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An Empirical Test of Johnson's Typology of Intimate Partner Violence in Two Samples of Men

Denise A. Hines, PhD
Clark University, Worcester, MA

Emily M. Douglas, PhD
Worcester Polytechnic Institute, Worcester, MA

Johnson's typology of intimate partner violence (IPV) postulates four types: intimate terrorism (IT), situational couple violence (SCV), violent resistance (VR), and mutual violent control (MVC). Johnson asserts that IT (i.e., severe violence is part of the perpetrator's use of coercive control and power) is primarily perpetrated by men and can be solely explained by patriarchal theory and MVC is rare. These assertions are based on results from samples that included data only on women and victimization. This study tests Johnson's typology using a population-based sample of men and a sample of male IPV victims. Results showed that women were the primary perpetrators of IT, while men primarily used VR. SCV was more common in the population-based sample than in the male victims sample. MVC was just as common as IT in the population-based sample, while IT was more common than MVC in the male victims sample. We compare our results with Johnson's and discuss issues of sampling biases and the need for more complex underlying theories.

KEYWORDS: domestic violence; male victims; partner violence; intimate terrorism

Johnson's (1995, 2008) typology of intimate partner violence (IPV) is typically cited as the explanation for the differences in two divergent and conflicting lines of IPV research: one that shows that men predominate as the perpetrators of IPV and a second that men and women are equally likely to perpetrate IPV. In the former line of research, feminist scholars, such as Dobash and Dobash (2004), use research on agency samples (e.g., domestic violence agencies, law enforcement, hospitals) to support a patriarchal perspective that asserts that men use IPV as one of the many ways to maintain power and control over women in society. In the latter line of

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research—often called the family violence perspective—researchers point toward population- and community-based samples to show that a substantial portion of women perpetrate IPV as well and that the underlying causes of IPV are more complex than the patriarchal perspective posits (e.g., Archer, 2000; Bates, Graham-Kevan, & Archer, 2014; Straus, 2011).

Johnson (1995, 2008) attempted to bridge this gap by asserting that research on agency samples show that men predominate as perpetrators of more severe forms of IPV—called intimate terrorism (IT)—which can be explained by patriarchal theories. Conversely, community samples show that men and women are equally likely to perpetrate more minor forms of IPV—called situational couple violence (SCV)—that is due to arguments occasionally escalating to the point of typically minor violence. However, Johnson's typology is based on research with inherent sampling biases (e.g., Johnson, 2006) and research that does not include data on both men and women's perpetration and victimization, even when such data is available (e.g., Johnson & Leone, 2005). Because of the lack of sampling and data on men who experience IPV, definitive conclusions cannot be made as to whether men predominate as perpetrators of IT. Moreover, understanding both partners' behavior is crucial for correct classification into the different categories of the typology.

The purpose of the current study is to test several hypotheses derived from Johnson's typology among two samples of men: a population-based sample and a sample of male victims of female-perpetrated IPV who sought help. We will investigate whether men or women predominate as perpetrators of IT among these samples, and the extent to which the IPV is mutual within both IT and SVC couples.

Johnson's Typology of IPV

Johnson (1995) said that participants derived from community versus agency samples represent largely nonoverlapping samples experiencing two different forms of IPV. The samples on women seeking help for IPV capture IT. In IT, the perpetrator uses violence to control his partner, such that control is the defining feature of IT and permeates the relationship. The perpetrator uses multiple control tactics over time, and when violence is added to this pattern, it is terrorizing (Johnson, 2008). In contrast, population-based and community samples capture SCV. SCV is situationally provoked violence, as the tensions of a particular conflict may escalate to the point of someone (or both) using violence, but not in an attempt to gain control over the other partner (Johnson, 2008).

Johnson (1995, 2006, 2008) argues that IT has its roots in patriarchal theory, which says that men use IPV within a patriarchal system to maintain dominance within their relationship. Men exert control over their female partners, a control to which they feel entitled and is supported by patriarchal norms. Population-based and community samples do not capture IT, Johnson (2008) says, for two reasons: (a) victims do not participate out of fear of the perpetrator becoming angry, and (b) perpetrators do not participate out of fear of getting caught. The large majority of women who

report using IPV are not using IT, Johnson (2008) states, because the violence they use is not intended as a means of controlling their partners; it is an effort to defend themselves. This is known as violent resistance (VR; Johnson, 1995, 2008). On very rare occasions, a couple's violent relationship might be characterized as mutual violent control (MVC) where both use IT in a battle for control (Johnson, 1995, 2008).

Johnson's Typology and Sampling Bias

Johnson's initial source of evidence for his theory was a sample of women from Pittsburg in the 1970s. Women were recruited through flyers placed in laundromats (i.e., community sample), women who sought help from a Pittsburg shelter for battered women, and women who filed for a protection order in the courts (i.e., agency samples). Overall, 97% of the perpetrators of IT were men, and 96% of the users of VR were women; 56% of the perpetrators of SCV were men, and 50% of the perpetrators of MVC (by definition) were men. Thus, Johnson stated these data support his theory that the majority of perpetrators of IT are men.

Although Johnson hypothesizes that there is sampling bias inherent in community samples because they do not capture IT victims, subsequent analyses of this and other studies refute this hypothesized sampling bias. In the Pittsburg sample, he found that in the community sample of women, 13% was involved in IT (Johnson, 2006). In a later study using married women who participated in the National Violence Against Women Survey (NVAWS), 35% of the women who were IPV victims were classified as victims of IT (Johnson & Leone, 2005). In two different analyses of the population-based General Social Survey in Canada, about one-third to one-half of all IPV victims were IT victims (Bates & Graham-Kevan, 2016; Laroche, 2008). And in one study of college students, female participants (20.4% of those involved in IPV) were more likely than male participants (15.6% of those involves in IPV) to be classified as perpetrators of IT (Bates et al., 2014). Thus, IT can be found in large numbers in population-based and community surveys.

The bias that Johnson underestimates, however, is the sampling bias inherent in the samples of female IPV victims who sought help. What he overlooks is that IT victims who seek formal help do not generalize to the entire population of IT victims. Among population-based samples, for example, a substantial portion of IT victims do not seek help from courts, police, or DV agencies (Bates & Graham-Keven, 2016; Ehrensaft, Moffitt, & Caspi, 2004; Laroche, 2008). Thus, agency samples cannot fully capture their experiences and are only representative of female IT victims who receive help. In addition, DV agencies and the police are unlikely to help male victims of IT (Douglas & Hines, 2011; Hines & Douglas, 2011a), even though there is mounting evidence that male victims of IT seek help from DV agencies and the police (Douglas & Hines, 2011; Hines, Brown, & Dunning, 2007) Moreover, population-based samples provide evidence that at least a large minority of IT victims are men. For example, in the Canadian General Social Survey (GSS), men comprised 37% of all victims of IT (Laroche, 2008).

The reasons why these men are not captured in agency samples are complex. First, men may be reluctant to disclose their victimization to formal sources of help due to internalized masculine norms that deem it unacceptable for them to admit to being a victim of a woman's violence or to seek help for it (e.g., Addis & Mahalik, 2003; Ansara & Hindin, 2010). Second, there are fewer services available to men than to women (Ansara & Hindin, 2010; Hines & Douglas, 2011a), which limits their ability to seek help when they want to. Indeed, in comparison to women, men are less likely to seek help when they are victims of IPV (Laroche, 2008; Tjaden & Thoennes, 2000). An additional problem is the reaction that male victims get when they reach out for help. In a study of male victims of female-perpetrated IPV who sought help, Douglas and Hines (2011) found that of the men who sought help from DV agencies or hotlines, two-thirds found these agencies not at all helpful because the agencies said they only helped women, thought the male victim was the real abuser, and/or thought the male victim did something to deserve the abuse. Douglas and Hines also found that when the male victims called the police because their partner was violent, the men were just as likely to be arrested as their partners.

Johnson cites agency samples to support his theory that IT is perpetrated mostly by men and can be explained solely by patriarchal theory. Yet these agency samples are known to exclude men from their practice. Further, most tests of Johnson's theory only include data on women's victimization or explicitly exclude men as victims (e.g., Frye, Manganello, Campbell, Walton-Moss, & Wilt, 2006; Johnson, 2006; Johnson & Leone, 2005). Thus, the first purpose of this study is to evaluate whether previous work showing male predominance in IT is an artifact of this sampling bias inherent in agency samples. We use two samples of men who reported on their intimate relationships with women: a population-based sample of men and a sample of men who sought help because their female partner was physically violent. Because the literature that shows that a sizeable percentage of IT victims are men (Ehrensaft et al., 2004; Laroche, 2008), we expect to find a predominance of female-perpetrated IT in this combined sample, which should be more pronounced in the help-seeking sample than in the population-based sample. Based on Johnson's (2008) findings with his Pittsburg sample, we expect that SCV will be more common in the population-based sample than in the help-seeking sample.

Of note, however, is that like Johnson's Pittsburg study, our sample is also subject to sampling bias because one of our samples specifically focuses on men as victims and we only have men's self-reports of IPV in their relationships. Nonetheless, it provides a test of Johnson's assertion that IT can be explained solely by patriarchal theory because if patriarchal theory was the underlying cause of IT, then regardless of sampling methodology, men should be the predominant perpetrators of IT.

IT and MVC

Johnson and Leone's (2005) theory says that it is possible, although rare, for there to be two intimate terrorists in a relationship, known as MVC (Johnson, 2008); IT is not gender symmetric. However, the majority of the tests of Johnson's typology have

used data on only victimization—and mostly on only women's victimization—thus, the degree of mutuality of IT cannot be assessed (Capaldi & Kim, 2007; Straus, 2011). There is some evidence that IT may be more often mutual than not. Graham-Kevan and Archer (2003b) found that 31% of a sample of male prisoners reported MVC. In a study of a birth cohort in New Zealand, Ehrensaft et al. (2004) found that IT was much more likely to be bidirectional than was SCV. In a review of 91 empirical studies that provided information on both minor and severe IPV perpetrated by both men and women, Straus (2011) found that in both population-based and agency samples, increasing levels of severity of violence corresponded with increasing likelihood of bidirectionality of violence. However, in the majority of the studies that assessed the mutuality of IT, degree of controlling behavior was not assessed, which is the dimension that Johnson (1995, 2006, 2008) says is crucial for differentiating IT from SCV.

Thus, a final goal of this study is to evaluate whether bidirectionality in IT (i.e., MVC) is more common than unidirectionality in IT in both a population-based sample of men and a help-seeking sample of male IPV victims. Because we asked the men about both perpetration and victimization of physical violence and controlling behaviors, we were able to classify them into IT victimization, IT perpetration, or MVC. Given evidence that severe physical IPV is typically bidirectional and findings that consistently show that IT is associated with severe physical IPV, we hypothesized that MVC will be more common than IT.

Hypotheses

In sum, we hypothesize that (a) in comparison to male-perpetrated IT, female-perpetrated IT will predominate in a combined sample of male IPV victims and men from the population; (b) female-perpetrated IT will be more common in a help-seeking sample of male IPV victims than among a population-based sample of men; (c) female-perpetrated SCV will be more common in a population-based sample of men than among a help-seeking sample of male IPV victims; (d) MVC will be more common than IT.

METHODS

Participants and Procedure

Two samples of men were recruited for this study: a help-seeking sample of physical IPV victims and a population-based sample. For both samples, 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 1 month in their lifetimes. Also, to be eligible for the help-seeking sample of male victims, the men had to have sustained a physical assault from their female partner at some point in their relationship, and they had to have sought assistance for their partner's violence from at least one of the following sources: medical doctor or dentist, domestic violence agency, domestic violence hotline, the Internet, a lawyer, the police, a clergy member, a family member, a friend, or a mental health therapist.

We recruited the help-seeking sample of male victims (n = 611) from a variety of sources. We posted advertisements on our research webpage and Facebook page, and we posted ads on webpages and Facebook pages of agencies that specialize in male victims of IPV, the physical and mental health of men and minority men, fathers' issues, and divorced men's issues. We also sent out announcements to a database of researchers, practitioners, and other interested parties who signed up to be on our e-mailing list through our research webpage, which has been in existence since 2008. The advertisement stated that we were conducting "a study on men who experienced aggression from their girlfriends, wives, or female partners." The ad provided a link to the anonymous online questionnaire. After the consent page, the survey contained questions assessing the above screening criteria. Men who were eligible were allowed to continue the survey. Men who were not eligible were thanked for their time and were redirected to an "exit page" of the survey. Demographics of the male victims sample can be found in Table 1.

Participants also included a population-based sample of 1,601 men. Their data were collected by the Internet survey research firm, Knowledge Networks (KN). KN

TABLE 1. Demographics of the Population-Based and Male Victims Samples

	Population-Based Sample (n = 1,601) % or M (SD)	**Male Victims Sample (n = 611) % or M (SD)**	χ^2 **or** t
Male participant demographics			
Age	41.77 (11.35)	43.89 (9.18)	4.52***
White	76.5%	75.5%	0.28
Black	10.2%	4.1%	21.09***
Hispanic/Latino	11.8%	4.9%	23.57***
Asian	1.9%	4.3%	10.16***
Native American	1.4%	2.9%	5.54*
Income (in thousands)	48.5 (27.6)	47.7 (27.7)	0.63
Educational status[a]	3.68 (1.83)	4.71 (1.63)	12.90***
Female partner demographics			
Age	40.28 (11.60)	40.77 (9.53)	
White	75.5%	67.4%	14.76***
Black	8.1%	4.1%	10.74***
Hispanic/Latina	9.9%	9.7%	0.02
Asian	4.0%	5.7%	3.10
Native American	1.4%	1.0%	0.71
Income (in thousands)	36.8 (23.5)	43.9 (29.6)	5.14***
Educational status[a]	3.79 (1.78)	4.17 (1.77)	4.40***

(*Continued*)

TABLE 1. Demographics of the Population-Based and Male Victims Samples ***(Continued)***

	Population-Based Sample (n = 1,601) % or M (SD)	**Male Victims Sample (n = 611) % or M (SD)**	χ^2 **or** t
Relationship demographics			
Currently in a relationship	86.5%	26.3%	730.93***
Relationship length (months)	150.09 (122.86)	112.33 (87.62)	8.05***
Time since relationship ended (in months)	6.55 (29.91)	45.17 (54.33)	16.63***
Minors involved in the relationship	41.6%	67.7%	118.83***

[a]Educational status: 1 = Less than high schoo; 2 = High school graduate or GED; 3 = Some college/trade school; 4 = Two-year college graduate; 5 = Four-year college graduate; 6 = At least some graduate school.
*$p < .05$. ***$p < .001$.

offers an Internet research panel of about 43,000 adults that is representative of the U.S. population. Panel members are chosen through an intensive, list-assisted random digit dial methodology, supplemented by traditional mailing addressed-based sampling to reach cell phone only populations. They are invited to participate in the Web panel, and those who agree (56%) are enrolled in the panel. Those who do not have Internet access are provided with Internet access. As incentives, panelists are enrolled in a points program where they accumulate points by completing surveys and then trade them in for prizes. To increase the likelihood of the panel members' participation in our study, KN provided extra incentives and sent reminder e-mails three times during the month of data collection. KN's e-mail was sent to male panel members ages of 18 through 59, and it informed them about a study, supported by the National Institutes of Health (NIH), on how well men and women get along, and men's health. Of the 3,536 men who were invited to participate, 2,174 (61.5%) entered the survey; 90% of them consented to participate, and of those who consented, 82.5% were eligible. Demographic information on this sample can be found in Table 1.

The methods for this study were approved by the boards of ethics at our institutions of higher education. All participants were apprised of their rights as study participants. All of the men in the male victims sample participated anonymously. Participants in the population-based sample participated confidentially; they were informed that their responses would remain confidential, that their confidentiality would be protected with a Certificate of Confidentiality from the NIH, that KN would not release any identifying information to the investigators, and that they could not be personally identified in any reports that resulted from their participation. In addition, steps were taken to ensure all participants' safety: At the completion of the survey the participants were given information about obtaining help for IPV victimization or psychological distress, and on how to delete their browser history.

Measures

As part of a larger study on the mental and physical health of male IPV victims and their children, both samples were given the same questionnaires regarding demographics, aggressive behaviors that they and their female partners may have used, their mental health, their physical health, various risk factors for IPV, and if applicable, their children's witnessing of IPV, their children's mental and physical health, and other risk factors for their children. Only the questionnaires used in the current analyses are described here.

Demographic Information. Men were asked about both themselves and their female partners, including age, race/ethnicity, personal income, and education. 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 whether they parented any minor children with their female partner. Men in the victims sample answered these questions with regard to their abusive female partner. Men in the population-based sample answered them with regard to their most recent relationship with a female partner.

Intimate Partner Violence. We used the Revised Conflict Tactics Scales (*CTS2*; Straus et al., 1996) to measure the extent to which the men perpetrated and sustained physical aggression. The *CTS2* has been shown to have good construct validity and good reliability (Straus et al., 1996). Consistent with previous research on male victims (e.g., Hines & Douglas, 2010a, 2010b, 2011b, 2012, 2013), we supplemented the *CTS2* with nine items from the Psychological Maltreatment of Women Inventory (Tolman, 1995) that focused on controlling behaviors (e.g., preventing partner from seeing friends or family; preventing partner from knowing about or having access to the family income). A factor analysis (Hines & Douglas, 2010b) showed that these items represented a unique factor that was distinct from the severe psychological aggression items of the *CTS2*. Participants responded to items depicting each of the tactics by indicating the number of times these tactics were used by the participant and his partner, on a scale 0 (never) to 6 (more than 20 times in the previous year), and whether the act did not happen in the previous year, but happened in the past. For the present analyses, we scored each subscale according to whether physical IPV and controlling behaviors ever happened (dichotomous yes/no variable). Alpha reliability statistics for the subscales used in this analyses were as follows: physical aggression victimization = .94, physical aggression perpetration = .90, controlling behaviors victimization = .89, and controlling behaviors perpetration = .84.

Classification of Participants into Johnson's Typology

To determine whether participants were perpetrators and/or victims of the various types of IPV identified in Johnson's (2008) typology, we first determined whether the participants experienced IPV by assessing whether participants indicated on the *CTS2* that they either perpetrated and/or sustained any of the acts of physical IPV.

Table 2 indicates the percent of men in each sample Who reported any IPV perpetration and victimization. Of the men who indicated at least one act of physical IPV, we further subdivided them into Johnson's typology based on the level of controlling behaviors. Various analyses of Johnson's (2008) typology have consistently shown that people who use three or more different types of controlling behaviors within a violent relationship can be classified as IT perpetrators (Frye et al., 2006; Johnson & Leone, 2005; Laroche, 2005, 2008). This cutoff of three or more corresponds to two standard deviations above the mean for controlling behaviors in population-based samples; thus, Johnson (2008) suggests using two standard deviations above the mean for the number of types of controlling behaviors as the cutoff between IT and SCV.

Similarly, we used the population-based sample to establish the cutoff point for the number of different types of controlling behaviors to classify a relationship as IT versus SCV. The mean and standard deviation were higher for men's reported victimization (M = .46, SD = 1.32) than for perpetration (M = .36, SD = 1.21). Using Johnson's (2008) argument that the cutoff for IT should correspond to two standard deviations above the mean, we established the cutoff for both victimization (3.10) and perpetration (2.78) and then averaged the two. In our population-based sample, that equals 2.94 for the number of different types of controlling behaviors. Based on the presence of physical IPV and the level of controlling behaviors, we classified participants into eight potential configurations of Johnson's typology: (a) male participant perpetrates SCV/female partner is nonviolent; (b) female partner perpetrates SCV/male participant is nonviolent; (c) mutual SCV; (d) male participant perpetrates IT/female partner is nonviolent; (e) male participant perpetrates IT/female partner uses VR; (f) female partner perpetrates IT/male participant is nonviolent; (g) female partner perpetrates IT/male participant uses VR; and (h) MVC. Table 2 presents the number and percent of participants in each category overall and separately by sample type.

TABLE 2. Percent and Number of Men in Each Type of Relationship Delineated by Johnson's IPV Typology

Category of Violent Relationship	**Combined Sample N = 2,172 % of Total (n)**	**Population-Based Sample N = 1,583 % of Total (n)**	**Male Victims Sample N = 589 % of Total (n)**
Both male participant and partner were nonviolent	54.2% (1,177)	74.4% (1,177)	0.0% (0)[a]
Male participant perpetrates SCV; partner nonviolent	1.8% (40)	2.5% (40)	0.0% (0)[a]

(*Continued*)

TABLE 2. Percent and Number of Men in Each Type of Relationship Delineated by Johnson's IPV Typology *(Continued)*

Category of Violent Relationship	Combined Sample *N* = 2,172 % of Total (*n*)	Population-Based Sample *N* = 1,583 % of Total (*n*)	Male Victims Sample *N* = 589 % of Total (*n*)
Female partner perpetrates SCV; male nonviolent	10.5% (227)	7.8% (124)	17.5% (103)[a]
Mutual SCV	10.4% (225)	10.0% (158)	11.4% (67)
Male participant perpetrates IT; partner nonviolent	0.1% (3)	0.2% (3)	0.0% (0)
Male participant perpetrates IT; female partner uses VR	0.5% (10)	0.4% (7)	0.5% (3)
Female partner perpetrates IT; male nonviolent	10.8% (234)	0.8% (12)	37.7% (222)[a]
Female partner perpetrates IT; male uses VR	9.0% (195)	1.3% (20)	29.7% (175)[a]
MVC (i.e., both perpetrated IT)	2.8% (61)	2.7% (42)	3.2% (19)

Note. IPV = intimate partner violence; IT = intimate terrorism; MVC = mutual violent control; SCV = situational couple violence; VR = violent resistance. According to a chi-square test, the population-based sample and the male victims sample significantly differed in the categorization of Johnson's typology, χ^2 (8) = 1424.03, $p < .001$.

[a]There was a significant difference between the populatin-based and the male victims sample in that specific category, according to post hoc *z*-tests comparing proportions, with a Bonferonni correction.

RESULTS

Hypothesis 1: Gender Differences in IT

Our first hypothesis was that in comparison to male-perpetrated IT, female-perpetrated IT would predominate in the combined sample of male IPV victims and men from the population. As shown in the combined sample column of Table 2, 0.1%

of men perpetrated IT and their partners were nonviolent, and 0.5% of men perpetrated IT and their partners used VR. This corresponds to 0.6% of men perpetrating IT in the combined sample. In contrast, 10.8% of female partners perpetrated IT and their partners were nonviolent, while 9.0% of female partners perpetrated IT and their partners used VR. This equals 19.8% of female partners perpetrating IT in the combined sample. In the combined sample, 50.6% of the violent couples experienced IT. Overall, 12.1% of the IT cases were MVC; 85.3% were perpetrated by women only; 2.6% were perpetrated by men only. Chi-square analyses showed that there were significant gender differences in the perpetration of IT, $\chi^2(1) = 92.19$, $p < .001$. Further chi-square analyses showed that although these gender differences existed in the male victims sample, $\chi^2(1) = 967.14$, $p < .001$, there were no gender differences in the perpetration of IT in the population-based sample, $\chi^2(1) = 0.00002$, $p = 1$. Thus, in support of hypothesis 1, female-perpetrated IT was more common than male-perpetrated IT in the combined sample, and this gender difference was due to the large differences in the male victims sample.

Hypotheses 2 and 3: Relative Prevalence of IT and SCV

Our second hypothesis was that female-perpetrated IT would be more common in a sample of male IPV victims than among a population-based sample of men, while our third hypothesis stated that female-perpetrated SCV would be more common in a population-based sample of men than among a sample of male IPV victims. Table 2 shows sample differences, according to a chi-square test, in the prevalence of SCV and IT. For IT perpetration, there were no differences between the samples in male perpetration of IT or in MVC. However, the male victims sample was significantly more likely to experience female-perpetrated IT, both when the male participant did not use violence (37.7% vs. 0.8%) or used VR (29.7% vs. 1.3%).

In the population-based sample, 50% of the IT cases were MVC, 38.1% was perpetrated by women only; and 11.9% was perpetrated by men only. The corresponding percentages in the male victims sample were 4.5%, 94.7%, and 0.7%. In the population-based sample, 20.7% of the violent couples experienced IT, whereas 71.1% of the couples in the male victims experienced IT. This difference is also statistically significant, $\chi^2(1) = 244.69$, $p < .001$. Thus, consistent with hypothesis 2, in comparison to men in the population-based sample, men in the victims sample were more likely to experience female-perpetrated IT.

Male-perpetrated SCV was significantly more common in the population-based sample (2.5% vs. 0%), whereas female-perpetrated SCV was significantly more common in the male victims sample (17.5% vs. 7.8%). There was no sample difference in mutual SCV (10.0% for population-based vs. 11.4% for male victims). However, these percentages are based on the entire sample, not just those men who reported physical violence in their relationships. When we look within the population-based sample, 49% of the cases of SCV were mutually violent; 38.5% were perpetrated by women only; and 12.4% were perpetrated by men only. Within the male victims sample, 39.4% of the SCV cases were mutually violent, and 60.6% were perpetrated by the women only. In the population-based sample, 79.3% of the violent couples experienced

SCV, which is significantly greater than the percent of SCV cases in the male victims sample, 28.9%, $\chi^2(1) = 244.69$, $p < .001$. Thus, consistent with our third hypothesis, SCV was more common in the population-based sample than in the male victims sample.

Hypothesis 4: Relative Rates of IT and MVC

Our next hypothesis was that MVC would be more common than IT. Table 2 shows the relative prevalence of IT and MVC. Only 2.8% of the combined sample could be classified as MVC, while a total of 20.4% of the combined sample could be classified as IT (with either a male or female perpetrator). This predominance of IT is accounted for by the male victims sample, where 3.2% of the cases were MVC, whereas 67.4% were female-perpetrated IT and 0.5% were male-perpetrated IT. In the population-based sample, MVC was just as common as IT. Specifically, 2.7% of the cases were MVC, and 2.7% were IT (0.6% male-perpetrated, 2.1% female-perpetrated). Thus, contrary to our hypothesis, MVC is not more common than IT. It is just as likely as IT in a population-based sample, but IT predominates in the victims sample.

DISCUSSION

The current study tested several hypotheses regarding Johnson's (2008) typology of IPV among a sample of male victims and a population-based sample of men, using both victimization and perpetration data. Overall, we found little support for Johnson's theory with respect to the gender composition of the different types of IPV. Instead, in support of our first hypothesis, we found that female-perpetrated IT predominated in the combined sample of male IPV victims and men from the population. In support of our second and third hypotheses (and somewhat consistent with Johnson's theory), we found that female-perpetrated IT was more common in the help-seeking sample of male IPV victims than among the population-based sample of men, whereas female-perpetrated SCV was more common in the population-based sample. Finally, we did not find support for our fourth hypothesis that MVC would be more common than IT; instead, MVC was just as likely as IT in the population-based sample, but IT predominated in the victims sample.

Sampling Bias

Our results provide evidence that sampling bias may be the reason that women predominate as IT victims in Johnson's (2008) Pittsburg data and other analyses of his typology that use only women (e.g., Johnson & Leone, 2005) or oversample for female victims and male perpetrators (e.g., Graham-Kevan & Archer, 2003a). We found the opposite of Johnson's reported findings when we used a sample that consisted of male IPV victims who sought help and a population-based sample of men. We found that women were the predominate perpetrators of IT. These findings cast further doubt on Johnson's assertions that IT can be explained only by patriarchal theory. If

patriarchal theory alone could explain IT, then the predominance of men as perpetrators of IT should transcend sampling methodologies.

It is important to note that we do not argue that our findings show that IT is perpetrated mostly by women. That conclusion cannot be drawn from our data because our sampling methodology focuses on male IPV victims and the self-reports of only men. Rather, we argue that Johnson's findings that IT is perpetrated mostly by men are due to a sampling bias. As Graham-Kevan and Archer (2003b) argue, the populations that Johnson sampled and cited in support of his theory contained highly victimized women but did not represent or even attempt to represent highly victimized men. Moreover, studies to date typically used only reports from women even when reports from men were available (e.g., Johnson & Leone, 2005). Indeed, when the population sampled contains highly victimized men, using reports from only the men, we find the opposite pattern that Johnson (2008) has consistently reported. It would be erroneous for us to conclude, based on the results of our analyses here, that the majority of perpetrators of IT are women, just as it is erroneous for Johnson to conclude that the majority of IT perpetrators are men. Thus, future research on this typology should include both victimization and perpetration among both men and women on large-scale population-based samples.

Our findings are not surprising given evidence that women engage in coercive control as much as men (Bates et al., 2014; Ehrensaft & Vivian, 1999; Felson & Outlaw, 2007; Laroche, 2005; Oswald & Russell, 2006; Stets, 1991), and that the correlates of controlling behavior are similar for men and women (Graham-Kevan, 2007). Moreover, there is evidence that men and women both engage in the perpetration of severe levels of physical IPV at similar levels in heterosexual relationships (Black et al., 2011; Ehrensaft et al., 2004; Straus, 2011).

Consistent with Johnson's (2008) typology, we found that the majority of IPV cases in the population-based sample were cases of SCV, while the majority of IPV cases in the male victims sample were IT. Although these findings are consistent with Johnson's typology, other findings refute Johnson's original hypothesis that population-based samples capture only SCV, while agency samples capture only IT. Specifically, a large minority of the population-based sample reported IT, while a large minority of the male victims sample reported SCV. These findings are consistent with Johnson's own findings from both the Pittsburg sample (Johnson, 2008) and the NVAWS (Johnson & Leone, 2005), and show that the two types of samples are likely not as distinct as Johnson originally asserted.

Patriarchy and IT

Because our findings add further evidence to the extant empirical studies showing IT cannot be explained solely by patriarchal theory (e.g., Bates & Graham-Kevan, 2016; Bates et al., 2014; Ehrensaft et al., 2004; Graham-Kevan & Archer, 2003b; Laroche, 2008; Straus, 2011), other theories are necessary to explain this form of IPV that is highly controlling and typically very violent. Graham-Kevan (2007) found that control

was associated with personality disorders, specifically paranoid, schizotypal, histrionic, antisocial, aggressive, and disordered personality. Dutton's (2007) work on the abusive personality show that men who engage in severe levels of IPV display high levels of borderline personality traits, and that the more symptoms of borderline personality they exhibit, the more violent they are. These findings seem to be consistent across men and women (Hines, 2008). Further, personality disordered traits predict IPV later: Ehrensaft, Cohen, and Johnson (2006) showed that among both men and women, elevated scores on paranoid, schizoid, schizotypal, borderline, narcissistic, antisocial, and histrionic personality traits predicted IPV perpetration ten years later. In addition, a conduct disorder problem in youth is one of the strongest predictors of adult IPV perpetration among both men and women (Ehrensaft et al., 2004; Moffitt & Caspi, 2005).

Thus, it seems that any theory to predict IT should incorporate—in addition to larger cultural, contextual, and sex role factors—psychopathology and general propensity toward antisocial behavior, among both men and women as perpetrators. Holtzworth-Munroe and Stuart's (1994) typology for explaining IT incorporates these dimensions, along with the level of physical IPV, and thus may be a good starting point for a more comprehensive explanation for IT. Although this typology was developed based on research on male batterers, Graham-Kevan (2007) lists a few studies that show that the three types—family-only, borderline, and antisocial—have been found among female perpetrators as well.

Mutual Violent Control

Johnson (2008) theorized that MVC is very rare, whereas others have shown that as the severity of violence increases, the likelihood that the violence is bidirectional increases (e.g., Straus, 2011), which means that MVC should be more common than IT. Our findings might explain this divergence. Among a population-based sample, MVC was just as common as IT, and therefore, not as rare as Johnson suggests. Thus, future studies of Johnson's typology should assess both victimization and perpetration of IPV—including controlling behaviors—among both men and women so that we can gather more data on MVC relationships.

We also found that among a sample of male IPV victims, IT victimization was much more common than MVC, suggesting that the majority of violence used by IT victims—even when it is severe—is VR. These divergent findings are likely due to the use of different variables along which to categorize severely violent relationships. In his study showing greater levels of bidirectionality as severity of violence increased, Straus (2011) used only severity of violence as the variable along which to categorize IPV, while Johnson (2008) uses level of controlling behaviors. Although typically highly correlated (e.g., Sellars & Graham-Kevan, 2003), there is certainly independence of severe physical violence and controlling behaviors.

Our findings also suggest that merely categorizing couples based on the severity of physical IPV may not fully capture the complex dynamics that occur in these relationships. As our data suggest, we need to look within bidirectionally violent

relationships—including those where both partners use severe physical violence—to understand whether one partner may be fighting back or contributing equally to a mutually violent and controlling relationship. Capaldi and Kim (2007) argue that we need to assess both partners' violence, developmental histories, patterns of psychopathology, and other contextual information. Models must consider changes in dynamics and processes over time such as context, individual characteristics (e.g., alcohol abuse), and in the partners themselves (e.g., new relationships). Models must be dynamic and consider individual developmental and dyadic interactions, what they call a dynamic developmental model (Capaldi & Kim, 2007). Our findings provide further evidence that researchers need to move toward such an approach.

Limitations

Future research should take into consideration the suggestions mentioned previously and the limitations of our study. As discussed, our sampling procedure suffers from the same sampling bias that Johnson had: We sampled only men and one of our samples was comprised of men who sought help due to their female partner's violence. Our sample was limited in that it did not include women, nor did it include the partners of the men, the latter of which would be essential in testing dyadic models of IPV. We chose not to include the partners of the men in the victims sample because of safety concerns; thus, researchers should consider how we can obtain data from both members of the dyad without risking the safety of one or both members.

The limitations of our male victims sample also need to be considered in future research because of potential limitations on generalizability. We required that the male IPV victims sought help, which limits generalizability because it is likely that a substantial portion of male IPV victims do not seek help. Also, the male victims had to have seen our advertisement on the Internet or been alerted to our study by a service provider who saw our advertisement online. Thus, there may be a bias with regards to the male IPV victims who were able to locate the study and be motivated to participate. In addition, they had to complete the study online. Thus, male victims without access to the Internet were excluded. Future studies should aim to recruit a more diverse sample of male IPV victims.

Another limitation is that this study was solely based on the self-reports of the men. Research shows that the typical pattern is underreporting of one's own use of undesirable behavior, but not of one's partner's undesirable behavior (Woodin, Sotskova, & O'Leary, 2013). Future studies should strive to obtain information about IPV from multiple informants, including both partners, to gain a more accurate understanding of the dynamics of the relationship.

Implications

Despite these limitations, this study has important implications for both policy and practice related to IPV. Prior work on male IT victimization (e.g., Laroche, 2008) suggests that a substantial portion of IPV victims are men and that a substantial portion of male IPV victims are IT victims. Research on both domestic violence agencies

(Hines & Douglas, 2011a) and male victims who sought help (Douglas & Hines, 2011) show that help is not readily available for male IPV victims; indeed, they are often turned away. Johnson (2008) noted that "once women decide to seek help, effective help is often the case" (p. 43). Unfortunately, the same is not true for male IPV victims, ostensibly because the underlying theory guiding policy and practice in this field is still patriarchal theory (Dutton & Corvo, 2006). Because prior research with the samples analyzed in the current study shows that male IPV victims have significantly poorer mental and physical health than nonvictims (Berger, Douglas, & Hines, 2016; Hines & Douglas, 2015, 2016a, 2016b), consistent with research on prior samples of male victims (Hines & Douglas, 2011b), it is imperative that IPV services become readily available to them.

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Correspondence regarding this article should be directed to Denise A. Hines, Clark University, Department of Psychology, 950 Main St., Worcester, MA 01610. E-mail: dhines@clarku.edu