61)	98 (61.63)	140 (62.50)	
Household item	6 (9.23)	14 (8.81)	20 (8.93)	
Weapon & household item	2 (3.08)	0 (0.00)	2 (0.89)	
No	13 (20.00)	45 (28.30)	58 (25.90)	
Others	1 (1.54)	1 (0.63)	2 (0.89)	
N/A	1 (1.54)	1 (0.63)	2 (0.89)	
Injuries caused by, n (%)				0.128 ^b
Sharp object	38 (58.46)	66 (41.51)	104 (46.43)	
Blunt object	12 (18.46)	38 (23.90)	50 (22.32)	
Body	13 (20.00)	44 (27.67)	57 (25.45)	
Gunshot injury	1 (1.54)	9 (5.66)	10 (4.45)	
Gunshot & sharp object	0 (0.00)	1 (0.63)	1 (0.45)	
Burn	0 (0.00)	1 (0.63)	1 (0.45)	
N/A	1 (1.54)	0 (0.00)	1 (0.45)	
Severity, n (%)				0.676 ^b
Injury	64 (98.46)	153 (96.23)	217 (96.88)	
Death	1 (1.54)	6 (3.77)	7 (3.12)	
Location, n (%)				0.018 ^{a*}
Upper body	24 (36.92)	87 (54.72)	111 (49.55)	
Lower body	10 (15.39)	10 (6.29)	20 (8.93)	
Upper & Lower	31 (47.69)	62 (38.99)	93 (41.52)	
Admit, n (%)				0.182 ^a
IPD	49 (75.38)	131 (82.39)	180 (80.36)	
OPD	15 (23.08)	22 (13.84)	37 (16.52)	
Death	1 (1.54)	6 (3.77)	7 (3.12)	
Length of stay, n (%)				0.378 ^b
1-3 day(s)	28 (43.08)	58 (36.48)	86 (38.39)	
4-10 days	17 (26.15)	56 (35.22)	73 (32.59)	
10 days – 1 month	2 (3.08)	9 (5.66)	11 (4.91)	
Refer	2 (3.08)	8 (5.03)	10 (4.46)	
OPD	15 (23.07)	22 (13.84)	37 (16.52)	
Death	1 (1.54)	6 (3.77)	7 (3.13)	
Police, n (%)				0.210 ^a
Yes	15 (23.08)	50 (31.45)	65 (29.02)	
No	50 (76.92)	109 (68.55)	159 (70.98)	

^aChi square test, ^bFisher's exact test, *Statistically significant ($p < 0.05$)

N/A, not available; IPD, In-patient Department; IPV, intimate partner violence; non-IPV, non-intimate partner violence; OPD, Out-patient Department

(18). In contrast, our study frequently found male family physical violence using sharp objects. In cases of IPV, sharp objects were used in 58.46% of the cases, followed by the use of the body as a weapon in 20.00%. The use of blunt objects was the least frequent, at 18.46%. Similarly, another study in France found that sharp objects were used more frequently than blunt objects, with sharp objects at 12.60% and blunt objects at only 5.20% (25). Another point that our study found to be different from previous studies is that in our study weapons were often used, accounting for 63.11% of cases. In cases involving intimate partners, weapons were used 67.69% of the time, with knives being the most common weapon. This study found that knives were used in 53.85% of intimate partner cases. This may be due to the context of Thai society, where the belief that men are the dominant figures persists even today. If there is no extreme fear or anger, women rarely physically harm men. When they do choose to act, they often need weapons or tools to defend themselves because men have greater physical strength, and women still primarily handle household chores. Knives are commonly found in every household, making them a familiar weapon that can be easily thought of and grabbed in urgent situations. However, in most studies, male victims were more often harmed through direct physical force (6, 17, 18, 22, 25). In most cases, no weapons or other tools were involved. But in cases where tools were used, they were often used with male victims more than female victims, and they were usually household objects (6, 26). A study in France found that women used objects to physically harm men more than men did to harm women (33.00% vs. 19.00%) (17). Another study in Germany found that 55.70% of men physically harmed by their partners had no weapons or tools, and if they did, they were usually objects rather than weapons (65.80%). The most commonly used weapon was a knife (22).

When considering the severity of injuries in our study, it was found that serious injuries were more common in IPV, at 52.31%, while minor injuries, which include skin abrasions, were at 47.69%. From past studies comparing men and women in a family who had been physically abused, it was found that men often sustained more severe injuries than women (16, 25). This is because women

often use weapons or tools in the abuse, resulting in more severe trauma compared to cases where men are the perpetrators. Similarly, a study in Turkey found that male victims often experienced major trauma more frequently than female victims, with a mortality rate of 56.30% versus 12.30% for women (20). However, reports of several studies differ, indicating that the severity of injuries in men is often minor, e.g., skin abrasions, bruises, and hematomas (6, 8, 18). For example, a study from France found that while injuries in men were more frequent, they were not as severe as those found in women, with severe injuries like fractures occurring in only 5.00% of cases (17). Another study in France also found that superficial skin injuries were more common in men, with only 2.40% of male victims sustaining fractures (25). Regarding mortality rates, our study found that more men than women died from family violence, with rates of 3.11% and 1.69%, respectively.

When domestic violence occurs, seeking medical help is often a rare occurrence. A study in Portugal found that only 8.10% sought medical assistance (18). In the United States, agencies that assist men who have experienced violence found that men most frequently used counseling services, followed by the police, with medical services being third. This study found that one in three men reported having had negative experiences with medical services after being assaulted (3). In an Australian study, only 26.10% of male victims sought health services (19), while another American study found that only 18.10% of male victims visited a doctor (27). Research has shown that medical personnel often lack knowledge and awareness of male violence (28), and some places lack counselors for men who have experienced domestic violence. In this study, the proportion of men who were physically abused by their partners and required hospitalization was found to be quite high, up to 75.38%, because they are often attacked with sharp weapons violently, although most usually recover in the hospital in no more than 3 days, which is different from 3 studies in France that found only 7.00% (17), 3.10% (6) and 2.10% (25) of patients needed hospitalization and that most treatment involved medication and observation, while surgery was required in only 7.50% of cases. In contrast, our study found that 20.00% of male patients required surgery.

Limitations

Firstly, as this is a retrospective study, there are limitations regarding the completeness and accuracy of the data. Some patient information may have been missing or inadequately recorded, such as the perpetrator's gender, the number of perpetrators, the familial relationship, or the weapons used, which could affect the data analysis. Another limitation is that patients may have reported false or incorrect accusations of abuse to the hospital. Additionally, this study only collected data from patients receiving treatment at Nakornping Hospital in Chiang Mai Province, which may have different social characteristics and values than the general population. Therefore, this sample cannot be considered representative of the general population of Thailand. Future studies should involve a larger population, potentially at the provincial, regional, or national level, and should further investigate the causes of physical abuse, repeated victimization, and the psychological state of the victims. It should also include assessments of the perpetrators and family members affected in order to better understand the social context surrounding men who are abused by family members, and to prevent and reduce the number of people experiencing family physical violence in the future. Healthcare professionals should implement policies that promote understanding of male victims of domestic violence, without gender bias. Legal enforcement should emphasize that abuse victims, regardless of gender, should not be ignored. There should be a shift away from patriarchal values that enforce the idea that men must be family leaders, as sometimes men can also be victims of domestic abuse just like women.

CONCLUSIONS

Since the OSCC began collecting data, a period of 6 years, it has been found that male victims of family physical violence account for one-third of all physical domestic violence. In reality, the number is likely higher, as those who do not visit doctors if not severely injured or who are unwilling to inform the police, often keep the abuse a secret. Among men who are abused by family members, only about 1 in 4 report it to the police. The age group most often abused is the 30s, the working age, leading to both a loss of labor and income.

The most frequent perpetrators are female partners, which can make children witnesses and can lead to a chain reaction of ongoing impacts. This study found that physical abuse of males tends to be quite severe, often involving sharp weapons, resulting in injuries that require hospitalization, surgery, casts, or sutures. This strains the health-care budget and leads to a loss of labor in the economy. Additionally, expenditures for the justice process are affected. Collaboration between forensic examinations and the OSCC can provide more assistance to male victims of violence, including screening for those in need of help, preventing repeated violence, treating injuries, and rehabilitating both physically and mentally, as well as providing legal assistance. This comprehensive approach to preventing family violence should be non-discriminatory, ensuring equality in human rights for both men and women.

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CONFLICTS OF INTEREST

The author has no conflicts of interest to report.

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