

MEN'S VIOLENCE, GENDER AND HEALTH STUDY

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OUR STUDY

Violence is a major public health concern and social problem. The possible effects on Men's Health have not been well studied. The purpose of this study was to determine if violence that occurs over the lifespan affects men's health. In particular, how does the health of men with higher violence over their lifespan compare with the health of men who have less violence?

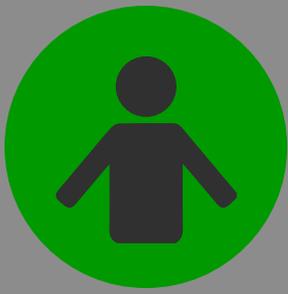
For the purpose of this study, violence included physical, psychological, and sexual violence that occurred as a child and/or as an adult in a variety of settings such as within the family, in partner relationships, in schools, communities and workplaces. Men may have been a target and/or perpetrator of violence.

FINDINGS

WHO TOOK PART?

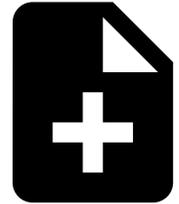
685 men completed an online survey. The survey included questions about men's age, income, marital status etc., general health and health behaviors, and lifetime violence. 244 of these men also had a "health check" for blood pressure, cholesterol, blood sugar, height and weight. 32 men took part in an interview about their experiences with violence.

Men who took part were between the ages of 19 and 65 with an average age of 37.6 years. Most were English speaking (82.5%), heterosexual (89.3%) and many had some College or University or a degree (73.5%). Most men had jobs (68.9%), and about two thirds of men (66%) earned less than \$50,000 per year. Many men were married or living with a partner (58.2%), the others were single, never married, separated or divorced.



MEN'S VIOLENCE, GENDER AND HEALTH STUDY

WHAT WE LEARNED ABOUT VIOLENCE EXPERIENCES AND HEALTH



82.8% of men reported experiences both as target and perpetrator of violence/abuse. Based on lifetime violence scores, men were split into higher and lower violence groups. Higher and lower groups were alike in age, marital status and where they live. Men in the higher violence group were more likely to be unemployed, unable to work, have less education, and difficulty living on current income. Men in the lower violence group were more likely to rate their health as excellent or very good.

Between the higher and lower violence groups, there were some differences in the number of men reporting long term physical health problems. More men in the higher violence group reported high blood pressure, liver disease, irritable bowel syndrome, and sleep difficulties. However, there were no differences between groups in the number of men reporting diabetes, heart conditions and high cholesterol.

INTERVIEWS

The one-on-one interviews showed that men experience a broad range of violence across the lifespan. Their physical and mental health and well-being is negatively affected. Men who have experienced violence report difficulty in areas of their lives such as relationships and work. Men report wanting and needing access to services and supports, but few resources exist for men and they are often met with disbelief when they try to seek help.



MEN'S VIOLENCE, GENDER AND HEALTH STUDY

HEART HEALTH



Diet. On average, men reported eating less than half of the recommended daily fruits/vegetables and grains, but consumed milk and milk products at almost the recommended amounts and meat at just above the recommended amount. Men reported eating fried food an average of about 2 times per week and fish an average of 1 time per week.

Exercise. About 40% of men noted that they get at least the suggested 150 minutes of exercise a week.

Smoking. 25.5% of men reported being current smokers. 26.7% report having quit smoking and the remaining men reported having never smoked (47.6%).

Stress. About 68% of men reported that they never or a few times felt overwhelmed by stress in a typical week. About 32% noted that in a typical week they felt overwhelmed by stress often or most of the time.

The following results are based on 244 Participants who had a Health Check

Blood Pressure. The average blood pressure was 128/79, which is slightly higher than the Heart and Stroke Foundation of Canada recommendation of less than 120/80.

Blood Sugar. Only 13 men (5.4%) had blood sugar readings higher than the target range suggesting possible diabetes or diabetes that is difficult to control. Two men had readings lower than recommended.

Cholesterol. 9 men (3.8%) had high total cholesterol (TC) readings and 46 (19.6%) had borderline high total cholesterol. We looked at men's total cholesterol/high density lipoprotein (TC/HDL) ratio as a way to understand what amount of their total cholesterol is made up of good cholesterol (HDL). 51 men (22.1%) had a TC/HDL ratio that was considered high. Higher ratios suggest a higher risk of heart disease.

Waist Circumference. In total, 76 men (31.3%) had a waist circumference over the recommended range of 40 inches. The greater the waist circumference, the greater the risk for heart disease.

MEN'S VIOLENCE, GENDER AND HEALTH STUDY



MENTAL HEALTH

For the entire sample:



Anxiety. 33% of men reported that they had a diagnosis of anxiety and 23% reported symptoms of anxiety. The fact that not all of the 33% of men with reported symptoms may be indicative that men with diagnosis of anxiety are receiving adequate treatment.

Depression. Even though 32.6% of men told us that they had a diagnosis of depression, 39.3% of all participants reported symptoms of depression. This left us wondering whether some men may be suffering with depression but have not yet been diagnosed or whether some were uncomfortable reporting their diagnosis of depression.

PTSD. 12.3% of men reported a diagnosis of post-traumatic stress disorder (PTSD) at the time of the study. However, 38.4% reported symptoms of PTSD. This suggests that men who have symptoms of PTSD may be under diagnosed or may be unwilling to discuss these symptoms with health care professionals.

High Violence Group vs Low Violence Group:

Anxiety. 45.2% of men in the higher violence group reported a diagnosis of anxiety versus 20.6% in the lower violence group. The men in the higher violence group also reported more anxiety symptoms than the lower violence group (36.5% vs 9.1%).

Depression. 47.5% of men in higher violence group reported a diagnosis of depression, compared to 17.4% in the lower violence group. Men in the higher violence group reported more depression symptoms (54.5%) than the lower violence group (23.8%).

PTSD. 21.2% of men in the higher violence group had been diagnosed with PTSD as opposed to 3.1% of the lower violence group. The men in the higher violence group reported higher symptoms of PTSD than the lower violence group (58.3% vs 18.2%).

MEN'S VIOLENCE, GENDER AND HEALTH STUDY



PAIN

67.4% of men reported pain on the day that they took the survey. 84.5% reported pain in the past 6 months and 41.3% of these people had a pain score of 5/10 or greater. This suggests that many men are living with moderate to significant pain.

Men reported an average of about 12 days in the past 6 months that they have been kept from usual activities due to pain. 18.7% of men reported pain that interfered with their ability to carry out their daily activities. Men in higher violence group reported more interference in their daily lives from pain than men in the lower violence group.

ALCOHOL AND CANNABIS USE

The study also showed that men in the Maritimes may use more alcohol and cannabis than previously thought. 49.8% of men fell into the category of alcohol use group that may lead to health risks. Alcohol use was not associated with lifetime violence severity.

48.1% of the sample reported cannabis use in the past year. It appears that men in the Maritimes are using cannabis at a high rate. Men in higher violence group reported higher rates of cannabis use than men in the lower violence group.

HEALTH BEHAVIOURS & HELP SEEKING

When they have a health problem, 69.8% of men noted they are most likely to seek help from a health care provider, emergency department, walk in clinic or tele-health. The rest of the men (30.2%) said they rely on the internet, fix it on their own, ask a friend or family member who is a health care professional, see a pharmacist, or do nothing, depending on severity.

74.3% of men reported having a regular health care provider, such as a doctor or nurse practitioner. 78% visited a health care provider in the last year. This suggests that men can and do see help for their health.





MEN'S VIOLENCE, GENDER AND HEALTH STUDY

CONCLUSIONS

IS THERE A LINK BETWEEN VIOLENCE AND HEALTH FOR MEN?



This study included the first comprehensive measure of lifetime violence severity. It was also the first comparison between men with lower versus higher exposure to violence.

Findings from this study suggest that men who reported higher lifetime violence also had higher levels of depression, anxiety, and PTSD than men with lower lifetime violence. This was true of diagnosis and symptoms.

Men with higher levels of violence reported more chronic pain and chronic health conditions.

The findings support that higher lifetime violence severity may be associated with poorer health, particularly mental health. It also shows that the links between violence and health are important and complex.

Further research is needed to better understand the experience and impact of violence for men and their health.

Thank you for your interest and a special thank you to the men who took part in this work!