

Overlooked Victims of Domestic Violence: Men

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Abstract. Forty years of research has documented the sometimes severe intimate partner violence (IPV) men can sustain from their female partners, yet research into these men's experiences has remained largely stagnant, and policies and procedures for handling IPV have been based on a patriarchal model that assumes that perpetrators are men and victims are women. We conducted the first large-scale study of 302 men who sustained severe IPV from their female partners and sought help. In this paper, we address five questions: (1) Who are these men? (2) What types of and how much IPV are they experiencing? (3) What are the consequences of this IPV? (4) What prevents them from leaving? (5) What happens when they try to get help? We compare our findings with smaller-scale studies of male victims and research on female IPV victims. We conclude with a discussion of the policy and practice implications of this research.

Intimate partner violence (IPV), which includes physical, sexual, and psychological maltreatment of one partner against another, is a national social and health problem affecting hundreds of thousands of individuals and families a year in Western nations (e.g., Centers for Disease Control, 2006; Laroche, 2008; Tjaden & Thoennes, 2000). However, when thinking about IPV, we usually think about men as perpetrators and women as victims. National statistics and research conducted over the course of nearly forty years tells a different story: a story whereby women can also be perpetrators and men can be victims.

Although not widely recognized by policymakers, practitioners, or the public as a social problem in Western nations (Straus, 2004), incidence reports of women physically aggressing toward their male partners have appeared since the study of IPV began in the early- to mid-1970s (Gelles, 1974). According to the 2004 Canadian General Social Survey (GSS) (Laroche, 2008), one in eighteen men – or 539,800 men total – in Canada had experienced an act of physical violence from a current or previous spouse/partner in the five years preceding the survey, which represented 45.5% of all IPV victims during that time period (Laroche, 2005). These Canadian results also replicate what has been found in other Western nations, such as the 1995-96 U.S. National Violence Against Women Survey (NVAWS), which showed that 0.8% of men – or approximately 835,000 men – reported being physically assaulted by an intimate partner in the previous year (Tjaden & Thoennes, 2000), which represented approximately 40% of all IPV victims during that time period.

These findings of a high rate of violence by female partners have been the source of much controversy because they are inconsistent with the dominant theoretical perspective explaining the cause of IPV – the patriarchal construction of Western and other societies – which posits that men deliberately use violence to maintain power and control in their intimate relationships (Ferraro & Johnson, 1983; Marshall, 1992; Miller & White, 2003). In other words, patriarchal theorists assert that the sole cause of IPV is the gendered structure of society. Men have economic, political, social, and occupational

power over women, a power structure that is reflected in heterosexual romantic and sexual relationships. To maintain their power in heterosexual relationships, men strategically use IPV and have been socialized to believe that IPV is justified to maintain their dominance (e.g., Dobash & Dobash, 1979; Hammer, 2003).

These researchers also assert that women use violence only in self-defense or retaliation against a violent male partner, although evidence on women's motives for violence do not support those assertions (Hines & Malley-Morrison, 2001). Such findings have prompted others (Johnson, 1995, 2006; Johnson & Ferraro, 2000) to suggest that while women may use violence in their relationships, it is low-level, low-frequency physical violence that is reciprocated by their partners and is a result of arguments getting out of hand, whereas more severe violence – or “terroristic violence” – is perpetrated almost exclusively by men. This violence is more frequent and severe, is accompanied by severe psychological abuse, and takes place within a context of that partner asserting power and control over the other partner.

More recent research with large-scale population-based samples (Ehrensaft, Moffitt, & Caspi, 2004; Laroche, 2005, 2008) is casting severe doubt on the assertion that terroristic violence is the almost exclusive domain of men. In the 2004 Canadian GSS, for example, 40% of all male IPV victims were victims of terroristic violence, and 36.8% of the 583,800 victims of terroristic violence were men, findings that replicated the 1999 GSS (Laroche, 2005). Moreover, over the 5-year period that covered the survey, men represented 26.4% of IPV victims who were injured, 13.9% of all injuries requiring medical attention, and 19.3% of all IPV victims who feared for their lives (Laroche, 2008). Similar results were found in the U.S. NVAWS, which showed that in a one-year time period, male victims accounted for 40% of all injuries due to IPV, 27% of all injuries requiring medical attention, and 31% of all victims who fear bodily harm (Straus, 2004; Tjaden & Thoennes, 2000).

Thus, a substantial proportion of terroristic IPV victims are men, yet our knowledge regarding male victims – particularly male victims of terroristic IPV – has remained relatively dormant for forty years, and our policies and programs that address issues of IPV have been guided by patriarchal perspectives (Dutton & Corvo, 2006). In social service and criminal justice arenas in particular, patriarchal theories reign, and therefore, most nations pay considerably more attention to and provide services for male-to-female IPV (National Center for Injury Prevention and Control, 2003; World Health Organization, 2005). Because of the lack of attention on male victims of IPV, many male victims over the course of the past few decades have reported that the domestic violence (DV) service system is not always able to provide them with services and that many men are actually turned away (Cook, 2009; Hines, Brown, & Dunning, 2007). It is also likely the services they do receive are not tailored toward men because of a lack of attention and knowledge regarding male IPV victimization (Hines & Douglas, 2011c).

Goals of our Work

In response to this lack of research on male IPV victims, we solicited funding from the U.S. National Institute of Mental Health to study the mental health status of male IPV victims who seek help for IPV victimization. We wanted to provide critical

data to the debate on this issue, data from the male victims themselves, whose voices had not previously been heard in any large-scale way. In 2007, we received two years of funding to collect data on a large sample of male IPV victims. Over the course of the next year, we recruited 302 English-speaking, American men who reported that their female partner had used some form of physical aggression against them in the previous year and who had sought help because of their partner's aggression. We recruited them from a variety of sources, including the Domestic Abuse Helpline for Men and Women (DAHMW; a U.S. national IPV hotline specializing in male victims), and online websites, newsletters, blogs, and listservs that specialized in the treatment of IPV, male victims of IPV, fathers' rights issues, divorced men's issues, men's health issues, and men's rights issues.

Men completed the anonymous survey either over the phone ($n = 16$) or on a secure website ($n = 286$). The survey contained questions that assessed their demographic characteristics; their victimization from and perpetration of the following types of IPV: controlling behaviors (e.g., not allowing to leave the house, monitoring time and whereabouts), minor psychological aggression (e.g., insulting/swearing at), severe psychological aggression (e.g., threatening to harm partner, intentionally destroying something belonging to partner), sexual aggression (i.e., insisting on sex when partner does not want to), minor physical aggression (e.g., slapping, grabbing), severe physical aggression (e.g., punching, slamming against a wall), very severe physical aggression (e.g., beating up, choking), minor injuries (e.g., scrapes, cuts), and severe injuries (e.g., passing out, broken bone); their partners' use of false accusations (e.g., filing a restraining against him order under false pretenses); specific information regarding the most recent violent episode; a 16-item measure of PTSD symptoms; diagnoses of mental illnesses; what prevents them from leaving the relationship (if they have not left yet); and whether they had sought help from a variety of resources, including domestic violence (DV) agencies, DV hotlines, police, medical and mental health professionals, and online sources of support. For each of the sources used, we asked about the helpfulness of the resource and follow-up questions specific to each resource. We asked about both the men's victimization and perpetration of IPV because we wanted to capture an accurate description of the complexity of their intimate relationships.

What follows is a description of some of our results, but fuller and more in-depth analyses of these results, our sampling strategy, and our methodology can be found in our other publications (Douglas & Hines, 2011; Douglas, Hines, & McCarthy, 2012; Hines & Douglas, 2010a, 2010b, 2011a, 2011b, 2012, 2013; Hines, Douglas, & Mahmood, 2010). Our goals for this paper are to provide information on the following questions:

- (1) What are the characteristics of men who seek help for IPV victimization?
- (2) How much and what kinds of IPV are experienced by male IPV victims?
- (3) What are the potential consequences of experiencing IPV for men?
- (4) What prevents male victims from leaving their relationships?
- (5) What happens when they try to seek help?

Who are These Men?

The majority of the men in our sample (56.5%) were currently in a relationship with their female partners, the most common type of which was a marriage (47.5%), followed by separation (17.9%). Overall, 72.4% of the men were currently or had been married to their female partners. On average, the relationships lasted 8.2 years, and 73.2% reported that minor children were involved in this relationship, with an average of 2 children per relationship. Thus, on average, these were very serious, established relationships (Hines & Douglas, 2010a).

The men were on average 40.49 ($SD = 8.97$) years of age, and their female partners were on average two years younger ($M = 37.91$ years, $SD = 8.61$). The majority of both men (86.8%) and women (74.2%) were White, but the female partners were more ethnically heterogeneous, in that they were significantly less likely to be White, $\chi^2(1) = 26.33, p < .001$, and significantly more likely to be Asian (9.3% v. 4.3%), $\chi^2(1) = 7.84, p < .01$. When comparing the representation of men in our study to U.S. Census data (U.S. Bureau of the Census, 2000), we found that there was an overrepresentation of Whites and an underrepresentation of Blacks and Hispanics; for their female partners, there was an underrepresentation of Whites and Blacks and an overrepresentation of Asians (Hines & Douglas, 2010a).

Overall, the men were a well-educated group, with an average educational attainment between a 2- and 4-year college degree. Their personal income was almost \$52K per year, and of those who provided an occupation, their average occupational status approached that of a technician/associate professional. The men were better educated and had higher incomes than their female partners, and were more likely to be working. More than three-quarters of the men were working at least seasonally, but 13.2% were disabled in some way (7.0% of all men were not working because of a disability). Approximately one-third of the men who provided occupations were employed in stereotypical masculine jobs, such as the military, police, firefighting, or construction, or at high-prestige jobs, such as doctors, lawyers, engineers, CEOs, or business owners (Hines & Douglas, 2010a), which is congruent with a previous study of a sample of male IPV victims (Hines et al., 2007).

How Much and What Kinds of IPV are the Men Experiencing?

Types and frequencies of various forms of IPV

Table 1 presents the prevalence and frequency of IPV perpetrated by the female partners against the male helpseekers in the previous year. All of the female partners were reported by their male partners to have used minor psychological aggression, 96.0% used severe psychological aggression, 93.4% used controlling behaviors, and 41.1% used sexual aggression. Among those female partners who reportedly used each of these types of psychological aggression, they used on average 65.12 acts of minor psychological aggression, 28.90 acts of severe psychological aggression, 42.62 controlling behaviors, and 9.60 acts of sexual aggression (Hines & Douglas, 2010a). Thus, the men in our study

sustained controlling behaviors on almost a weekly basis, and severe psychological aggression at least twice a month.

For physical aggression, 100% of female partners were reported to have engaged in physical aggression overall, with 98.7% engaging in minor physical aggression, 90.4% engaging in severe physical aggression, and 54.0% engaging in very severe (i.e., life-threatening) physical aggression. Within the previous year and among those women who were physically aggressive, they were reported to have used 46.72 acts of physical aggression overall, with a mean of 32.01 acts of minor, 16.74 acts of severe, and 7.46 acts of very severe physical aggression (Hines & Douglas, 2010a). Thus, men sustained physical IPV on an almost weekly basis.

Overall, the frequency with which men sustained violence in the previous year is comparable to the frequency of violence sustained in samples of battered women (between 15 and 68 acts per year) (Giles-Sims, 1983; Johnson, 2006; Okun, 1986; Straus, 1990). Other analyses to be presented later are consistent with this conclusion – that the experiences of the men in this sample are congruent with the experiences reported by samples of battered women, who tend to be labeled as victims of terroristic violence. In fact, we conducted extensive analyses to show that this sample constituted a group of male terroristic violence victims (Hines & Douglas, 2010b).

We also investigated the extent to which men perpetrated the various types of IPV to investigate if, perhaps, men are sustaining IPV because they are using it. Overall, 95.4% of men used minor psychological aggression, 40.1% used severe psychological aggression, 45.7% controlling behaviors, 13.6% insisted on sex, 53.3% used minor physical aggression, 19.5% severe physical aggression, 8.3% very severe physical aggression, and 55.0% any physical aggression. All of these rates are significantly less than those of their female partners. Moreover, when examining their frequency of aggression within the previous year, we found that among those men and their female partners who used aggression, female partners were reported to have used each type of IPV at 1.72 times (insisting on sex) to over 6 times (physical IPV, controlling behaviors) the frequency of the male participants (Hines & Douglas, 2010b).

These rates of IPV perpetration among the helpseeking men are similar to the rates found in studies of battered women in shelters (Giles-Sims, 1983; McDonald, Jouriles, Tart, & Minze, 2009; Saunders, 1988), which range from 50%-75% using some type of violence against their male partners (Giles-Sims, 1983; Saunders, 1988), 50%-67% using severe violence (McDonald et al., 2009; Saunders, 1988), 8% beating up their partners or using a knife or gun, and 12% threatening their partners with a knife or gun (Saunders, 1988). Our findings that 55% of male victims used violence, with 19.5% using severe violence, are congruent with or lower than the rates of battered women in shelters, but indicate somewhat similar behavior, regardless of gender, among individuals who are seeking help for IPV victimization (Hines & Douglas, 2010b).

We also asked the men about other behaviors that their female partners might have used that could be considered psychologically aggressive, namely whether their partners issued any false accusations against them. Qualitative studies of male victims have shown that false accusations are a particular problem among male victims (Cook, 2009). In particular, one study of men in Western Australia found that it was so common among their sample of male victims that they labeled it as a separate type of abuse: legal or administrative abuse (Tilbrook, Allan, & Dear, 2010). The authors stated that the

female perpetrators manipulated the system to their advantage and that “this happened because employees of the relevant non-governmental and government agencies hold stereotypes that men are always the perpetrators and that females are the victims” (p. 20).

In our sample, 67.2% reported that their partner falsely accused them of hitting or beating her; 38.7% reported that she filed a restraining order against him under false pretenses; 48.9% of the men with children reported that their partners falsely accused them of physically abusing the children, and 15.4% reported that they were falsely accused by their partners of sexually abusing the children. These findings are congruent with previous qualitative research (Cook, 2009; Tilbrook et al., 2010) and a study that showed that approximately 50% of male victims of IPV stated that their partners gave false information to the court system in order to gain custody of the children or to obtain a restraining order (Hines et al., 2007).

The results are also consistent with a study of families undergoing custody disputes in the court (Johnston, Lee, Olesen, & Walters, 2005) which showed that 21% of women made allegations of physical child abuse against their husbands, 23% of sexual child abuse, and 55% of IPV. Only 6%, 6%, and 41% of the accusations, respectively, were substantiated by the courts. This study also showed similar rates of accusations and substantiations by men against their wives, elucidating that these aggressive behaviors occur regardless of gender (Hines & Douglas, 2010a).

What Happened During the Last Physical Argument?

We asked the men in our sample follow-up questions about their last physical argument with their female partners. In response to the question of who hit whom first in the last physical argument, 93.0% of the men reported that their female partners hit first. Of those men, we asked what their response was to the violence, and the most common response was to get away from her or go to another room (85.4%). The next common response was to yell or curse (62.8%), followed by calling a friend or relative (45.3%), crying (29.8%), calling the police (28.3%), and hitting her back (19.5%) (Hines & Douglas, 2010a).

Men were also given the opportunity to provide qualitative answers to the question concerning their response to their female partner’s physical aggression. Examples of such responses include (Hines & Douglas, 2010a):

- “Tried to talk to her about it calmly, saying ‘now, if I did that to you, you'd call it abuse.’ She answered that she was defending her honor.”
- “I tell her that it is not acceptable for her to hit me, or yell at me, especially in front of the children. I also ask her to apologize.”
- “I tried to leave and she hit me in the head with a flower pot, then took the phone from me to prevent me from calling anyone.”
- “She seemed to be panicking so I wrapped my arms around her...and tried to hold her still until she calmed down - she later said that my holding her that way was physically abusive.”

Some critics have argued that because on average, men are bigger and stronger than their female partners, if the female partners are indeed violent, the men can easily strike back, restrain their partner, or leave the premises (Pagelow, 1985). Based on these men’s

responses to what happened during the last physical argument, evidence for this critique is mixed. Indeed, the most common response of the men was to get away from their partner in some way, but there is evidence that some men are blocked in their efforts to leave, either through further violence or having their access to transportation blocked. Moreover, the least common response to the female partner's violence was to strike back, and in fact, 20.3% who reported that they struck back in some way stated in their qualitative accounts that it was to restrain her or defend himself. Thus, at most, 16.7% of the men reported that they actually struck back in retaliation (Hines & Douglas, 2010a).

These findings of men being reluctant to strike back against a violent female partner are congruent with previous qualitative research that shows that male victims of IPV are reluctant to hit back either because of moral objections to hitting a woman or because of fear that if he hits her back, he may set himself up to be arrested and/or lose custody of his children (Cook, 2009; Migliaccio, 2001). This issue is exemplified by these quotes from men in our sample: (1) "I have never hit my wife, but today I came close to doing this. It should be noted she has hit me more times than I can remember and kicked me. I grabbed her arms in self defense and held her to the floor. I am a very big and strong man, my wife is tall but thin, not strong at all. I know I will be the one who goes to jail even though she is the one hitting and kicking," and (2) "I asked her why she hit me, and she said, 'because you're bigger than me'. I just felt vengeful for a second and slapped her back. It was the only time I hit her, ever. I cried because I was raised not to hit women, and I felt disappointed in myself that I had crossed that line" (Hines & Douglas, 2010a).

What are the Possible Consequences of This IPV?

Physical Injuries

Prior research shows that presumably because of the average size and strength differentials between men and women, on average women are physically injured more than men as a result of IPV (e.g., Cascardi, Langhinrichsen, & Vivian, 1992; Stets & Straus, 1990). For example, 26.4% of all injuries in the 2004 Canadian GSS were to men, even though men comprised 45.5% of all IPV victims (Laroche, 2008). However, the lower rate of injuries to men should not lead us to overlook the sometimes serious injuries that male victims sustain. Studies of emergency room physicians document that male IPV victims have suffered ax injuries, burns, smashings with fireplace poker and bricks, and gunshot wounds (McNeely, Cook, & Torres, 2001). The GSS shows that 68.8% of the male victims of severe terroristic violence were injured and that 33.8% feared for their lives (Laroche, 2008). Thus, the potential physical injuries to male victims should not be overlooked.

In our study, almost 80% of male participants reported that they were injured by their female partners within the previous year (see Table 1), with 77.5% sustaining a minor injury (e.g., cut, bruise) and 35.1% a severe injury (i.e., needed medical attention). Moreover, of the male participants who sustained injuries, they were reportedly injured 11.68 times in the previous year (9.73 minor injuries; 4.64 severe injuries). The most common injuries were having a sprain, bruise, or small cut, sustained by 69.5% of men on an average of 4.05 times in the previous year. Of the severe injuries, over 5% of men

reported sustaining a broken bone and over 5% reported passing out (Hines & Douglas, 2010a).

Psychological Injuries

Although my colleagues and I issued a call in 2001 for more research on the psychological effects of IPV against men (Hines & Malley-Morrison, 2001), such potential consequences remain a largely overlooked area. From research conducted on population-based and community samples, we know that men who sustain IPV have higher levels of depressive symptoms, chronic mental illness, illegal and prescription drug abuse (Carbone-Lopez, Kruttschnitt, & MacMillan, 2006; Coker et al., 2002), alcohol abuse (Black & Breiding, 2008; Romito & Grassi, 2007), suicidal ideation, self-harm (Chan, Straus, Brownridge, Tiwari, & Leung, 2008), anxiety (Kaura & Lohman, 2007) and symptoms of post-traumatic stress disorder (PTSD) (Hines, 2007). Such community studies, however, have relatively low rates (~4%) of severe IPV, and the mental health outcomes for victims of severe IPV may be exponentially worse than for victims of minor IPV. For example, in the Canadian GSS, the physical and clinical consequences of IPV victimization were concentrated among victims of terroristic violence (Laroche, 2005, 2008).

Our study documented the mental health status of male victims of severe IPV. We focused on two areas: (a) being diagnosed with any mental illness, and (b) symptoms of PTSD. Overall, 23.5% of the men indicated that they had been diagnosed with a mental illness. The most common types were depressive disorders (64.8%), anxiety disorders (47.9%), ADHD (25.4%), bipolar disorder (16.9%), PTSD (12.7%), and alcoholism/substance abuse (11.3%). For all mental illnesses except PTSD, it was equally likely that they were diagnosed with the mental illness before the relationship as it was after being involved with their partner; for PTSD, 75% were diagnosed since being involved with their female partners (Hines & Douglas, 2010a).

It is important to note that research documents that men are unlikely to seek help for mental health issues; in fact, there exists a societal stigma that impedes men from showing emotional vulnerability or admitting to a mental health problem, which leads men to conceal their mental health problems and suffer in silence (Addis & Mahalik, 2003). Thus, it is likely that a larger percentage of these men would be diagnosed with a mental health problem if they sought help. Therefore, we also administered a self-report measure of PTSD symptoms to the men in our sample. PTSD is a psychiatric condition that can follow the experience of a traumatic incident, and its symptoms tend to cluster on three dimensions: persistent re-experiencing of the trauma, persistent avoidance of stimuli associated with the trauma, and persistent increased arousal (American Psychiatric Association, 1994). The experience of IPV is generally considered to be a traumatic event (Walker, 2000), and among battered women, about 30%-85% evidence PTSD (Astin, Lawrence, & Foy, 1993; Cascardi, O'Leary, Lawrence, & Schlee, 1995; Gleason, 1993; Kemp, Rawlings, & Green, 1991; Saunders, 1994).

Using the recommended clinical cut-off score for our measure of PTSD symptoms, we found that, similar to samples of battered women, fully 57.9% of the men in our sample suffered from PTSD. Moreover, the average score of the men on our measure of PTSD ($M = 46.56$, $SD = 14.25$) exceeded the clinical cut-off (45), and the frequency of all forms of sustaining IPV was significantly correlated with the total PTSD

score, all subscale scores, and the clinical cut-off variable (see Table 2) (Hines & Douglas, 2011a).

Thus, it seems that the mental health of the men in this sample has suffered as a result of the IPV they sustained. Almost a quarter of the men had been diagnosed with a mental illness, and about 2/5 of these mental illnesses were diagnosed since being involved with their female partners. Although this analysis does not allow us to conclude that the relationship caused their mental illness, it does provide some indication that the IPV the men sustained may have had a psychological impact. In addition, for those men who were diagnosed with mental illnesses before they became involved with their female partners, it is possible that the IPV they sustained may have worsened their symptoms. Furthermore, for the PTSD scale, the men were asked to think about their worst argument with their female partner, and then indicate the extent to which they were bothered in the preceding month by each of the symptoms listed as a result of that argument; thus, some direct links between the PTSD symptoms and the IPV the men experienced can be inferred.

Child Witnesses

Researchers and practitioners have long been concerned about the effects that witnessing IPV between parents can have on children, and for the most part, such effects have been researched on children of battered women in DV shelters (Wolak & Finkelhor, 1998). The research shows that these children frequently witness severe IPV by their fathers against their mothers, and that often, the children are not just passive viewers, but intercede in the violence or were victims of abuse themselves. Consequences of such exposure have been documented in several areas, and include behavioral, emotional, social, cognitive, and physical health problems (Wolak & Finkelhor, 1998).

Little research has documented whether exposure to such violence by mothers against fathers can have similar deleterious effects, but such research needs to be conducted for several reasons. First, the men in our study report that the majority of children had witnessed the IPV, with 59.1% witnessing it, 11.3% at least hearing it, and 9.3% possibly witnessing or hearing it (Hines & Douglas, 2010a). Second, there are qualitative accounts from the men in this study that show that the children are in direct physical danger from the violence that is perpetrated by the women towards the male partners, as exemplified by this statement: “I had been holding the baby during the argument, when she threw the TV remote control towards my head just missing the baby.” Third, as mentioned in more detail later, the main reason that male victims with children do not leave their relationships is for the children – they choose to stay to protect their children because they do not want to leave them with a violent mother, and they do not think that they would get custody in a system that questions the legitimacy of female-to-male IPV. Thus, there is a high likelihood that children who witness mother-to-father severe IPV will be exposed to this violence for a much longer period of time than children who witness father-to-mother IPV. Indeed, 1999 and 2004 Canadian GSS data suggests that men tend to stay longer in relationships plagued by IPV (Laroche, 2008).

What Prevents the Men from Leaving?

Some researchers have argued that in comparison to battered women, it is not difficult for male IPV victims to leave their relationships – they have the financial and occupational resources to leave (Pagelow, 1985; Saunders, 1988), and they are not as psychologically invested in their family (Loseke & Kurz, 2005). However, our study sheds doubt on these assumptions. Table 3 presents the men’s reasons for not leaving their female partners. As shown, the overwhelming reason they chose to stay typically revolved around their commitment to the marriage and their children. They stated that when they married, it was “for life,” and that they are concerned about their children (Hines & Douglas, 2010a)— results that are consistent with a previous qualitative study which showed that men’s primary reason for not leaving was a strong objection to what they perceived as abdicating their responsibilities to their marriage and children (Cook, 2009). In addition, the vast majority (71%) of men indicated that they stayed in the relationship because of love, and taken together, these reasons are not congruent with these assertions that men are not psychologically invested in their families.

Also indicative of their psychological investment in their families are fears that men indicated that they may never see their children again if they left, and they also discussed, in their qualitative accounts, their need to stay to protect their children. They expressed fears that they will lose custody of their children, because women predominantly gain custody of children when families divorce or separate (Cancian & Meyer, 1998) and/or their female partners’ threats to make false accusations against them so that they would have no possibility of getting custody. More than half of the men in our study reported that such accusations had already been made against them (Hines & Douglas, 2010a).

Additionally, more than half of the men indicated that they did not leave because they had no place to go and did not have enough money to leave (Hines & Douglas, 2010a), results which do not support the assertion that men have enough resources to leave if they wish (Pagelow, 1985; Saunders, 1988). Other men, in their qualitative accounts, discussed the possible negative financial and professional repercussions of leaving through such issues as having their private life made public and/or having their female partners make false accusations against them that could ruin them. Overall, the men in our sample report substantial barriers to leaving (Hines & Douglas, 2010a).

What Happens When They Seek Help?

The literature on male helpseeking, in general, indicates that men are less likely than women to seek help and that men who do seek help must overcome internal and external obstacles to do so (Galdas, Cheater, & Marshall, 2005). Men are not likely to seek help for problems that their larger community deems non-normative or determines that they should be able to solve or control themselves (Addis & Mahalik, 2003). When seeking help for any type of IPV victimization, one can imagine that the obstacles men encounter must be great, given our gendered notions of male and female roles in heterosexual relationships (Lye & Biblarz, 1993; Sweeney, 2007) and the framing of IPV as a women’s issue (Arndt, 1982; Walker & Browne, 1985). Indeed, a qualitative study in

Western Australia documented these barriers, which included failure to even recognize that they are being abused; a lack of knowledge regarding IPV against men; adherence to stereotypes that men are supposed to be strong, silent, and tough; fear that no one will believe them; shame and fear that they will be laughed at, ridiculed, and humiliated; fear that they will be judged as weak or having failed as a man; a lack of appropriate services for men; and a desire to protect their female partners, family, and children (Tilbrook et al., 2010).

Although we can imagine how difficult it must be for male victims of IPV to seek help, all of the men in our study sought some kind of help. We required that as an inclusion criterion for our study because we wanted to investigate what happens to men when they try to get help for IPV victimization. In the interest of brevity, we focus here on their helpseeking experiences from the core services designed to help victims of IPV: DV hotlines, DV community agencies, and the police.

DV Hotlines. Almost ¼ of the sample (23.4%) sought help from a hotline that did not specialize in male victims of IPV. Although about 25% of men who sought help from DV hotlines were connected with resources that were helpful, nearly 67% of men reported that these hotlines were not at all helpful. A large proportion of men who called DV hotlines (63.9%) were told that the hotline only helped women, and nearly 1/3 (32.2%) were accused of being the batterer in the relationship. Moreover, 16.4% of the men who contacted a hotline indicated that the staff made fun of them (Douglas & Hines, 2011). Qualitative accounts provide a more in-depth understanding of their experiences:

- “They were confused, belligerent, patronizing, offended, indifferent. Thought I was making up a story.”
- “Laughed at me and told me I must have done something to deserve it if it happened at all.”
- “Told me that women don't commit domestic violence – it must have been my fault.”
- “They accused me of trying to hide my ‘abuse’ of her by claiming to be a victim, and they said that I was nothing more than a wimp.”

Local DV Agencies. Almost half of the sample (44.1%) sought assistance from a local DV agency, and 65.2% said that this resource was not at all helpful. Of the men who said the agency was not at all helpful, 95.3% said that they were given the impression that the agency was biased against men, 78.3% were told that the agency does not help men, 63.9% were accused of being the batterer in the relationship, and 15.2% said the staff made fun of them (Douglas & Hines, 2011). Below are their own words describing their experiences:

- “I would say they simply don't believe men can be victims – I especially asked if I could speak to a male counselor; they told me they didn't have one and didn't need one.”
- “They just laughed and hung up.”
- “They didn't really listen to what I said. They assumed that all abusers are men and said that I must accept that I was the abuser. They ridiculed me for not leaving my wife, ignoring the issues about what I would need to do to protect my 6 children and care for them.”

Police. Almost half of the men (46%) had called the police because of their

female partner's IPV; 18.7% found the police to be very helpful, but 56% found the police to be not at all helpful. Table 4 displays the experiences that they had with the police. There was no difference between the proportion of helpseekers and partners who were arrested and those who were placed in jail. In 54.9% of cases, the partner was determined to be the primary aggressor. Among those 62 men, 41.5% said the police asked the helpseeker if he wanted his partner arrested; 21% reported the police refused to arrest the partner, 38.7% indicated the police said there was nothing they could do and left, and 25.4% said the police did nothing, ignored them, or dismissed them (Douglas & Hines, 2011). Qualitative accounts of their experiences with police include:

- “They determined she was the aggressor but said since I was a man it was silly to arrest her.”
- “Told me to get her help. Told me to spend the night in a hotel.”
- “I was at the hospital with bruising and burned eyes from hot coffee thrown in them. They didn't believe that she did this...and refused to arrest her.”

Summary. The experiences of these men tell a story of a minority of DV service providers being equipped to handle the men's experiences, but a majority either dismissing the men at best, or treating the men with suspicion and ridicule. These results are consistent with previous qualitative research (Cook, 2009; Hines et al., 2007; Tilbrook et al., 2010) of men who encountered barriers to obtaining help for IPV victimization. The men in these studies reported that service providers often failed to take action. Police did not respond to calls for help, and men's accounts of abuse were not believed by DV agencies or hotlines. Our findings about seeking help from police are consistent with one study that found that male victims did not feel that the police took their concerns seriously, and were significantly less satisfied with the police response than female victims of IPV (Buzawa & Austin, 1993).

These findings are in stark contrast to the training that victim advocates receive that tells them they need to “start” with the concerns and experiences of the victim, believe victims, not judge them, tell them that the abuse is not their fault, and offer resources. The results are also in stark contrast to the ratings of social services and police by battered women, the large majority of whom find such services helpful and would use them again (Apsler, Cummins, & Carl, 2003; Bowker & Maurer, 1985; McNamara, Ertl, Marsh, & Walker, 1997; McNamara, Tamanini, & Pelletier-Walker, 2008; Molina, Lawrence, Azhar-Miller, & Rivera, 2009; Norton & Schauer, 1997).

Limitations and Future Research

It is important to consider the limitations of our study when interpreting the results for policy and practice implications. Our study is the first large-scale study of male IPV victims, and although it supported the findings of the smaller-scale studies to date, replication is necessary. It is also important to recognize that this was a convenience sample, and the men's experiences cannot be generalized to all male IPV victims. For example, our sample was restricted to men who sustained IPV and sought help in some form. Although we broadly defined helpseeking to include searching the Internet for resources and talking to friends or family members, it is likely that there is a large group of men who do not seek any type of help when sustaining IPV from their female partners

because it is a non-normative issue for men (Addis & Mahalik, 2003; Tilbrook et al., 2010). Moreover, the helpseekers had to have either seen our advertisement on the Internet or called the DAHMW; therefore, helpseekers without access to either of these resources were excluded. Thus, we are likely missing the experiences of important groups who are potentially in need of help and whose experiences could differ from those of the men we surveyed. On a related note, the men in our study are primarily White and well-educated. It is possible that men with lower levels of education or from other ethnic backgrounds might have different experiences with helpseeking, if they seek help at all.

Similar to studies of battered women, we have no way to assess the legitimacy of the self-reported information in this study. It is possible that some of the men may have exaggerated or even fabricated their experiences. That said, it is unlikely that this problem is too widespread, given that the men reported about their experiences on an anonymous, 30-minute Internet/phone survey with no incentives for participation, and the men would have had to overcome several societal and internal barriers to seek help (Addis & Mahalik, 2003) and by this very factor are likely to be reporting legitimate concerns.

Implications for Policy and Programming

It is not unusual for the experiences of victims to be denied when they first surface (Schatzow & Herman, 1989), and we believe that given enough research, the experiences and service needs of this group will be recognized as a reality and legitimate, just as it has for other marginalized groups. Thus, these findings have important implications for policymakers, practitioners, and researchers in the field of IPV:

1. It is important for all who work in the field of IPV – whether policymaker, practitioner or researcher – to acknowledge that both men and women can perpetrate even the most severe forms of IPV and both men and women can be victimized by severe forms of IPV. Serious violence and controlling behaviors demand our attention, regardless of the gender of the perpetrator or victim.
2. Given the serious level of the IPV that these men sustain, it is necessary to educate policymakers, practitioners, researchers and the public about men sustaining severe IPV, their experiences, their barriers to leaving, and resources available. Public education concerning IPV and outreach materials for potential victims should be gender-inclusive, because previous research shows that men are often not the recipients of outreach materials concerning IPV victimization (Hines & Douglas, 2011c).
3. Is it vitally important that policies and procedures be developed that require an increase in training about the diversity of IPV victims for members of the DV service system and all helping professionals who might come into contact with IPV victims.
4. Policies should also require a re-examination by faculty in the social sciences who prepare future social service practitioners concerning their family violence curricula. Education should include the common experiences of all IPV victims, regardless of victim and perpetrator gender, and the important role that frontline staff plays in validating those experiences and providing services to all who need

- assistance.
5. Policies should be developed to require a re-examination by police departments with regard to how they handle incidents of IPV and how police officers respond when victims do not meet our gendered notions of the dynamics of IPV.
 6. Governments should make it a priority to fund research on male IPV victims, especially to examine other potential consequences of IPV, such as other types of physical and mental health problems. This research is currently 40 years behind the parallel research on female IPV victims.
 7. Similarly, it is just as important that governments fund and support research on how female-perpetrated IPV may have an impact on a family system, especially children who live in these households. Their needs have been overlooked for too long.

References

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58, 5-14.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Apsler, R., Cummins, M. R., & Carl, S. (2003). Perceptions of the Police by Female Victims of Domestic Partner Violence. *Violence Against Women*, 9(11), 1318-1335.
- Arndt, N. Y. (1982). *Domestic Violence: An Investigation of the Psychological Aspects of the Battered Woman*. Paper presented at the Annual Meeting of the Southeastern Psychological Association.
- Astin, B., Lawrence, K. J., & Foy, D. W. (1993). Posttraumatic stress disorder among battered women: Risk and resiliency factors. *Violence and Victims*, 8, 17-28.
- Black, M. C., & Breiding, M. J. (2008). Adverse health conditions and health risk behaviors associated with intimate partner violence -- United States, 2005. *Morbidity and Mortality Weekly Report*, 57(5), 113-117.
- Bowker, L. H., & Maurer, L. (1985). The importance of sheltering in the lives of battered women. *Response to the Victimization of Women & Children*, 8(1), 2-8.
- Buzawa, E. S., & Austin, T. (1993). Determining police response to domestic violence victims: The role of victim preference. *American Behavioral Scientist*, 36(5), 610-623.
- Cancian, M., & Meyer, D. R. (1998). Who gets custody? *Demography*, 35(2), 147-157.
- Carbone-Lopez, K., Kruttschnitt, C., & MacMillan, R. (2006). Patterns of intimate partner violence and their associations with physical health, psychological distress, and substance use. *Public Health Reports*, 121, 382-392.
- Cascardi, M., Langhinrichsen, J., & Vivian, D. (1992). Marital aggression: Impact, injury, and health correlates for husbands and wives. *Archives of Internal Medicine*, 152, 1178-1184.
- Cascardi, M., O'Leary, K. D., Lawrence, E. E., & Schlee, K. A. (1995). Characteristics of women physically abused by their spouses and who seek treatment regarding marital conflict. *Journal of Consulting and Clinical Psychology*, 63(4), 616-623.
- Centers for Disease Control. (2006). Understanding Intimate Partner Violence. Retrieved June 28, 2009, from <http://www.cdc.gov/ViolencePrevention/pdf/IPV-FactSheet.pdf>
- Chan, K. L., Straus, M. A., Brownridge, D. A., Tiwari, A., & Leung, W. C. (2008). Prevalence of dating partner violence and suicidal ideation among male and female university students worldwide. *Journal of Midwifery and Women's Health*, 53(6), 529-537.
- Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., et al. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine*, 23(4), 260-268.
- Cook, P. W. (2009). *Abused men: The hidden side of domestic violence* (2nd ed.). Westport, CT: Praeger.

- Dobash, R. E., & Dobash, R. P. (1979). *Violence against wives: A case against the patriarchy*. New York: Free Press.
- Douglas, E. M., & Hines, D. A. (2011). The Helpseeking Experiences of Men Who Sustain Intimate Partner Violence: An Overlooked Population and Implications for Practice. *Journal of Family Violence*, 26(6), 473-485.
- Douglas, E. M., Hines, D. A., & McCarthy, S. (2012). Men Who Sustain Female-to-Male Partner Violence: Factors Associated with Where They Seek Help and How They Rate Those Resources. *Violence and Victims*, 27 (6), 871-894.
- Dutton, D. G., & Corvo, K. (2006). Transforming a flawed policy: A call to revive psychology and science in domestic violence research and practice. *Aggression and Violent Behavior*, 11(5), 457-483.
- Ehrensaft, M. K., Moffitt, T. E., & Caspi, A. (2004). Clinically abusive relationships in an unselected birth cohort: Men's and women's participation and developmental antecedents. *Journal of Abnormal Psychology*, 113(2), 258-271.
- Ferraro, K. J., & Johnson, J. M. (1983). How women experience battering: The process of victimization. *Social Problems*, 30(3), 325-338.
- Galdas, P. M., Cheater, F., & Marshall, P. (2005). Men and health help-seeking behaviour: literature review. *Journal of Advanced Nursing*, 49(6), 616-622.
- Gelles, R. J. (1974). *The violent home: A study of physical aggression between husbands and wives*. Beverly Hills, CA: Sage.
- Giles-Sims, J. (1983). *Wife battering: A systems theory approach*. New York: Guilford Press.
- Gleason, W. J. (1993). Mental disorders in battered women: An empirical study. *Violence and Victims*, 8(1), 53-68.
- Hammer, R. (2003). Militarism and family terrorism: A critical feminist perspective. *The Review of Education, Pedagogy, and Cultural Studies*, 25, 231-256.
- Hines, D. A. (2007). Post-traumatic stress symptoms among men who sustain partner violence: A multi-national study of university students. *Psychology of Men and Masculinity*, 8(4), 225-239.
- Hines, D. A., Brown, J., & Dunning, E. (2007). Characteristics of callers to the Domestic Abuse Helpline for Men. *Journal of Family Violence*, 22(2), 63-72.
- Hines, D. A., & Douglas, E. M. (2010a). A closer look at men who sustain intimate terrorism by women. *Partner Abuse*, 1(3), 286-313.
- Hines, D. A., & Douglas, E. M. (2010b). Intimate terrorism by women towards men: Does it exist? *Journal of Aggression, Conflict, and Peace Research*, 2(3), 36-56.
- Hines, D. A., & Douglas, E. M. (2011a). Symptoms of post-traumatic stress disorder in men who sustain intimate partner violence: A study of helpseeking and community samples. *Psychology of Men and Masculinity*, 12 (2), 112-127.
- Hines, D. A., & Douglas, E. M. (2011b). Understanding the use of violence among men who sustain intimate terrorism. *Partner Abuse*, 2(3), 259-283.
- Hines, D. A., & Douglas, E. M. (2011c). The reported availability of U.S. domestic violence services to victims who vary by age, sexual orientation, and gender. *Partner Abuse*, 2(1), 3-30.
- Hines, D. A., & Douglas, E. M. (2012). Alcohol and substance abuse in men who sustain intimate partner violence. *Aggressive Behavior*, 38 (1), 31-46.

- Hines, D. A., & Douglas, E. M. (2013). Predicting Potentially Life-Threatening Partner Violence by Women Toward Men: A Preliminary Analysis. *Violence and Victims*, 28 (5), 751-771.
- Hines, D. A., Douglas, E. M., & Mahmood, S. (2010). The effects of survey administration on disclosure rates to sensitive items among men: A comparison of an internet panel sample with a RDD telephone sample. *Computers in Human Behavior*, 26(6), 1327-1335.
- Hines, D. A., & Malley-Morrison, K. (2001). Psychological effects of partner abuse against men: A neglected research area. *Psychology of Men and Masculinity*, 2(2), 75-85.
- Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*, 57(2), 283-294.
- Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*, 12(11), 1003-1018.
- Johnson, M. P., & Ferraro, K. J. (2000). Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and the Family*, 62(4), 948-963.
- Johnston, J. R., Lee, S., Olesen, N. W., & Walters, M. G. (2005). Allegations and substantiations of abuse in custody-disputing families. *Family Court Review*, 43(2), 283-294.
- Kaura, S. A., & Lohman, B. J. (2007). Dating violence victimization, relationship satisfaction, mental health problems, and acceptability of violence: A comparison of men and women. *Journal of Family Violence*, 22(6), 367-381.
- Kemp, A., Rawlings, E. I., & Green, B. L. (1991). Post-traumatic stress disorder (PTSD) in battered women: A shelter sample. *Journal of Traumatic Stress*, 4(1), 137-148.
- Laroche, D. (2005). *Aspects of the context and consequences of domestic violence -- Situational couple violence and intimate terrorism in Canada in 1999*. Quebec: Institut de la statistique du Quebec.
- Laroche, D. (2008). *Context and consequences of domestic violence against men and women in Canada in 2004*. Quebec: Institut de la statistique du Quebec.
- Loseke, D. R., & Kurz, D. (2005). Men's violence towards women is the serious social problem. In D. R. Loseke, R. J. Gelles & M. M. Cavanaugh (Eds.), *Current controversies on family violence* (2nd ed., pp. 79-96). Thousand Oaks, CA: Sage.
- Lye, D. N., & Biblarz, T. J. (1993). The effects of attitudes toward family life and gender roles on marital satisfaction. *Journal of Family Issues*, 14(2), 157-188.
- Marshall, L. L. (1992). The Severity of Violence Against Men Scales. *Journal of Family Violence*, 7(3), 189-203.
- McDonald, R., Jouriles, E. N., Tart, C. D., & Minze, L. C. (2009). Children's adjustment problems in families characterized by men's severe violence toward women: Does other family violence matter? *Child Abuse and Neglect*, 33(2), 94-101.
- McNamara, J. R., Ertl, M. A., Marsh, S., & Walker, S. (1997). Short-term response to counseling and case management intervention in a domestic violence shelter. *Psychological Reports*, 81(3, Pt 2), 1243-1251.
- McNamara, J. R., Tamanini, K., & Pelletier-Walker, S. (2008). The impact of short-term counseling at a domestic violence shelter. *Research on Social Work Practice*, 18(2), 132-136.

- McNeely, R. L., Cook, P. W., & Torres, J. B. (2001). Is domestic violence a gender issue, or a human issue? *Journal of Human Behavior in the Social Environment*, 4(4), 227-251.
- Migliaccio, T. A. (2001). Marginalizing the battered male. *The Journal of Men's Studies*, 9(2), 205-226.
- Miller, J., & White, N. A. (2003). Gender and adolescent relationship violence: A contextual examination. *Criminology*, 41(4), 1207-1248.
- Molina, O., Lawrence, S. A., Azhar-Miller, A., & Rivera, M. (2009). Divorcing abused Latina immigrant women's experiences with domestic violence support groups. *Journal of Divorce & Remarriage*, 50(7), 459-471.
- National Center for Injury Prevention and Control. (2003). *Costs of Intimate Partner Violence Against Women in the United States*. Atlanta, GA: Centers for Disease Control and Prevention.
- Norton, I. M., & Schauer, J. (1997). A hospital-based domestic violence group. *Psychiatric Services*, 48(9), 1186-1190.
- Okun, L. (1986). *Woman abuse: Facts replacing myths*. Albany, NY: State University of New York Press.
- Pagelow, M. D. (1985). The "battered husband syndrome": Social problem or much ado about little? In N. Johnson (Ed.), *Marital violence: Sociological Review Monograph*, 31 (pp. 172-195). London: Routledge, Kegan & Paul.
- Romito, P., & Grassi, M. (2007). Does violence affect one gender more than the other? The mental health impact of violence among male and female university students. *Social Science & Medicine*, 65(6), 1222-1234.
- Saunders, D. G. (1988). Wife abuse, husband abuse, or mutual combat? A feminist perspective on the empirical findings. In K. Yllo & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 90-113). Newbury Park, CA: Sage.
- Saunders, D. G. (1994). Post-traumatic stress symptom profiles of battered women: A comparison of survivors in two settings. *Violence and Victims*, 9(1), 31-44.
- Schatzow, E., & Herman, J. L. (1989). Breaking secrecy. Adult survivors disclose to their families. *The Psychiatric Clinics Of North America*, 12(2), 337-349.
- Stets, J. E., & Straus, M. A. (1990). Gender differences in reporting marital violence and its medical and psychological consequences. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptation to violence in 8,145 families* (pp. 151-166). New Brunswick, NJ: Transaction.
- Straus, M. A. (1990). Injury and frequency of assault and the 'representative sample fallacy' in measuring wife beating and child abuse. In M. A. Straus & R. J. Gelles (Eds.), *Physical violence in American families: Risk factors and adaptations in 8,145 families* (pp. 75-89). New Brunswick, NJ: Transaction.
- Straus, M. A. (2004). Women's violence toward men is a serious social problem. In D. R. Loseke, R. J. Gelles, & M. M. Cavanaugh (Ed.), *Current controversies on family violence* (2nd ed., pp. 55-77). Thousand Oaks, CA: Sage.
- Sweeney, K. (2007). Restrictions of Race, Class, and Gender Norms on Ability to Attain Preferred Gender Roles. *Conference Papers -- American Sociological Association*, 1.
- Tilbrook, E., Allan, A., & Dear, G. (2010). *Intimate partner abuse of men*. Perth, Western Australia: Men's Advisory Network.

- Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey*. Retrieved September 9, 2003, from <http://www.ojp.usdoj.gov/nih/victdocs.htm#2000>.
- U.S. Bureau of the Census. (2000). *Census 2000 Briefs*. Retrieved April 6, 2005. from <http://www.census.gov/population/www/cen2000/briefs.html>.
- Walker, L. E. (2000). *The battered woman syndrome* (2nd ed.). New York: Springer.
- Walker, L. E. A., & Browne, A. (1985). Gender and victimization by intimates. *Journal of Personality*, 53(2), 179-195.
- Wolak, J., & Finkelhor, D. (1998). Children exposed to partner violence. In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research* (pp. 73-112). Thousand Oaks, CA: Sage.
- World Health Organization. (2005). *Multi-country study on women's health and domestic violence against women*. Geneva: World Health Organization.

Appendix

Table 1
Prevalence and Chronicity of Intimate Partner Violence by Female Partners (n = 302)

<i>Types of Aggression</i>	% of Female Partners Who Perpetrated	Chronicity of Aggression ¹ <i>M (SD)</i>
Minor Psychological	100.0	65.12 (24.15)
Severe Psychological	96.0	28.90 (26.20)
Controlling Behaviors	93.4	42.62 (36.25)
Insisting on Sex	41.1	9.60 (8.48)
Minor Physical	98.7	32.01 (34.33)
Severe Physical	90.4	16.74 (22.06)
Very Severe Physical	54.0	7.46 (10.59)
Total Physical (Minor & Severe)	100.0	46.72 (53.48)

<i>Types of Injuries</i>	% of Male Helpseekers who Sustained an Injury	Chronicity of Injuries to Male Helpseekers ¹ <i>M (SD)</i>
Minor	77.5	9.73 (12.75)
Severe	35.1	4.64 (7.50)
Total (Minor + Severe)	78.5	11.68 (15.61)

Note. Adapted from Hines and Douglas (2010a).

¹ *Chronicity* is the average number of aggressive acts used by those female partners who were reported to have used any of the corresponding aggressive act.

Table 2
Bivariate Correlations Among Sustained IPV and PTSD for Both Samples

PCL Scale	Controlling Behaviors	Severe Psychological Aggression	Physical Aggression	Injuries
Total Score	.29***	.21***	.25***	.19***
Re-Experiencing	.25***	.12*	.20***	.17**
Avoidance/Numbness	.24***	.21***	.24***	.17**
Hyperarousal	.27***	.23***	.21***	.15**
Scored >45 [†]	.26***	.18**	.16**	.11

Note. Adapted from Hines and Douglas (2011a)

[†]45 is the clinical cut-off for PTSD on the PCL.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 3
What Prevents the Men from Leaving

Reason	%
He is concerned about the children (<i>n</i> = 126)	88.9%
When he got married, it was for life (<i>n</i> = 113)	80.5%
Love (<i>n</i> = 178)	71.3%
He fears he may never see the children again (<i>n</i> = 126)	67.5%
He thinks she'll change (<i>n</i> = 178)	55.6%
He doesn't have enough money to leave (<i>n</i> = 178)	52.8%
He has nowhere to go (<i>n</i> = 178)	52.2%
He's embarrassed other will find out he's being abused (<i>n</i> = 178)	52.2%
He doesn't want to take the children away from her (<i>n</i> = 126)	46.0%
She threatened to kill herself if he left (<i>n</i> = 178)	27.5%
He fears she'll kill him or someone he loves if he leaves (<i>n</i> = 178)	24.2%
Qualitative Responses (<i>n</i> = 178)	
Possible financial/professional/other/unspecified repercussions	12.7%
Feels it's morally wrong to split the family/abandon her	7.3%
Fears for the safety of loved ones or pets	4.5%
She threatened false accusations	3.9%
He says her behavior is not her fault (e.g., she's mentally ill or something in her past causes her to behave this way)	2.8%
She is dependent upon him and/or he's concerned about her well-being	2.2%
He didn't know he was being abused/thought it was normal	1.7%
He's dependent upon her in some way (e.g., disability, health insurance)	1.7%
He's afraid to leave	1.1%
The way the system would handle the situation would only make it worse	1.1%
The violence is mutual	1.1%
She discovered his plans to leave and is using tactics to stop him from leaving	1.1%
Thinks no one will believe him	0.6%

Note. Adapted from Hines and Douglas (2010a)

Table 4

Follow-up Questions About Experiences with Police (n = 129 who called the police)

Item	Partner	Helpseeker	χ^2
Police arrested	26.5	33.3	0.83
Of those arrested:	<i>n</i> = 35	<i>n</i> = 43	
Placed in jail	81.8	88.4	^a
Charges dropped	50.0	41.5	.05

Note. Adapted from Douglas and Hines (2011)

^a The expected count for some of the cells was <5 and a chi-square analysis could not be performed.