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## A Closer Look at Men Who Sustain Intimate Terrorism by Women

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### Abstract

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Over 30 years of research has established that both men and women are capable of sustaining intimate partner violence (IPV) by their opposite-sex partners, yet little research has examined men's experiences in such relationships. Some experts in the field have forwarded assumptions about men who sustain IPV—for example, that the abuse they experience is trivial or humorous and of no consequence and that, if their abuse was severe enough, they have the financial and psychological resources to easily leave the relationship—but these assumptions have little data to support them. The present study is an in-depth, descriptive examination of 302 men who sustained severe IPV from their women partners within the previous year and sought help. We present information on their demographics, overall mental health, and the types and frequency of various forms of physical and psychological IPV they sustained. We also provide both quantitative and qualitative information about their last physical argument and their reasons for staying in the relationship. It is concluded that, contrary to many assumptions about these men, the IPV they sustain is quite severe and both mentally and physically damaging; their most frequent response to their partner's IPV is to get away from her; and they are often blocked in their efforts to leave, sometimes physically, but more often because of strong psychological and emotional ties to their partners and especially their children. These results are discussed in terms of their implications for policy and practice.

**Keywords:** intimate partner violence, male victims, domestic violence, spouse abuse, battering, female perpetrators

Although increasingly more researchers have been investigating women's use of intimate partner violence (IPV) (e.g., [Carney, Buttell, & Dutton, 2007](#); [Carney & Buttell, 2004](#); [Dowd, Leisring, & Rosenbaum, 2005](#); [Henning & Feder, 2004](#); [Henning, Jones, & Holdford, 2003](#); [Swan, Gambone, Caldwell, Sullivan, & Snow, 2008](#); [Swan, Gambone, Fields, Sullivan, & Snow, 2005](#); [Swan & Snow, 2006](#)) and thus acknowledging that men can sustain IPV from their women partners, little systematic research has documented the experiences of men who sustain IPV from their women partners. What has been done has been limited primarily to case studies ([Cook, 2009](#); [Migliaccio, 2001](#)), with only one larger-scale study of men seeking help because they sustained IPV ([Hines, Brown, & Dunning, 2007](#)).

One reason for this lack of research has been attributed to the controversial nature of this topic ([Hines & Douglas, 2009](#)): Despite decades of research showing that women use IPV against their men partners ([Catalano, 2007](#); [Gelles, 1974](#); [Straus & Gelles, 1988](#); [Straus, Gelles, & Steinmetz, 1980](#); [Tjaden & Thoennes, 2000](#)) at rates and frequencies that often equal that of their men partners ([Archer, 2000](#)), there are some who argue that men do not sustain IPV from their women partners, unless it is because their partners are acting in self-defense or retaliation ([Belknap & Melton, 2005](#); [Dobash, Dobash, Wilson, & Daly, 1992](#); [Loseke & Kurz, 2005](#); [Saunders, 1988](#)). These authors typically argue that, because IPV is an issue of men maintaining power and control over their women partners, it is not possible for women to be perpetrators of IPV.

[Johnson \(1995, 2006\)](#) attempted to resolve this controversy by theorizing that there are two distinct types of IPV: common couple violence (CCV) and intimate terrorism (IT). CCV, Johnson argued, was seen primarily in population-based and community surveys that showed that women and men used IPV equally. This type of IPV consists of conflicts that “get out of hand” and result in men and women using low levels of violence (e.g., pushing, shoving, or slapping) toward one another. The central feature of IT is that the violence is one tactic in a general pattern of control of the male partner over the female partner. The IPV occurs frequently and is severe, occurring at least monthly; it is not likely to be mutual, and it is likely to involve serious injury and emotional abuse of the female partner as well. Johnson argues that IT can be explained by patriarchal theory and is the sole domain of men. The primary shortcoming of Johnson's research is that he used only shelter samples of battered women, and men mandated into batterer treatment programs, to come to this conclusion.

In a previous article on the data set used in the current study ([Hines & Douglas, in press](#)), we established that, as a whole, the men in our sample were the victims of IT by their women partners and that the violence the men used against their women partners was characteristic of violent resistance. Violent resistance, as described by Johnson, is characterized by the victim sometimes reacting to the partner's IT with violence but not within a general pattern of trying to control the partner ([Johnson & Ferraro, 2000](#)). The purpose of the present article is to more closely examine the men who sustain IT and to evaluate some prevailing assumptions about who they are and what they experience. Specifically, we will provide data on their demographics, the nature of their relationships, what types of abuse they experience, and what prevents them from leaving.

## **ASSUMPTIONS AND PREVIOUS RESEARCH ABOUT MEN WHO SUSTAIN INTIMATE PARTNER VIOLENCE FROM WOMEN PARTNERS**

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As mentioned, one well-noted assumption about women who use IPV against their men partners is that they are acting solely in self-defense or retaliation against their presumably violent men partners ([Belknap & Melton, 2005](#); [Dobash et al., 1992](#); [Loseke & Kurz, 2005](#); [Saunders, 1988](#)). This assumption, held by a few researchers, has been refuted by studies assessing women's motives for IPV, which show that, although some women report self-defense or retaliation as a motive, most do not (see [Hines & Malley-Morrison, 2001](#); [Medeiros & Straus, 2006](#), for reviews). In a previous article ([Hines & Douglas, in press](#)), we provided evidence that refuted that assumption as well. The men in our sample are clearly the victims of IT, IPV that is characterized by severe violence and control, and any violence used by the men was consistent with the definition of violent resistance

Another assumption concerning woman-to-man violence held by some researchers (e.g., [Pagelow, 1985](#)) focuses on the relative size difference between most men and women. Because, on average, men are physically bigger and stronger than their women partners, some authors have argued that men would strike back or restrain a woman partner who becomes violent and that men presumably also have the ability to leave the premises without being forcibly restrained by their women partners ([Pagelow, 1985](#)). Some researchers who forward this assumption conclude that, because men can easily fight back, restrain their partners, and/or leave the premises, women's violence against men is trivial,

humorous, or annoying ([Currie, 1998](#); [Pagelow, 1985](#); [Saunders, 1988](#)), and violence by women toward men has no social or psychological effects on the men who sustain it ([Mills, 1984](#)). Several anecdotal accounts ([Cook, 2009](#); [Migliaccio, 2001](#)) and one larger-scale study ([Hines et al., 2007](#)) of men who sustain IPV from women partners indicate that women's violence can induce fear in men partners and is not viewed as trivial, humorous, or annoying, but as distressing. Many men report that they cannot and will not hit back, both because of moral objections to hitting a woman and 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](#)). Men victims are injured less frequently than women victims, but, men do, nonetheless, sustain injuries, which are sometimes very severe ([Hines & Douglas, in press](#); [McNeely, Cook, & Torres, 2001](#)), and suffer socially and psychologically from their partner's aggression (e.g., [Cook, 2009](#); [Hines, 2007](#); [Stets & Straus, 1990](#)).

A related assumption is that men who sustain IPV from their women partners can leave their partners. Some researchers argue that men are not economically trapped in marriage or romantic relationships like women, because their incomes and occupational statuses tend to be higher ([Saunders, 1988](#)); they are not physically or economically constrained from leaving ([Pagelow, 1985](#)), nor are they as psychologically invested in the children or household ([Loseke & Kurz, 2005](#)). Researchers who support this line of reasoning focus on concrete resources that are often available to men such as physical strength, employment, and transportation. Nonetheless, case studies show that men who sustain IPV often focus on these and other barriers to leaving an abusive relationship, including a commitment to marriage, lack of financial resources, and concern for their children. In such circumstances, men often worry that their women partners will obtain custody of their children. They have substantial concerns about leaving their children with a violent parent; if they stay in the household, they at least feel that they can protect the children (e.g., [Cook, 2009](#); [Steinmetz, 1977–1978](#)). In our previous research on the sample in the current study, we also found that men encounter serious barriers to obtaining help from the social service system and from police when they seek such support, such as not being believed, being laughed at, and/or being accused of (or being arrested for) being the “real abuser” in the relationship ([Douglas & Hines, 2009](#)). Such barriers to seeking help from a system that is designed to help IPV victims creates further barriers to leaving an abusive woman partner.

In sum, despite increasing acknowledgement that men can sustain IPV from their women partners, some researchers embrace assumptions about the respective roles of men and women in troubled intimate relationships. Among these assumptions are that: (1) men are the primary perpetrators of abuse, and their women partners use violence in self-defense or retaliation; (2) men are physically dominant and can therefore easily strike back, restrain their partner, or leave the premises without being physically restrained; (3) the IPV that men sustain is trivial, humorous, or of no consequence; (4) men have greater socioeconomic resources than their women partners and thus have the ability to leave relationships that pose a danger to them; this ability is bolstered by their weaker psychological investment in their marriage and children as compared to women. Although these assumptions have been challenged by empirical studies on women who use IPV and case studies of men who sustain it, we still know little about men who sustain IPV from their women partners. The current article uses a large, national U.S. sample of men who sustained IPV from their women partners and sought help to investigate who these men are, the types and frequencies of abuse that they experience, their mental health status, and what prevents them from leaving the abusive relationships.

## METHOD

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### Participants and Procedure

The boards of ethics at the participating institutions of higher education approved the procedures for this study. A help-seeking sample of men who had sustained IPV from a woman partner ( $N = 302$ ) was recruited from a variety of sources, including the Domestic Abuse Helpline for Men and Women

(DAHMW; a national IPV hotline specializing in men victims) and online Web sites, newsletters, blogs, and electronic mailing lists that specialized in the treatment of IPV, men victims of IPV, fathers' rights issues, divorced men's issues, men's health issues, and men's rights issues. To be eligible, the men had to speak English, live in the United States, and be between the ages of 18 and 59; they also had to have been involved in an intimate relationship with a woman lasting at least one month in the previous year, in which they sustained a physical assault from their partner during the previous year, and they had to have sought help/assistance for their partner's violence. Help/assistance was broadly defined and included seeking help from formal sources, such as hotlines, domestic violence agencies, the police, mental health and medical health professionals, lawyers, and ministers, to more informal help-seeking efforts, such as talking with friends and family members and searching the Internet for information or support groups for men victims.

Men who called the DAHMW seeking assistance and who met the eligibility criteria were invited to participate in this study either by calling a survey research center to complete the interview over the phone or by visiting the study Web site to complete an anonymous, secure version of the study questionnaire online. Men who saw an advertisement for the study online were directed to the study Web site to complete the online version of the study. Screener questions regarding the study criteria were on the first page of the survey, and men who were eligible were allowed to continue the survey. Men who did not meet the eligibility requirements were thanked for their time and were redirected to an exit page of the survey. Sixteen men completed the interview over the phone; the remaining 286 completed it online.

## Measures

**Demographic Information** Men were asked basic demographic information about both themselves and their partners, including age, race/ethnicity, personal income, education, and occupation. Occupation was coded according to the 1988 International Standard Classification of Occupations, a nine-point classification system developed by the International Labour Association that is updated every 20 years. Occupations were coded by two upper-level undergraduate research students, and interrater reliability was consistently above .90. Any discrepancies were resolved through conversations between the two coders. The nine categories are shown in the table note for [Table 2](#). Men were also asked about the current status of their relationship, the length of their relationship with their partners, how long ago the relationship ended (if applicable), and how many minor children were involved in that relationship, if any.

	Men Participants	Women Partners
Percentage of N=286	Percentage of N=286	Percentage of N=286
Age (M ± SD)	34.46 (8.22)	37.16 (8.82)
White (N=100)	35.00	40.21
Black (N=100)	35.00	35.34
Hispanic (N=100)	30.00	24.45
Other (N=100)	30.00	30.00
Education (M)	12.75	12.75
Income (M)	12.75	12.75
Occupation (M)	12.75	12.75
Other (M)	12.75	12.75

**TABLE 2**

Men Participants' and Their Women Partners' Demographics

**Revised Conflict Tactics Scales (CTS2)** The *CTS2* ([Straus, Hamby, Boney-McCoy, & Sugarman, 1996](#)) was used to measure the extent to which the men in the study used and sustained psychological, physical, and sexual aggression and injuries in their relationships. The items used for this study included five items assessing minor physical aggression (e.g., grabbing, shoving, slapping), seven items assessing severe physical aggression (e.g., punching, beating up, using a knife or gun), two items assessing minor injuries (e.g., having a small cut or bruise), four items assessing severe injuries (e.g., broken bone, passing out), and one item assessing sexual aggression (insisting on sex when the partner did not want to). The eight *CTS2* items regarding psychological aggression were supplemented with seven items from the Psychological Maltreatment of Women Inventory ([Tolman, 1995](#)). A factor analysis of these 15 items showed that there were three psychological aggression scales: controlling behaviors (e.g., not allowing to leave the house, monitoring time and whereabouts), minor psychological aggression (e.g., insulting/swearing, shouting/yelling, doing something to spite partner),

and severe psychological aggression (e.g., threatening to harm partner, intentionally destroying something belonging to partner) ([Hines & Douglas, in press](#)).

Participants responded to each of the items by indicating the number of times these tactics were used by the participant and his partner in the previous year. Participants indicated on a scale from 0 to 6 how many times they experienced each of the acts in the previous year: 0 (0 times); 1 (*1 time*); 2 (*2 times*); 3 (*3 to 5 times*); 4 (*6 to 10 times*); 5 (*11 to 20 times*); 6 (*more than 20 times*). These data were then transformed in order to obtain an approximate count of the number of times each act occurred in the previous year, using the following scale: 0 = 0 acts in previous year; 1 (*1 act in the previous year*); 2 (*2 acts in the previous year*); 3 (*4 acts in the previous year*); 4 (*8 acts in the previous year*); 5 (*16 acts in the previous year*); 6 (*25 acts in the previous year*).

For the present article, we calculated a dichotomous and a frequency variable for each item in the *CTS2* and a dichotomous, a frequency, and a chronicity variable for each scale (i.e., minor psychological, severe psychological, controlling behaviors, insisting on sex, minor physical, severe physical, total physical, minor injuries, severe injuries, total injuries). We also created a new physical aggression scale that was comprised of the items that could be considered life-threatening (i.e., beating up, using a knife or gun, burning, choking), and we called this the very severe physical aggression scale. (The severe physical aggression scale contained these items as well, in addition to the items that Straus et al. outline in their description of the scale.) The dichotomous variable indicates the presence or absence of each type of IPV and thus can be used to indicate the prevalence of perpetration and victimization of each type of IPV. Frequency is the frequency with each type of IPV was used or sustained (including zeros when indicated). Chronicity is the frequency with which the participant and his partner used each type of IPV, among only those who indicated that a given type of IPV had been used. Thus, the lower bound of the chronicity variables would be one (indicating that that person used one act of that type of aggression in the past year) because participants and their partners who did not use that particular type of IPV would be removed from this particular calculation.

The *CTS2* has been shown to have good construct and discriminant validity and good reliability, with internal consistency coefficients ranging from .79 to .95 ([Straus et al., 1996](#)). Reliability statistics for the current sample ranged from .45 (severe injury) to .65 (minor psychological) to .72 (severe psychological) to .90 (minor physical aggression).

**Additional Information on IPV** Following the *CTS2*, we gathered specific information about the most recent violent episode. These questions included who used physical aggression first in the most recent physical altercation. If participants indicated that their partner used physical aggression first, they were then asked how they responded and were given eight responses, including hitting back, leaving the room, and calling the police. Participants were also asked whether they and/or their partner used alcohol or drugs during that incident, and we inquired about whether any children involved with the couple ever witnessed violence between the adults. These questions and answer choices provided were based on a review of the qualitative literature in addition to the experiences of the executive director of the DAHMW. A final choice of “other, specify” was provided for these questions in case a particular participant's experiences did not fit with the choices provided. These qualitative responses were coded independently by two upper-level undergraduate research assistants, and any discrepancies were resolved by the first author. A final question addressed who was the first to ever hit the other person in the relationship.

We also asked the participants whether their women partners ever did any of the following to them: filed a restraining order against him under false pretenses, falsely accused him of hitting or beating her, falsely accused him of physically abusing the children, and falsely accused him of sexually abusing the children. These last two questions were asked only of men who indicated they had minor children.

### **Mental Health Status**

We asked men whether they were ever diagnosed with a mental illness. If they stated that they had been, we then asked them what their diagnosis was and whether they suffered from this mental illness for a long time or only since being involved with their partner. For diagnoses, they were given the following answer choices: depressive disorder, anxiety disorder, alcoholism/substance abuse, borderline personality disorder, antisocial personality disorder, narcissistic personality disorder, histrionic personality disorder, bipolar disorder, schizophrenia, eating disorder, attention deficit hyperactivity disorder/attention deficit disorder, and other. If they chose “other,” we asked them to specify the diagnosis.

**What Prevents Them From Leaving** We asked men whether they ever seriously considered leaving their partners. If they answered yes, we then asked why they had not left yet. Sample answer choices included: love, concern for the children, not enough money to leave, and embarrassment that others will find out that his partner abused him. Answer categories were based on a review of the qualitative literature and the experiences of the DAHMW. One final choice of “other, specify” was included in case a participant's experiences were not captured by the existing choices. Any qualitative responses were coded independently by two upper-level undergraduate research assistants; discrepancies were resolved by the first author.

## RESULTS

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### Demographics

[Table 1](#) presents the relationship characteristics. The majority of the men (56.5%) were currently in a relationship with their woman 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 partners. The remainder were currently or had dated, cohabited with, or been engaged to their partners. These relationships lasted on average 8.2 years, and, of the relationships that had ended, they ended on average just over 6 months prior to the participants completing the survey. Almost three-quarters of the men said that minor children were involved in the relationship, and they reported an average of two children per relationship.

TABLE 1 Relationship Characteristics (N = 302)	
	Percentage of N (302)
Currently in a relationship	56.5%
Married	47.5%
Separated	17.9%
Dated	11.1%
Cohabiting	2.5%
Engaged	1.5%
Never	43.5%
Divorced	3.0%
Widowed	0.0%
Length of relationship in months	8.2 (SD = 6.1)

**TABLE 1**  
Relationship Characteristics (N = 302)

The demographics of the men and their women partners are presented in [Table 2](#). In comparison to their partners, the men were significantly older, taller, and heavier and were more likely to be White, less likely to be Asian, had a higher income and educational status, and were more likely to be working. There was no difference in their occupational statuses. Overall, the men were a well-educated group, with an average educational attainment between a two- and four-year college degree. Their personal income was almost \$52,000 per year, and, of those who provided an occupation, their average occupational code approached that of a technician/associate professional. More than three-quarters 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).

Of the men who provided occupations ( $n = 212$ ), 25 were contractors or construction workers; 16 were in the military, police officers, or firefighters; 15 were lawyers, doctors, or engineers; and 10 were business owners or executives.

### Experiences of Psychological and Physical Aggression in the Previous Year

As mentioned in [Hines and Douglas \(in press\)](#) and shown in [Table 3](#), 100% of women partners were reported by their men partners to have used minor psychological aggression, 96.0% used severe psychological aggression, 93.4% used controlling behaviors, and 41.1% used sexual aggression. When examining their chronicity of aggression within the previous year, among those who used aggression, women partners were reported to have used 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. For physical aggression, 100% of women 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. Moreover, within the previous year and among partners who were physically aggressive, women partners 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.

Type of Aggression	Percentage of Women Partners	Frequency of Aggression (M, SD)
Minor psychological	100%	65.12 (28.90)
Severe psychological	96.0%	28.90 (16.74)
Controlling behaviors	93.4%	42.62 (7.46)
Minor physical	98.7%	32.01 (16.74)
Severe physical	90.4%	16.74 (7.46)
Very severe physical	54.0%	7.46 (3.08)
Sexual aggression	41.1%	9.60 (3.08)

**TABLE 3**  
Prevalence and Chronicity of Intimate Partner Violence by Women Partners (*N* = 302)

Almost 80% of men participants reported that they were injured by their women partners, with 77.5% stating they sustained a minor injury and 35.1% sustaining a severe injury in the previous year. Moreover, within just the men participants who did sustain injuries, the men participants reported that they were injured 11.68 times in the previous year (9.73 minor injuries and 4.64 severe injuries).

[Table 4](#) presents the prevalence of each of the CTS victimization items by scale, along with the mean number of times that specific type of aggression happened in the past year (this mean includes those men who did not sustain that type of aggression). The items within each scale are arranged in order of prevalence rates, with the most prevalent item appearing first. For minor psychological aggression, the most prevalent types were shouting/yelling and insulting/swearing, with over 99% of men sustaining both of these at an average of over 20 times per year. For severe psychological aggression, the most prevalent items were threatening to hit or throw something at him and intentionally destroying something belonging to him, with approximately 75% of the sample sustaining both of these. More than 75% of the sample also had their time monitored by their partner, a type of controlling behavior, at a rate of over 12 times in the previous year. This type of controlling behavior was followed by the partner preventing him from seeing his friends or family, sustained by 68.2% of the sample at a rate of almost 8 times in the previous year.

Item	Percentage	M, SD
Minor psychological aggression		
Shouting/yelling	99.0%	21.17 (7.94)
Insulting/swearing	99.0%	21.17 (7.94)
Threatening to hit or throw something at him	75.0%	12.50 (4.64)
Intentionally destroying something belonging to him	75.0%	12.50 (4.64)
Severe psychological aggression		
Threatening to hit or throw something at him	75.0%	12.50 (4.64)
Intentionally destroying something belonging to him	75.0%	12.50 (4.64)
Controlling behaviors		
Partner preventing him from seeing his friends or family	68.2%	7.94 (3.08)
Partner monitoring his time	75.0%	12.50 (4.64)
Partner preventing him from seeing his friends or family	68.2%	7.94 (3.08)
Partner monitoring his time	75.0%	12.50 (4.64)
Minor physical aggression		
Pushing/shoving	93.0%	8.30 (3.08)
Throwing something at him that could hurt	82.5%	6.60 (3.08)
Severe physical aggression		
Punching/hitting him with something that could hurt	84.4%	6.08 (3.08)
Kicking	56.3%	3.08 (1.54)
Very severe physical aggression		
Beaten up	40.1%	2.68 (1.54)
Sexual aggression		
Used a knife or gun	20.5%	1.54 (0.77)

**TABLE 4**  
Rates and Frequencies of Women Partners' Aggression on All Conflict Tactics Scale Items (*N* = 302)

For the minor physical aggression items, the most prevalent were pushing/shoving (93.0% sustained at a rate of 8.30 acts in the previous year) and throwing something at him that could hurt (82.5% sustained at a rate of 6.60 acts in the previous year). The most prevalent severe physical aggression items were punching/hitting him with something that could hurt, sustained by 84.4% of the sample at a rate of 6.08 acts in the previous year, and kicking, sustained by 56.3% of the sample at a rate of 3.08 acts in the previous year. Notably, 40.1% of the sample said they had been beaten up in the previous year, at an average of 2.68 times. This included 10 men (3.3%) who reported being beaten up 11 to 20 times in the previous year and 14 men (4.6%) who reported being beaten up more than 20 times in the previous year. In addition, 20.5% of men said their partners used a knife or gun on them in the previous year, which includes 9 men (3.0%) who said this happened 3 to 5 times, 2 men (0.7%) who said it happened 6 to 10 times, and 1 man (0.3%) who said this happened more than 20 times in the previous

year. Almost 17% of the men reported being choked, which included 14 men (4.6%) who were choked 3 to 5 times, 2 men (0.7%) who were choked 6 to 10 times, and 3 men (1.0%) who were choked more than 20 times in the previous year.

The most common types of injury 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, 29.1% of men said that they needed to see a doctor but did not in the previous year, and 14.2% actually did see a doctor. Over 5% of men reported sustaining a broken bone or passing out, with 15 men (5.0%) sustaining one broken bone, 1 man (0.3%) sustaining two broken bones, 2 men (0.7%) sustaining three to five broken bones, 10 men (3.3%) passing out once, 5 men (1.7%) passing out twice, 1 man (0.3%) passing out 3 to 5 times, and 1 man (0.3%) passing out 11 to 20 times in the previous year.

Finally, we asked the men about other behaviors that their women partners might have used that could be considered psychologically aggressive. Specifically, 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.

### What Happened During the Last Physical Argument

The men were then asked follow-up questions about their last physical argument. [Table 5](#) presents those results. As shown, 93.0% of the men in the help-seeking sample reported that their women partners hit first during the last physical argument (4.0% reported that the man had hit first, and the remaining 3.0% did not remember or did not answer the question). If the woman partner was reported to have hit first, we asked the men what their response was to her physical aggression. 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 family member (45.3%), crying (29.8%), calling the police (28.3%), and grabbing/shoving/pushing/hitting her back (19.5%).

Response	Percentage
Woman hit first	93.0%
Man hit first	4.0%
Did not remember or did not answer	3.0%
Got away from her or went to another room	85.4%
Yelled or cursed	62.8%
Called a friend or family member	45.3%
Cried	29.8%
Called the police	28.3%
Grabbed/shoved/pushed/hit her back	19.5%

**TABLE 5**

What Happened During the Last Physical Argument

Men were also given the opportunity to provide qualitative answers to the question concerning their response to their partner's physical aggression. The most common qualitative response was to ask her to calm down or attempt to reason with her (7.5%). Examples of this response include:

- “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.”

Next, 6.8% talked about trying to get away from her but being blocked in some way:

- “She refused to give me my cell phone and car keys and wouldn't let me leave the house. When I took the car keys from her she called the cops and I was arrested and convicted.”
- “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.”
- “Tried to leave but was prevented. I had been injured earlier that day and was not able to physically defend myself.”

The next most common responses were to restrain her (5.3%) and to protect himself (4.6%):

- “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.”
- “Put my hands up to stop her hands from hitting my body and backed away.”

Almost 4% talked about “taking it” or doing nothing in response to her aggression:

- “Mostly I just sat there and took it and tried to act like I was above it.”

Finally, a small percentage discussed praying, meditating, or journaling in response to their partner's aggression (1.8%); attending to the children during the argument (1.4%), having someone else call the police (1.1%), hitting a wall or object (0.7%), and attending to their own injuries (0.3%).

We also asked the men about drinking and drug use during the last physical argument in which their partner hit first: 26.2% said their partner had been drinking, and 11.5% said they (the male partner) had been drinking; 17.2% said that their partners had been using drugs, and 1.4% said that they (the male partner) had been using drugs.

We then asked the men whether their children had ever witnessed the violence between their parents. The majority of children had, with 59.1% witnessing it, 11.3% at least hearing it, and 9.3% possibly witnessing or hearing it.

Finally, we asked who was the first to ever hit the other person in their relationship. As shown, in 91.7% of the relationships, the woman partner was reportedly the first one to ever hit, with the man partner hitting first in 2.6% of relationships. In the remaining relationships, the man did not remember or did not answer the question.

## Mental Health Status

As shown in [Table 6](#), 71 of the 302 men (23.5%) indicated that they had been diagnosed with a mental illness. The most common types of mental illnesses among these 71 men were depressive disorders (64.8%), anxiety disorders (47.9%), attention deficit hyperactive disorder/attention deficit disorder (25.4%), bipolar disorder (16.9%), post-traumatic stress disorder (12.7%), and alcoholism/substance abuse (11.3%). About half of the men (49.3%) indicated that they had their mental illness(es) for a long time, and just under half (40.8%) indicated that they were diagnosed with this mental illness only since being involved in their abusive relationship.

Mental Illness	Percentage
Ever diagnosed with a mental illness	23.5%
Depressive disorder	64.8%
Anxiety disorder	47.9%
Attention deficit hyperactive disorder/attention deficit disorder	25.4%
Bipolar disorder	16.9%
Post-traumatic stress disorder	12.7%
Alcoholism/substance abuse	11.3%
Other mental illness	11.3%
Diagnosed with mental illness for a long time	49.3%
Diagnosed with mental illness only since being involved in abusive relationship	40.8%
Did not remember or did not answer	9.3%
Never diagnosed with mental illness	76.5%

**TABLE 6**  
Mental Illness

## What Prevents Them From Leaving?

Of 189 men who reported that they had not left their partners yet, 178 (94.2%) reported that they have seriously considered leaving. The issues that prevent them from leaving are presented in [Table 7](#). As shown, commitment to the children and marriage, for those men who have children and/or are married, are the primary reasons they remain in the relationship. The third most common reason is love, followed by a fear that they may never see their children again. Over half of the men also reported that they think that their partners will change, they do not have enough money to leave, they have no place to go, and that they are embarrassed that others will find out that their partner abuses them. Just under 50% reported that they did not want to take the children away from their partners (presumably the

children's mothers), and around 25% stated that the partner threatened suicide if they left and that they feared she might kill them or someone they love if they leave.

**TABLE 7**  
What Prevents the Men From Leaving

The types of qualitative responses and their frequencies are also shown in [Table 6](#). The most common qualitative response concerned possible repercussions of leaving (12.7%):

- “She spends every penny that comes in and has racked up thousands in debt. I would lose everything I've tried to save. Or at least half including half my retirement.” (financial)
- “She threatened to ruin me financially, ruin my professional reputation (we work together), lock me out of the house, and tell the police anything she wants to tell them (domestic situations being as difficult to ascertain as they are, men are guilty until proven innocent).” (financial and professional)
- “I was advised that if I leave, I would hurt my chances of gaining custody of the children in the long run.” (personal repercussions)

This was followed by responses that indicated that he felt it was morally wrong to leave his partner (6.2%), as exemplified by this man's response:

- “‘For better or for worse,’ and, well, this was worse. I didn't care that she was too psychologically disturbed to love me back, I didn't care. I loved her. And I hoped I could get help for her condition before it was too late.”

The third most common response concerned the men's fears for the safety of loved ones or pets (4.5%):

- “I stay around to protect the children!”

And 3.9% talked about how the partner threatened the men with false accusations:

- “She has promised to lie and accuse me of physical abuse against her, sexual abuse of our daughter, if that helps her win custody.”

Just under 3% of men discussed how the partners' behavior was not their fault, that the partners were mentally ill, or that something in their past made them behave the way they did:

- “She's mentally ill. I know she's not doing this on purpose. I know she loves me.”

Finally, 2.2% talked about concerns for their partners' well-being, with a particular emphasis on the partner being dependent upon him in some way:

- “Concern for her well-being, financially take care of herself.”

The remaining qualitative responses were discussed by less than 2% of the sample and are listed in [Table 6](#).

## DISCUSSION

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The purpose of this study was to provide an in depth investigation of the demographics, aggression experienced, and mental health status of men who sustained intimate terrorism; we also aimed to provide empirical descriptive data on why they sometimes choose to stay in relationships in which they

are sustaining IT, intimate partner violence that is characterized by severe violence and controlling behaviors. In doing so, we tested many of the assumptions in the literature about men who sustain IPV, assumptions that were not always based on empirical research.

Upon entry into the study, the men and their women partners were, on average, in their late 30s to early 40s. Over half of them were still together, and were or had been in marital relationships lasting approximately 8 years. Almost three-quarters had children. Thus, on average, these were very serious, established relationships. The ethnic/racial composition of the relationships may be noteworthy—for the men who participated in this study, there was an overrepresentation of Whites in comparison to their representation in the population overall ([U.S. Census Bureau, 2000](#)) and an underrepresentation of Blacks and Hispanics; for their women partners, there was an underrepresentation of Whites and Blacks and an overrepresentation of Asians. This ethnic/racial disparity could be due to the possibility that men who sustain IPV and are Black or Hispanic or who have White or Black (but not Asian) women partners, may be less likely to seek help, less likely to seek help from the sources from which we recruited, or less likely to participate in research on men who sustain IPV. More research needs to be conducted to replicate these findings and explore the reasons why such ethnic/racial disparities might be occurring.

The men in our study were also relatively well educated, with good occupations and decent incomes. In fact, a substantial percentage of the men were employed in stereotypical masculine jobs, such as the military, police, firefighting, or construction, or at high-prestige jobs, such as doctors, lawyers, engineers, executives, or business owners, which is congruent with a previous study of a sample of men victims of IPV ([Hines et al., 2007](#)).

One assumption that some IPV experts have put forth is that men are bigger and stronger and can therefore easily strike back, restrain their partner, or leave the premises without being physically restrained ([Pagelow, 1985](#)). The analyses of our demographics provide evidence that the men are significantly taller and heavier than their women partners; however, based on the men's responses to what happened during the last physical argument, evidence for the belief that the men can strike back, restrain their partner, or leave the premises is mixed. When the woman partner hit first, the most common reaction that the participants reported was to get away from the partner or go to another room; the least endorsed reaction was to hit/grab/shove/push back. Thus, the men do seem to be able to leave the argument and violence if they want. However, there is also evidence that some are blocked in their efforts to leave, either through further violence or having their access to transportation blocked. In addition, they do not strike back in large numbers: 12 of the 59 men (20.3%) who reported that they hit/grabbed/shoved/pushed back stated in their qualitative accounts that it was to restrain her or defend himself. Thus, at most, 16.7% of the men reported striking back in retaliation, which is congruent with previous qualitative research that shows that men 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:

*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.*

*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.*

Our investigation of what happened during the last physical argument also raised issues that warrant further research. For example, according to the reports of the men participants, alcohol was used by 26% of the women partners and 11.5% of the men participants during the last physical argument. Previous studies do show a link between alcohol use and the perpetration of IPV among both men and women (e.g., [Caetano, Schafer, & Cunradi, 2001](#); [Hines & Straus, 2007](#); [O'Farrell, Fals-Stewart, Murphy, & Murphy, 2003](#)); therefore, this association needs to be further explored in relationships in which the woman appears to be the intimate terrorist. Moreover, drug use may be a problem, because over 17% of the women partners were reportedly using drugs during the last physical argument; this is a noteworthy finding given that the extant research suggests that substance abuse is more of a problem among men perpetrators of IPV than it is among women perpetrators ([Henning et al., 2003](#); [Medeiros & Straus, 2006](#)), and it deserves further investigation.

The effect that this violence has on children is also something that warrants further exploration. With 70% of the men indicating that their children had either witnessed or heard the IPV, these rates are a cause for concern. The women partners in this sample are modeling violent and terroristic behaviors to their children, which can lead to psychological problems for children ([Wolak & Finkelhor, 1998](#)) and an increased likelihood of their involvement in violent relationships as adults ([Stith et al., 2000](#)). Moreover, there is evidence that the harm to children who witness IPV by their mothers is as strong as the harm they experience when witnessing IPV by their fathers ([Holden, Geffner, & Jouriles, 1998](#); [Moretti, Obsuth, Odgers, & Reebye, 2006](#); [Straus, 1991](#)). In addition, qualitative accounts from the men in this study show that the children are in direct physical danger from the violence that is perpetrated by the women toward the men participants, which is 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." Future research should explore in more depth the possible consequences of children witnessing severe IPV and controlling behaviors by their mothers of the type that was found among the women partners of the men in this study.

Our analyses of the types of IPV these men experience and their mental health status addresses an additional assumption proposed by researchers: that the IPV such men sustain is trivial, humorous, or of no consequence ([Currie, 1998](#); [Mills, 1984](#); [Pagelow, 1985](#); [Saunders, 1988](#)). We previously established that these men were sustaining IT from their women partners ([Hines & Douglas, in press](#)), which is a pattern of severe violence and controlling behaviors. A closer look at the types of violence they sustained showed that it was not trivial and could not be considered humorous. Between 93% and 96% of the men sustained both severe psychological aggression and controlling behaviors, with 50% to 76% of the men saying that their partners threatened to hit or throw something at them, intentionally destroyed something belonging to him, called him names, monitored his time and made him account for his whereabouts, and prevented him from seeing his family or friends. Over 90% sustained severe physical aggression (aggression that had a high likelihood of causing an injury), and over 50% sustained very severe physical aggression (aggression that could be considered life-threatening), which included being beaten up, having a knife or gun used on him, and being choked. Finally, the IPV they sustained was not inconsequential: 78.5% sustained an injury in the past year and were injured, on average, about once a month; these injuries included broken bones and passing out from being hit on the head.

In addition to the IPV mentioned above, over half of the men reported that their women partners made false accusations against them, which included that he hit or beat her, that a restraining order was filed against him under false pretenses, or that he physically and/or sexually abused the children. These findings are congruent with a previous study that showed that approximately 50% of men 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](#)). These findings are also consistent with a study of families undergoing custody disputes in the courts ([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.) Such findings show that men who fear false accusations are justified in having such fears.

Moreover, it is possible that the mental health of the men in this sample may have suffered as a result of being involved in their relationship. Almost a quarter of the men had been diagnosed with a mental illness, and about 40% of these mental illnesses were diagnosed since being involved with their women partners. For all mental illnesses mentioned except posttraumatic stress disorder, 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 posttraumatic stress disorder, 75% of the men were diagnosed since being involved with their 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, even for those men who were diagnosed with mental illnesses before they became involved with their women partners, it is possible that the IPV they sustained may have worsened their symptoms. Finally, the fact that a large percentage of the children involved either witnessed or heard the IPV provides evidence that the social and psychological consequences of women's use of IPV may reach beyond just the men who sustain it.

Our final analyses provided data on why the men chose to stay in their relationships. Some researchers have argued that, in comparison to battered women, it is not difficult for men to leave their relationships, because 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 casts doubt on these assumptions. The overwhelming reason they chose to stay in the relationships typically involved 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—results that are congruent with a previous qualitative study that 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](#)) but not congruent with researchers who argue that men are not that psychologically invested in their families.

In addition, the vast majority (71%) of men indicated that they stayed in the relationship because of love. Most of the literature on battered women focuses on external barriers to leaving, such as economic and housing needs and fears that their partners will escalate his abuse if they leave, with a deemphasis on more internal constraints, such as strong emotional attachments to one's partner (see [Griffing et al., 2002](#), for a discussion). However, studies of battered women that do consider love/emotional attachment as a possible constraint to leaving or returning to an abusive partner are consistent with our findings that the majority of victims cite this as a main reason for not leaving, with far fewer victims citing external constraints (e.g., [Anderson et al., 2003](#); [Griffing et al., 2002](#); [Torres, 1987](#)). Thus, love should not be overlooked or underemphasized as a real barrier for both men and women leaving abusive relationships, because by not acknowledging it, we may undermine our efforts to help women and men who may want to leave but feel emotionally tied to their abusers. Some researchers have discussed the bond that forms between battered women and their abusers as a form of traumatic bonding, in which the cycles of battering and reconciliation lead to a strong attachment that is difficult to break ([Dutton & Painter, 1981](#); [Walker, 2000](#)). This bond seems to be strongest in the context of a relationship in which one partner is more powerful and when physical punishment and loving reconciliation are intermittently and alternately administered; this bond has been found in studies of prisoners and prison guards, captors and hostages, child abuse victims and parents, and battered women and their batterers (see [Dutton & Painter, 1981](#), for a discussion). It is likely that many of the men in our study had this same type of bonding with their women partners. In addition, it

provides further evidence that men's psychological investment in their families is a substantial barrier to leaving.

Also indicative of their psychological investment in their families are the 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 their 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 because of their women partners' threats to make false accusations against them so that they would have no possibility of getting custody. Half of the men in our study reported that such accusations had already been made against them.

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, results that 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 women partners make false accusations against them that could ruin them. Overall, the men in our sample report substantial barriers to leaving.

The limitations of our study need to be considered in future research on men victims of women-perpetrated IT. Our sample was restricted to men who sustained IPV and sought help in some form. Although we broadly defined help seeking 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 women partners because it is a nonnormative issue for men ([Addis & Mihalik, 2003](#)). Moreover, the help seekers had to have either seen our advertisement on the Internet or called the DAHMW; therefore, help seekers without access to either of these resources were excluded. Future studies should aim to recruit men who may have sought help from other sources of support or who may not have sought help at all to investigate any possible differences in their experiences.

Second, 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 fabricated their experiences. However, it is unlikely that this problem is widespread, given that (1) the men reported about their experiences via an anonymous, 30-minute Internet or telephone survey with no incentives for participation, and (2) the men will have had to overcome several societal and internal barriers to seek help ([Addis & Mihalik, 2003](#)) and by this very factor are likely to be reporting legitimate concerns. However, as with any intimate relationship in which there is IPV, it is important to understand that, even if one person is more abusive than the other, both parties are often participating in hostile, dysfunctional means of communicating that cannot be ignored and should be addressed ([Mills, 2008](#)). Thus, to understand these dynamics better, future studies should strive to obtain information about men's experiences with IPV from multiple informants.

In sum, this in-depth analysis of men who are the victims of IT from their women partners provides empirical data on who they are and what they experienced. The men in this study sustained very serious IPV on an almost weekly basis and were injured approximately once a month. Over half of the men sustained violence that could be life-threatening. Although they do tend to be physically bigger and probably stronger than their women partners and are usually able to leave a violent confrontation, there are real barriers to striking back or using their size to their advantage; in fact, most men did not strike back, and some reported physical barriers to walking away from the violence. They are well-educated men who tend to have good, if not high-status, jobs, often in fields that can be considered masculine in nature, and they cited very real barriers to leaving, including a commitment to the marriage and children, having no place to go, and not having financial resources to support leaving.

These findings have important implications for practitioners and researchers in the field of IPV:

1. Assumptions about the circumstances of individuals who sustain IPV should be tested so that we have empirical data on their experiences, which can then inform the provision of services.
2. Given the serious level of the IPV that these men sustain, it is necessary to educate practitioners, researchers, and the public about men sustaining IT, their experiences, and their barriers to leaving.
3. All of the men in this study indicated that they had sought help of some form, and a previous article using this sample showed barriers to receiving help, particularly from domestic violence hotlines, domestic violence agencies, and the police. These barriers included being turned away, ridiculed, accused of being a batterer, and arrested ([Douglas & Hines, 2009](#)). Because of the very serious nature of their victimization, it is important to educate and train front-line domestic violence workers about the existence of men victims and their needs.
4. Finally, it is important for all who work in the field of IPV, whether practitioner or researcher, to realize and 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.

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## REFERENCES

[Go to:](#)

1. Addis ME, Mihalik JR. Men, masculinity, and the contexts of help seeking. *American Psychologist*. 2003;58:5–14. [[PubMed](#)]
2. Anderson MA, Gillig PM, Sitaker M, McCloskey K, Malloy K, Grigsby N. “Why doesn't she just leave?”: A descriptive study of victim reported impediments to her safety. *Journal of Family Violence*. 2003;18(3):151–155.
3. Archer J. Sex differences in aggression between heterosexual couples: A meta-analytic review. *Psychological Bulletin*. 2000;126:651–680. [[PubMed](#)]
4. Belknap J, Melton H. Are heterosexual men also victims of intimate partner abuse? VAWnet. 2005. [August 1, 2006]. from [http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR\\_MaleVictims.php](http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_MaleVictims.php).
5. Caetano R, Schafer J, Cunradi CB. Alcohol-related intimate partner violence among White, Black, and Hispanic couples in the United States. *Alcohol Research and Health*. 2001;25:58–65. [[PubMed](#)]
6. Cancian M, Meyer DR. Who gets custody? *Demography*. 1998;35(2):147–157. [[PubMed](#)]
7. Carney M, Buttell F, Dutton DG. Women who perpetrate intimate partner violence: A review of the literature with recommendations for treatment. *Aggression and Violent Behavior*. 2007;12:108–115.
8. Carney MM, Buttell FP. A multidimensional evaluation of a treatment program for female batterers: A pilot study. *Research on Social Work Practice*. 2004;14(4):249–258.

9. Catalano S. Intimate partner violence in the United States. 2007. [October 1, 2007]. from <http://www.ojp.usdoj.gov/bjs/intimate/ipv.htm>.
10. Cook PW. Abused men: The hidden side of domestic violence. 2nd ed. Praeger; Westport, CT: 2009.
11. Currie DH. Violent men or violent women: Whose definition counts? In: Bergen RK, editor. Issues in intimate violence. Sage; Thousand Oaks, CA: 1998. pp. 97–111.
12. Dobash RP, Dobash RE, Wilson M, Daly M. The myth of sexual symmetry in marital violence. *Social Problems*. 1992;39:71–91.
13. Douglas EM, Hines DA. The helpseeking experiences of men who sustain intimate partner violence: An overlooked population and implications for social work. 2009. Manuscript submitted for publication. [[PMC free article](#)] [[PubMed](#)]
14. Dowd L, Leisring PA, Rosenbaum A. Partner aggressive women: Characteristics and treatment attrition. *Violence and Victims*. 2005;20(2):219–233. [[PubMed](#)]
15. Dutton DG, Painter SL. Traumatic bonding: The development of emotional attachments in battered women and other relationships of intermittent abuse. *Victimology: An International Journal*. 1981;6(1–4):139–155.
16. Gelles RJ. The violent home: A study of physical aggression between husbands and wives. Sage; Beverly Hills, CA: 1974.
17. Griffing S, Ragin DF, Sage RE, Madry L, Bingham LF, Primm BJ. Domestic violence survivors' self-identified reasons for returning to abusive relationships. *Journal of Interpersonal Violence*. 2002;17(3):306–319.
18. Henning K, Feder L. A comparison of men and women arrested for domestic violence: Who presents the greater threat? *Journal of Family Violence*. 2004;19(2):69–80.
19. Henning K, Jones A, Holdford R. Treatment needs of women arrested for domestic violence: A comparison with male offenders. *Journal of Interpersonal Violence*. 2003;18(8):839–856. [[PubMed](#)]
20. Hines DA. Post-traumatic stress symptoms among men who sustain partner violence: A multi-national study of university students. *Psychology of Men and Masculinity*. 2007;8:225–239.
21. Hines DA, Brown J, Dunning E. Characteristics of callers to the Domestic Abuse Helpline for Men. *Journal of Family Violence*. 2007;22:63–72.
22. Hines DA, Douglas EM. Intimate terrorism by women towards men: Does it exist? *Journal of Aggression, Conflict, and Peace Resolution*. in press. [[PMC free article](#)] [[PubMed](#)]
23. Hines DA, Douglas EM. Women's use of intimate partner violence against men: Prevalence, implications, and consequences. *Journal of Aggression, Maltreatment, and Trauma*. 2009;18:572–586.
24. Hines DA, Malley-Morrison K. Psychological effects of partner abuse against men: A neglected research area. *Psychology of Men and Masculinity*. 2001;2:75–85.
25. Hines DA, Straus MA. Binge drinking and violence against dating partners: The mediating effect of antisocial traits and behaviors in a multi-national perspective. *Aggressive Behavior*. 2007;33:441–457. [[PubMed](#)]
26. Holden GW, Geffner R, Jouriles EN, editors. Children exposed to marital violence: Theory, research, and applied issues. American Psychological Association; Washington, DC: 1998.
27. Johnson MP. Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and the Family*. 1995;57:283–294.
28. Johnson MP. Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women*. 2006;12(11):1003–1018. [[PubMed](#)]
29. Johnson MP, Ferraro KJ. Research on domestic violence in the 1990s: Making distinctions. *Journal of Marriage and the Family*. 2000;62:948–963.
30. Johnston JR, Lee S, Olesen NW, Walters MG. Allegations and substantiations of abuse in custody-disputing families. *Family Court Review*. 2005;43(2):283–294.

31. Loseke DR, Kurz D. Men's violence toward women is the serious social problem. In: Loseke DR, Gelles RJ, Cavanaugh MM, editors. *Current controversies on family violence*. 2nd ed. Sage; Thousand Oaks, CA: 2005. pp. 79–96.
32. McNeely RL, Cook PW, Torres JB. Is domestic violence a gender issue, or a human issue? *Journal of Human Behavior in the Social Environment*. 2001;4:227–251.
33. Medeiros RA, Straus MA. Risk factors for physical violence between dating partners: Implications for gender-inclusive prevention and treatment of family violence. In: Hamel J, Nicholls T, editors. *Family interventions in domestic violence: A handbook of gender-inclusive theory and treatment*. Springer Publishing; New York: 2006. pp. 59–85.
34. Migliaccio TA. Marginalizing the battered male. *Journal of Men's Studies*. 2001;9(2):205–226.
35. Mills LG. *Violent partners: A breakthrough plan for ending the cycle of abuse*. Basic Books; New York: 2008.
36. Mills T. Victimization and self-esteem: On equating husband abuse and wife abuse. *Victimology*. 1984;9:254–261.
37. Moretti MM, Obsuth I, Odgers CL, Reebye P. Exposure to maternal vs. paternal partner violence, PTSD, and aggression in adolescent girls and boys. *Aggressive Behavior*. 2006;32(4):385–395.
38. O'Farrell TJ, Fals-Stewart W, Murphy M, Murphy CM. Partner violence before and after individually based alcoholism treatment for male alcoholic patients. *Journal of Consulting and Clinical Psychology*. 2003;71:92–102. [[PubMed](#)]
39. Pagelow MD. The “battered husband syndrome”: Social problem or much ado about little? In: Johnson N, editor. *Marital violence: Sociological Review Monograph 31*. Routledge & Kegan Paul; London: 1985. pp. 172–195. [[PubMed](#)]
40. Saunders DG. Wife abuse, husband abuse, or mutual combat? A feminist perspective on the empirical findings. In: Yllo K, Bograd M, editors. *Feminist perspectives on wife abuse*. Sage; Newbury Park, CA: 1988. pp. 90–113.
41. Steinmetz SK. The battered husband syndrome. *Victimology*. 1977–1978;2:499–509.
42. Stets JE, Straus MA. Gender differences in reporting marital violence and its medical and psychological consequences. In: Straus MA, Gelles RJ, editors. *Physical violence in American families: Risk factors and adaptation to violence in 8,145 families*. Transaction; New Brunswick, NJ: 1990. pp. 151–166.
43. Stith SM, Rosen KH, Middleton KL, Busch AL, Lundeberg K, Carlton RP. The intergenerational transmission of spouse abuse: A meta-analysis. *Journal of Marriage and the Family*. 2000;62:640–654.
44. Straus MA. Discipline and deviance: Physical punishment of children and violence and other crime in adulthood. *Social Problems*. 1991;38:101–123.
45. Straus MA, Gelles RJ. How violent are American families? Estimates from the National Family Violence Resurvey and other studies. In: Hotaling GT, Finkelhor D, Kirkpatrick JT, Straus MA, editors. *Family abuse and its consequences: New directions in research*. Sage; Beverly Hills, CA: 1988. pp. 14–36.
46. Straus MA, Gelles RJ, Steinmetz S. *Behind closed doors: Violence in the American family*. Anchor; Garden City, NY: 1980.
47. Straus MA, Hamby SL, Boney-McCoy S, Sugarman D. The Revised Conflict Tactics Scales (CTS-2): Development and preliminary psychometric data. *Journal of Family Issues*. 1996;17:283–316.
48. Swan SC, Gambone LJ, Caldwell JE, Sullivan TP, Snow DL. A review of research on women's use of violence with male intimate partners. *Violence and Victims*. 2008;23(3):301–314. [[PMC free article](#)] [[PubMed](#)]
49. Swan SC, Gambone LJ, Fields AM, Sullivan TP, Snow DL. Women who use violence in intimate relationships: The role of anger, victimization, and symptoms of posttraumatic stress and depression. *Violence and Victims*. 2005;20(3):267–285. [[PubMed](#)]

50. Swan SC, Snow DL. The development of a theory of women's use of violence in intimate relationships. *Violence Against Women*. 2006;12(11):1026–1045. [PubMed]
51. Tjaden P, Thoennes N. Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey. 2000. [September 9, 2003]. from <http://www.ojp.usdoj.gov/nih/victdocs.htm#2000>.
52. Tolman RM. Psychological Maltreatment of Women Inventory. 1995. [October 15, 2007]. from <http://www-personal.umich.edu/~rtolman/pmwif.htm>.
53. Torres S. Hispanic-American battered women: Why consider cultural differences? *Response to the Victimization of Women and Children*. 1987;10:20–21.
54. U.S. Census Bureau Census 2000 briefs. 2000. [April 6, 2005]. from <http://www.census.gov/population/www/cen2000/briefs.html>.
55. Walker LE. *The battered woman syndrome*. 2nd ed. Springer Publishing; New York: 2000.
56. Wolak J, Finkelhor D. Children exposed to partner violence. In: Jasinski JL, Williams LM, editors. *Partner violence: A comprehensive review of 20 years of research*. Sage; Thousand Oaks, CA: 1998. pp. 73–112.