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ORIGINAL ARTICLE

The Helpseeking Experiences of Men Who Sustain Intimate Partner Violence: An Overlooked Population and Implications for Practice

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Abstract For over 30 years, research has shown that men can and do sustain intimate partner violence (IPV) from their female partners. This is the first large-scale, nationally-based, quantitative study to systematically detail the helpseeking experiences of men who have sustained IPV from their female partners. The sample is composed of 302 men who were recruited from resources specializing in men's issues. Results indicate that men who seek help for IPV victimization have the most positive experiences in seeking help from family/friends, and mental health and medical providers. They have the least positive experiences with members of the DV service system. Cumulative positive helpseeking experiences were associated with lower levels of abusing alcohol; cumulative negative experiences were associated with higher rates of exceeding a clinical cut-off for post-traumatic stress disorder. Results are discussed in terms of implications for the social service sector and for future research.

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Intimate partner violence (IPV), which includes physical, sexual, and psychological maltreatment of one partner against another, is a national social and health problem affecting hundreds of thousands of individuals and families a year (Centers for Disease Control 2006; Tjaden and Thoennes 2000). Most nations pay considerably more attention to and provide services for male-to-female IPV (National Center for Injury Prevention and Control 2003; World Health Organization 2005) than other types of IPV, even though for 35 years, research has consistently documented that men are often the targets of female-perpetrated IPV (Gelles 1974; Hines and Malley-Morrison 2001; Straus 2004b). Qualitative research of helpseeking among men sustaining IPV indicates that the domestic violence (DV) service system is not always able to provide them services and that many men are actually turned away (Cook 2009; Hines et al. 2007).

These qualitative studies have made important contributions to the field, but no study has systematically quantitatively examined the experiences of men seeking help for IPV. It is also unknown if positive or negative helpseeking experiences have implications for the male helpseeker's mental health. This study is the first quantitative study to employ a large sample, in that it is a U.S. national-based examination of the helpseeking experiences of men who have sustained, or been victimized by, IPV from their female partners. We document where such men seek help, how their requests for help are received and the correlations between positive and negative helpseeking experiences and their mental health status.

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IPV Against Men by Female Partners

Incidence reports of women physically aggressing toward their male partners have appeared since the study of IPV began in the early to mid-1970s (Gelles 1974). Recently, crime statistics from the Department of Justice (DOJ) showed that in 2004, 1.3 per 1,000 men were physically assaulted by an intimate partner, most of whom were women, which represents 20% of all IPV victims that year. In contrast to the 61% decline of reported physical IPV toward women between 1993 and 2004, the rates of IPV toward men only declined 19% (Catalano 2007). In the 1995–96 National Violence Against Women Survey, 0.8% of men reported being physically assaulted by an intimate partner in the previous year (Tjaden and Thoennes 2000), which represented approximately 40% of all IPV victims during that time period. The highest rates of physical, sexual, and psychological IPV against both men and women have been found in national studies of family conflict, such as the 1975 and 1985 National Family Violence Surveys (NFVS) and the 1992 National Alcohol and Family Violence Survey (Straus 1995). After controlling for age and SES, minor physical assaults (e.g., slapping, pushing) by females toward male partners occurred at a rate of 75 per 1,000 in 1975 and 1985, and then increased to 95 per 1,000 in 1992. Rates of severe physical assaults (e.g., punching, beating up) by females toward male partners remained constant at 45 per 1,000 in all study years, which projected into approximately 2.6 million men per year who sustained physical IPV that had a high likelihood of causing an injury (Straus and Gelles 1988). Consistent with the DOJ studies, in contrast to declining rates of male-to-female physical IPV, female-to-male physical IPV remained stable over the 17-year period that spans the time between the 1975 and 1992 surveys (Straus 1995).

Men Who Seek Help for IPV Victimization

Despite over 30 years of research documenting that men can sustain female-perpetrated physical, sexual, and psychological IPV, these findings remain controversial. Those that are especially controversial are statistics showing that women report using physical IPV at equal or higher rates than men, a finding that has been replicated in dozens of studies (Archer 2000). This finding of a high rate of violence by female partners has been challenged primarily on conceptual bases because it is inconsistent with the dominant theoretical perspective of the cause of IPV: the patriarchal construction of our nation (Ferraro and Johnson 1983; Marshall 1992; Miller and White 2003). This controversy may help explain why men may face difficulties when seeking help for IPV victimization.

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

Qualitative research has documented the experiences of men who seek help for female-to-male IPV (Cook 2009; Hines et al. 2007). For example, Cook (2009) performed in depth interviews of 30 men who sustained all types of IPV from their female partners and tried to seek help. This work shows that men often experience barriers when seeking help. When calling domestic violence hotlines, for instance, men who sustained all types of IPV report that the hotline workers say that they only help women, infer or explicitly state that the men must be the actual instigators of the violence, or ridicule them. Male helpseekers also report that hotlines will sometimes refer them to batterers' programs. Some men have reported that when they call the police during an incident in which their female partners are violent, the police sometimes fail to respond. Other men reported being ridiculed by the police or being incorrectly arrested as the primary aggressor. Within the judicial system, some men who sustained IPV reported experiencing gender-stereotyped treatment. Even with apparent corroborating evidence that their female partners were violent and that the helpseekers were not, they reportedly lost custody of their children, were blocked from seeing their children, and were falsely accused by their partners of IPV and abusing their children. According to some, the burden of proof for male IPV victims may be especially high (Cook 2009).

The qualitative experiences of male victims of IPV needs to be expanded to also quantitatively document the experiences of men who seek assistance from the DV service system, how many who seek help receive it, and whether or not this help is adequate. There is also little research on reactions of the medical or mental health professions to men who sustain any type of IPV, and there is no information concerning the implications to male help-seekers' mental health when they encounter barriers such as the ones described above.

Mental Health Concerns and Helpseeking Experiences

The experience of IPV is generally considered to be a traumatic event, and many men who sustain IPV and seek

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help view their IPV experiences as traumatic (Cook 2009). People who experience traumatic events are at increased risk for a range of psychological disorders, with the more common types of traumatic responses including symptoms of post-traumatic stress disorder (PTSD) and alcohol/substance abuse (American Psychiatric Association 1994). Research has documented that that among battered women, about 30–60% evidence PTSD (Astin et al. 1993; Cascardi et al. 1995; Gleason 1993; Saunders 1994) and that greater severity of IPV experiences among men is associated with increased PTSD symptoms (Hines 2007; Hines and Malley-Morrison 2001). Our previous research has established that male helpseekers for IPV victimization are indeed at-risk for high levels of PTSD symptoms (Hines and Douglas 2010b); in fact, almost 60% of the men in our sample exceeded a clinical cut-off for PTSD.

Alcohol and substance abuse are also common means of coping with the experience of a traumatic event. Stress-coping models of alcohol and substance use suggest that increases in the use of these substances may be associated with the psychological sequelae of a traumatic experience (Jacobsen et al. 2001; Simons et al. 2005; Stewart 1996) Indeed, research consistently shows that victims of IPV have higher rates of alcohol and substance abuse than non-victims (Stewart 1996)·

In addition to the IPV incident itself contributing to symptoms of PTSD and alcohol/substance abuse, it is also possible that the experiences that the victim has when seeking help can either ameliorate or further exacerbate the victim's mental health issues. Dobash and Dobash (1984) first commented on how important third party responses were to battered women seeking help—if that third party responds to her request for help in a manner that implicitly blames her for the abuse or implies that she in some way caused the abuse, that third party is also implicitly justifying the abuser's behavior, further isolating the victim, and leaving her vulnerable to further attacks. Renzetti's (1989) work on battered lesbians showed that third party responders were critical as well—the less helpful the third party was, the longer the victim stayed with her abuser; victims also reported that because many third parties were reticent to label her situation "battering", it left her confused, despairing, and frustrated. However, no studies, to our knowledge, have investigated the association between these helpseeking experiences and levels of PTSD symptoms and alcohol/substance abuse, and no one has studied these associations among male helpseekers.

The research that we have reviewed in this paper clearly suggests that men who sustain female-to-male IPV do seek help, and that when they seek help, these experiences are often negative. The extant research on this topic, however, has primarily been conducted on small samples, using qualitative methods, or methods that were not systematic. We studied men's experiences with helpseeking using a U. S. national-based, large-scale study with consistent methodologies. In this paper, we have also reviewed research which has documented that men who experience IPV often have lower levels of mental health; this research has not, however, examined the relationship between helpseeking experiences and mental health status. We also address this gap in the literature by mapping men's experiences with seeking help onto their mental health status, while also controlling for other important life events. The research questions for this paper address:

1. Where do men who have sustained IPV from their female partners seek help?
2. How helpful are these resources?
3. What types of experiences do the helpseekers have with each of these resources?
4. Do helpseekers have more positive or negative experiences when seeking help?
5. Is the nature of helpseeking experiences related to the mental health status (as measured by PTSD and alcohol/substance abuse) of male helpseekers, even after controlling for variables measuring demographics and other life experiences?

As the first of its kind, this study is exploratory in nature. That said, the research already reviewed in this paper provides enough of a foundation for advancing some hypotheses about these research questions. It is unknown where men seek help for IPV victimization, but research does suggest that men will largely have negative experiences in trying to seek help. We also know that men who experience IPV victimization have a number of mental health concerns, and that negative experiences when seeking help can further isolate victims and keep them in an abusive relationship for longer periods of time; these negative experiences may also be viewed as traumatic. Thus, it is likely that positive helpseeking experiences would be associated with better mental health, whereas negative helpseeking experiences would be associated with poorer mental health.

These questions will be examined on a sample of 302 men who sought help for female-perpetrated physical, sexual, and psychological IPV victimization and who were physically assaulted by their partners in the previous year. The violence that the men in this sample sustained has been reported in detail in other papers (Hines and Douglas 2010a, b). A brief summary is provided here to orient the reader to the nature of the sample and of the types of IPV experiences reported by the study participants . The men in our study sustained serious violence: 96.0% reported sustaining severe psychological aggression in the past year (e.g., threats to physically harm the man or someone he cares about; destroying something belonging to him),

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93.4% reported controlling behaviors (e.g., monitoring his time and whereabouts; not allowing him access to household income; isolating him from family/friends), 98.7% reported minor violence (e.g., pushing, shoving), 90.4% severe violence (e.g., punching, kicking) and 54.0% very severe violence (e.g., beating up, using a knife/gun). Of the men who reported each of these types of IPV, severe psychological aggression was sustained a mean number of 28.90 times in the previous year, controlling behaviors 42.62 times, minor violence 32.01 times, severe violence 16.74 times, and very severe violence 7.46 times. The assaults often led to injuries: 77.5% of the sample reportedly experienced minor injuries (e.g., bruise or cut) in the past year and 35.1% experienced severe injuries (e.g., broken bone, needing medical attention).

Method

Sample and Procedure

The methods for this study were approved by the boards of ethics at the participating institutions. All of the men participated anonymously, were apprised of their rights as study participants, and gave their consent to participate before data collection was initiated. Steps were also taken to ensure their safety. At the completion of the survey the participants were given information about obtaining help for any type of IPV victimization and how to delete the history on their Internet web browser.

In order to participate, the men had to speak English, live in the U.S., and be 18–59 years old. To reduce costs of survey administration, we required that the men speak English. We sought men who were between the ages of 18–59 because reporting laws in various states would require us to report instances of child abuse (i.e., victims under 18 years of age) and elder abuse (i.e., victims over 59 years of age), and we wanted the survey to remain anonymous and free from any reporting clauses in the consent process, so that participants would feel comfortable being honest in their reporting. We restricted our sample to U.S. residents so that we could understand the experiences of men in a single nation.

Furthermore, to increase accurate recall of the IPV in the relationship and to be consistent with previous studies of IPV (e.g., (Straus 2004a), we required that the men had to have been involved in an intimate relationship with a woman in the previous year lasting at least one month. We also required that they sustained a physical assault from their female partner within the previous year. We required a physical assault because that is an objective indicator of IPV that is considered illegal under U.S. law. We restricted our sample to men in relationships with women because our focus is on men in heterosexual relationships and their experiences might differ from men seeking help for IPV in gay relationships. Finally, so that we can report on their experiences when seeking help, we required that the men sought help for their IPV victimization. Helpseeking included seeking help from formal sources—hotlines, DV agencies, the police, mental and medical health professionals, lawyers, and ministers—and informal sources, such as friends/family and the Internet.

The sample was recruited from multiple sources, including the Domestic Abuse Helpline for Men and Women (DAHMW), a national helpline specializing in men who sustain IPV; through ads on online websites, newsletters, blogs, and listservs that specialize in IPV, male IPV victims, fathers' and divorced men's issues, men's health, men's rights; and through a description of the study on the Wikipedia page about domestic violence. Potential participants were told and advertisements stated: "Researchers at Clark University are conducting a new study on men who experience physical aggression from their female girlfriends, wives, or partners. If you are a man between the ages of 18–59, have experienced physical aggression from your partner within the past 12 months, and have sought help for this problem, you may be eligible to participate in this study. We invite you to follow this link to complete an Internet survey."

Callers to DAHMW, who had received assistance from the helpline staff and who met the eligibility criteria were invited to participate in the study by calling a survey research center to complete an interview over the phone with a trained telephone interviewer at the research center, or by visiting the study website to complete the anonymous questionnaire online. Screener questions regarding the study criteria were on the first page of the survey, and men who were eligible were allowed to continue with 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. Data were collected between December 2007 and January 2009. Sixteen participants completed the survey via telephone with the survey interviewers, while the vast majority, 286, completed the online version of the study. The helpseekers in this study participated anonymously; thus, we did not provide them with compensation, nor did we seek verification regarding the information that they reported.

The sample consisted of 302 men from 45 states who sought help after sustaining IPV from their female partners. Table 1 displays their characteristics. The average age was 40. This sample was well educated, with almost half having a college degree or higher; their mean income was $50,439.

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Table 1 Demographic characteristics of sample (n=302)

Characteristic	M (SD) or%
Age	40.49 (8.97)
Income	$50,439 ($25,693)
Disabled	13.6
Education	
High school or less	8.7
Some college/2-yr degree	42.4
College degree	34.3
Graduate degree	14.7
Occupational Status[1]	6.7
Race/Ethnicity (respondents could choose more than one category)	
American Indian/Native American	2.0
Asian American/Pacific Islander	4.3
African American/Black	6.0
Euro American/White	86.8
Hispanic/Latino	5.0
Length of relationship in years	8.16 (6.84)
Type of relationship	
Dating/Former dating partner	10.9
Engaged/Formerly engaged	6.0
Cohabiting/Formerly cohabiting	12.3
Married	45.7
Separated/Divorced	24.9
Mental Health Status	
PCL Total Score	45.56 (14.2)
Met cut off for PTSD	57.9
Abused alcohol	17.9
Abused drugs	21.5

[1] Occupational Code: 1 = Elementary occupations, 2 = Plant and machine operators and assemblers, 3 = Craft and related trades workers, 4 = Skilled agricultural and fishery workers, 5 = Services workers and shop and market sale workers, 6 = Clerks, 7 = Technicians and associate professionals, 8 = Professionals, 9 = Legislators, senior officials, managers.

Their occupational status was 6.7, where 1 = elementary occupations and 9 = legislators, senior officials, management; the mean value for this variable roughly corresponds to a technician or associate professional. The sample had limited ethnic and racial diversity, with 16.2% of the sample identifying with a minority group. Furthermore, 13.6% of the sample positively endorsed the question "Are you disabled?" The helpseekers were in relationships lasting a mean of 8 years. About 75% were or had been married to the partner who used IPV against them. About half were currently still in the relationship; the rest had ended the relationship within the past year. Almost 75% reported that minor-aged children were a part of the relationship. More information about this sample can be found in previously published papers on this study and dataset (Hines and Douglas 2010a, b).

Measures

The survey contained questions about demographics, aggressive behaviors that both partners may have used, risk factors, and mental health. Helpseeking questions focused on where they sought help, that resource's helpfulness, and follow-up questions specific to each resource. Only the variables that are relevant to this present paper are reported here. For additional information about this study, please see other, previously published papers (Hines and Douglas 2010a, b; Hines et al. 2010).

Demographic Information Men were asked basic demographic information about themselves including age, race/ethnicity, personal income, education, and occupational status. Men were also asked about the current status of their relationship, the length of their relationship with their partners, and if minor children were involved in the relationship.

Helpseeking Questions These questions in this section were developed by the authors and were based on the literature (e.g., Cook 2009) and previous research by the second author (Hines et al. 2007). Men were asked if they had sought help from a variety of resources including DV agencies, DV hotlines, police, medical and mental health professionals, and online sources of support. We also asked about talking with friends, family, clergy, and attorneys. For each of the sources used, we asked about the helpfulness of the resource, where 1 = not at all helpful, 2 = somewhat helpful, and 3 = very helpful. We also asked follow-up questions that were specific to each resource. For helpseekers who used a DV agency and/or hotline, we asked if they were told that the resource only helps women, if they were accused of being the batterer in the relationship, and/or if they were given the impression that the staff was biased against men. For men who saw a mental health practitioner, we asked if the provider took their concerns seriously and if they were given information about how to get help for IPV. For men who sought help from police, we asked about how the police handled the complaint; who, if anyone, was arrested; and if the partner was determined to be the primary aggressor. For the DV agency, DV hotline, and police questions, helpseekers were able to provide qualitative accounts in open-ended text boxes regarding their experiences. We specifically asked them to provide information that was not already captured by the available response options. All open-ended answers were coded independently by two upper-level undergraduate research

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students using thematic analysis. Any discrepancies in coding were resolved by the second author.

Posttraumatic Stress Symptoms The *PTSD Checklist (PCL)* (Weathers et al. 1993) is a 17-item self-report that measures PTSD symptomology and reflects three symptom clusters: re-experiencing, numbing/avoidance, and hyperarousal. Participants were asked to think about their worst argument with their female partner, and then indicate the extent to which they were bothered by each symptom in the preceding month, where 1 = not at all and 5 = extremely. The items were summed to create a single score of PTSD symptoms and then dichotomized to indicate the likely presence or absence of PTSD. Although there is currently debate regarding the exact cut-off score that is possibly indicative of PTSD (e.g., suggestions range from 44 to 50), we chose a cut-off score of 45 that was used in a study of breast cancer patients (Andrykowski et al. 1998). It is important to also note that Ruggiero et al. (2003) found little differences in the diagnostic efficiency of these various cut-points using a civilian sample. One item, "Feeling as if your future will somehow be cut short", was not included in the survey because, during the pilot testing of the instrument, interviewees reported that they did not understand the item. The PCL has been validated for use in both combat and civilian populations, and the civilian version was used for this study. The *PCL* has been shown to have excellent reliability (Weathers et al. 1993) and strong convergent and divergent validity (Blanchard et al. 1996; Ruggiero et al. 2003). Furthermore, the *PCL* has been shown to have high diagnostic utility (.79–.90) when validated against "gold standard" measures such as the Structured Clinical Interview for DSM-IV Axis Disorders (First et al. 1996). The reliability for the total scale for this sample was α=.92. The mean for this sample was 46.56, with 57.9% of the sample meeting the clinical cutoff for PTSD.

Alcohol and Drug Abuse Past-year alcohol and drug abuse were measured using a scale developed for the National Women's Study to assess the association between IPV victimization and alcohol/drug abuse among female victims (Kilpatrick et al. 1997). The scale included up to 19 items asking respondents about their use and abuse of alcohol and illicit drugs (i.e., marijuana, cocaine, methamphetamines, crack, LSD, heroin, or other such drug) in their lifetimes and in the past year, and included items regarding negative experiences resulting from alcohol abuse. Consistent with Kilpatrick et al.'s (1997) guidelines for scoring this scale, we measured alcohol abuse within the past year by an indicator that approximated the diagnostic criteria for the *Diagnostic and Statistical Manual of Mental Disorders IV* (American Psychiatric Association 1994): Participants who answered affirmatively to any of the six questions on negative experiences (e.g., getting in trouble with the police, family, or a boss) within the past year because of alcohol were classified as meeting the criteria for alcohol abuse in the past year, which was 17.9% of the sample. Similarly, according to the guidelines established by Kilpatrick et al. (1997), drug abuse was measured by an indicator that approximates the frequency of usage considered significant by the Diagnostic Interview Schedule substance abuse screen (Robins et al. 1988). If participants indicated they used any illegal drugs more than 4 times in the past year, they were considered nonexperimental users/drug abusers, which was 21.5% of the sample. Because of the nature of the questions on this scale (screener questions and largely dichotomous answer choices), reliability cannot be calculated; however, this scale has demonstrated excellent construct validity (Kilpatrick et al. 1997).

Traumatic Experiences Our outcome variables of alcohol abuse, substance abuse, and PTSD can be the result of many traumatic experiences (Jacobsen et al. 2001; Stewart et al. 1998); thus, we controlled for various traumatic events, including being injured by a partner, childhood violent socialization, and childhood sexual abuse. Injury was measured via the injury scale of the *Revised Conflict Tactics Scales (CTS2)* (Straus et al. 1996). This scale includes 6 items assessing both minor (e.g., having a cut or bruise) and severe injuries (e.g., broken bone, passing out). Participants responded by indicating the number of times injuries occurred to them in the previous year (0 = 0 times; 1=1 time; 2 = 2 times; 3 = 3–5 times; 4 = 6–10 times; 5 = 11–20 times; 6 = more than 20 times). These data were then dichotomized into a single variable where 1 = sustained injury in past year from partner and 0 = no injury in past year. The reliability of the frequency scale for the men in this sample was α=.73.

The remaining items measuring traumatic experiences were measured using items from two scales of the *Personal and Relationships Profile* (*PRP*) (Straus and Mouradian 1999). Childhood Violent Socialization was measured with two items from the *Violent Socialization Scale* of the PRP. Participants were asked the extent to which they agreed or disagreed (1 = strongly disagree, 4 = strongly agree) with each statement: "When I was less than 12 years old, I was spanked or hit a lot by my mother or father" and "When I was a kid, I saw my mother or father kick, punch, or beat up their partner." These two items were summed (Range: 2–8, M=4.12). Finally, two items from the *Sexual Abuse History Scale* of the PRP were used to measure childhood sexual abuse. Participants were asked the extent to which they agreed or disagreed (1 = strongly disagree, 4 =

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strongly agree) with each statement: "Before I was 18, a family member did things to me that I now think might have been sexual abuse" and "Before I was 18, someone who was not part of my family did things to me that I now think might have been sexual abuse." These two items were summed (Range: 2–8, M=2.94). Both of these scales have demonstrated adequate validity and reliability, with overall alphas of .73 (*Violent Socialization* Scale) and .76 (*Sexual Abuse History Scale*) (Straus and Mouradian 1999).

Results

Where Do Men Seek Help?

Table 2 shows that men seek help for IPV victimization from a variety of resources. They sought assistance through informal types of support (84.9%), namely through friends/neighbors, relatives/parents and also the more formal support of (male) attorneys. Two-thirds of the men also used the informal resource of online support. Follow-up questions concerning the type of online resource they used last indicated that over half of the men (53.8%) used a website that provided information/support, and almost one-quarter (23.8%) used an online support group. On-line resources that were less frequently used included email (7.7%), blogs/message boards (7%), chatrooms (4.9%), and other web-based resources (2.8%). Overall, 44.9% used a resource that was specifically for men experiencing partner aggression, and 42.6% indicated that the resource they used was for anyone experiencing partner aggression. With regard to formal resources, two-thirds of the men sought help from a mental health professional. Almost half of the sample sought assistance from local DV agencies and police departments. Resources that were less frequently used included DV hotlines (23.4%) and medical professionals (18.1%).

Table 2 Where men seek help and the helpfulness of those resources

Type of Resource Used	% Who Used Resource	% Who Said Resource was Somewhat/Very Helpful
DV agency	43.7	44.8
DV hotline[1]	23.4	31.4
Friends/family/attorney/clergy	84.9 (total)	90.0[2]
Male friend/neighbor	76.7	
Female relative/parent	68.9	
Male relative/parent	60.9	
Female friend/neighbor	60.2	
Male lawyer	43.3	
Female lawyer	32.1	
Male minister	30.0	
Female minister	6.5	
Medical professional	18.1	78.4
Mental health professional	66.2	70.6
Online support	63.4	69.1
Police	46.3	44.0

[1] For DV hotline, $n=286$ people who did not report on the DAHMW, a hotline that specializes in male victims of IPV

[2] Respondents were asked: "Were *any* of these people helpful?"

Helpfulness of and Experiences with Resources

Helpfulness The men rated the helpfulness of the resources that they used on a 3-point scale (1 = not at all helpful, 2 = somewhat helpful, and 3 = very helpful). Table 2 shows that there was wide variation in satisfaction with the resources the men used. They were most satisfied with the support that they received from family and friends, followed by medical and mental health professionals. Between half and two-thirds of the men who contacted the police, a DV agency, or a DV hotline reported that these resources were "not at all helpful."

DV Hotlines, Agencies, and Online Resources Men seeking help from DV agencies, hotlines, and via the Internet answered questions that addressed the reception they received when seeking help. The results are displayed in Table 3. Between 25–33% reported being referred by a DV hotline or an online resource to a local program that was helpful. The remaining experiences were not as positive. A large proportion of those who sought help from DV agencies (49.9%), DV hotlines (63.9%), or online resources (42.9%) were told, "We only help women." Of the 132 men who sought help from a DV agency, 44.1% ($n=86$) said that this resource was not at all helpful; further, 95.3% of those men ($n=81$) said that they were given the impression that the agency was biased against men. Some of the men were accused of being the batterer in the relationship: This happened to men seeking help from DV agencies (40.2%), DV hotlines (32.2%) and online resources (18.9%). Over 25% of those using an online resource reported that they were given a phone number for help which turned out to be the number for a batterer's program. The results from the open-ended questions showed that 16.4% of the men who contacted a hotline reported that the staff made fun them, as did 15.2% of the men who contacted local DV agencies. Qualitative accounts provide a more in-depth understanding of their experiences with these resources.

> "They didn't really listen to what I said. They assumed that all abusers are men and said that I must accept that I was the abuser. They ridiculed me for not leaving my wife, ignoring the issues about what I

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Table 3 Follow-up questions about experiences with specific resources

Experience with Resource	% Responding "Yes" for Each Resource		
	DV Agency (n=83)	DV Hotline (n=67)	Online Resource (n=132)
Referred to local program that has been helpful	[a]	27.0	25.8
Told: "We only help women."	78.3	63.9	42.9
Referred to batterer's program/Suggested helpseeker was batterer	63.9	32.2	18.9
Given number which turned out to be for a batterer's program	[a]	25.4	27.1

[a] Question was not asked about this resource.

> would need to do to protect my 6 children and care for them." (Experience with a DV agency)
> "[T]hey offered to listen if I wanted to recount what had happehed [sic], but indicated that no support services were available." (Experience with DV hotline)
> "I was mostly just doing research after the occurrence [sic] to find out what I should do. I found mostly female help sites and was turned down by several so I gave up." (Experience using online resources)

Police Table 4 displays the experiences that helpseekers had with the police (n=129). Chi-square analysis found no difference between the proportion of helpseekers and partners who were arrested and those who were placed in jail. We could not conduct a chi-square analysis on those who had charges dropped because the expected count in some cells was below 5. In 54.9% of cases, the partner was determined to be the primary aggressor. Among those 62 men, 41.5% said the police asked the helpseeker if he wanted his partner arrested; 21% reported the police refused to arrest the partner, and 38.7% indicated the police said there was nothing they could do and left. The coding of the qualitative accounts found that 25.4% of the men told stories of the police doing nothing and ignoring or dismissing them. Qualitative accounts of their experiences with police include:

> "They determined she was the aggressor but said since I was a man it was silly to arrest her."
> "Told me to get her help. Told me to spend the night in a hotel."

Table 4 Follow-up questions about experiences with police (n=129 who called the police)

Item	Partner	Helpseeker	χ^2
Police arrested	26.5	33.3	0.83
Of those arrested:	n=35	n=43	
Placed in jail	81.8	88.4	[a]
Charges dropped	50.0	41.5	0.05

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

> "They saw mw [sic] as a large male and…took her side. I was at the hospital with bruising and burned eyes from hot coffee thrown in them. They didn't believe that she did this…and refused to arrest her… The next incident…the police…saw me bleeding they charged her with felony DV but later dropped it to misdemeanor assault because we are not married and do not live together."

Mental and Physical Health Resources Of the 198 men who sought help from a mental health professional, 68.0% reported that the mental health professional took their concerns seriously. Only 30.1% stated the mental health professional provided them with information about getting help for IPV. A smaller number, n=54, ever sought help from a medical provider (even though 106 men reported experiencing a severe injury in the previous year). Of those using this resource, 91.8% indicated that the medical provider asked how they obtained their injuries; 60.4% of the men reported that they were truthful when answering this question, and 14% reported receiving information from the medical provider about getting help for IPV.

Cumulative Helpseeking Experiences and Relationship to Mental Health Status

We created a scale that captured positive and negative helpseeking experiences so that we could investigate how cumulative positive or negative helpseeking experiences might be related to the men's mental health status. As a reminder to the reader, helpseeking experiences were rated as 1 = very helpful, 2 = somewhat helpful, and 3 = not at all helpful. To assess cumulative experiences with helpseeking, we created two count variables, where we summed, or "counted," the number of positive ("very helpful") and then the number of negative ("not at all helpful") helpseeking experiences for each study participant. In order to capture the positive and negative helpseeking experiences in their "cleanest" form, we did not include ratings of "somewhat helpful" in these scales. Both variables ranged from 0–6;

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positive helpseeking had a mean of .45; negative helpseeking had a mean of 1.05; these differences were significantly different, t (602)=7.14, $p<.001$, indicating that the helpseekers had more negative than positive helpseeking experiences.

Next, we examined the relationship between the positive and negative helpseeking experiences and the current mental health status of the men; our goal was to examine whether cumulative positive or negative helpseeking experiences might be related to the helpseekers' mental health status. Bivariate correlations indicated significant relationships or trends toward significance in three instances: cumulative positive experiences and lower levels of alcohol abuse ($r=-.11$, $p=.07$) and substance abuse ($r=-.10$, $p=.09$) in the past year, and cumulative negative experiences and higher rates of PTSD ($r=.14$, $p<.05$). We then conducted three logistic regression analyses with these dichotomous mental health variables as the dependent variables and either the cumulative positive or negative helpseeking experiences, where appropriate, as the independent variable. The full regression model included demographics and the traumatic life experiences described in the methods section as possible covariates. Non-significant covariates were removed from the models one at a time, and the final models are displayed in Table 5.

Results of the regression models indicate that there is a significant relationship between cumulative positive helpseeking experiences and alcohol abuse. For each additional positive helpseeking experience, men were about 40% less likely to abuse alcohol in the previous year. There was also a significant positive relationship between cumulative negative helpseeking experiences and PTSD. For each additional negative helpseeking experience, men were 1.37 times more likely to meet the clinical cutoff for PTSD. The trend toward significance between positive helpseeking experiences and substance abuse dropped out in the full regression model. Thus, positive helpseeking experiences no longer predicted substance abuse, once we controlled for demographic and other traumatic experiences.

Discussion

This study is the first that utilizes a large, U.S. national-based sample to assess the experiences of men who sustained multiple types of IPV from their female partners and sought help. It is also the first that assesses the relationship between male experiences in seeking help for victimization and their mental health status. The findings emphasize the need for more education about male IPV victims who might need services, and of the potential consequences to the mental health of victims when they cannot obtain help.

Our first three research questions sought to answer where men who have sustained female-to-male IPV seek help, to answer how they rate these resources, and to document the nature of these experiences. We found that men who sustain IPV seek help from a variety of resources, most typically from informal resources, such as family, friends, and the Internet, and the formal resource of a mental health professional. Family and friends were overwhelmingly reported as being the most helpful resource, and mental health and medical professionals were rated as being among the most helpful of the formal resources. These professionals were reported to have taken the male victims seriously and to inquire about the origin of the men's injuries. The resources providing the least support to men seeking help for IPV victimization are

Table 5 Logistic regression analysis parsimonious summary statistics showing relationship between cumulative positive and negative helpseeking experiences on mental health status of helpseekers

Independent Variable	*B*	*S.E.*	Odds Ratio	Wald
Abused Alcohol in Past Year				
Racial/ethnic minority[1]	−1.166	.538	.312	4.702*
Education level	−.351	.110	.704	10.120***
Injured by partner in past year[2]	−.788	.376	.455	4.400*
Violent socialization in childhood	.356	.103	1.428	12.002***
Sexual abuse in childhood	−.239	.123	.788	3.758*
Total positive helpseeking experiences	−.550	.278	.577	3.919*
Abused Drugs				
Age	−.041	.017	.960	5.949*
Education level	−.188	.097	.828	3.795*
Total positive helpseeking experiences	−.352	.232	.704	2.303
PTSD Cutoff				
Age	−.032	.014	.968	5.090*
Violent socialization in childhood	.347	.082	1.415	17.992***
Total negative helpseeking experiences	.317	.109	1.373	8.534**

*$p \le .05$; **$p \le .01$; ***$p \le .001$

[1] 1 = Racial or Ethnic Minority (16.2%), 0 = Non-Minority (83.8%)

[2] 1 = Injured in Past Year, 0 = Not Injured in Past Year

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those that are the core of the DV service system: DV agencies, DV hotlines, and the police. On the one hand, about 25% of men who sought help from DV hotlines were connected with resources that were helpful. On the other hand, nearly 67% of men reported that these DV agencies and hotline were not at all helpful. Many reported being turned away. The qualitative accounts in our research tell a story of male helpseekers who are often doubted, ridiculed, and given false information. Thus, our hypotheses that men who would have largely negative experiences with formal resources were supported, which is consistent with prior qualitative research (Cook 2009; Hines et al. 2007).

These findings are in stark contrast to ratings of social services by battered women. For example, in a study of 119 women who sought services for DV-related concerns from a DV shelter, 89% of the clients believed that they were helped by the services that they received and 84% reported that they felt better because of these services (McNamara et al. 2008). These findings are similar to a study which examined women's impressions of a hospital-based DV support group (Norton and Schauer 1997). Of the 59 women in this study, 95% reported that they were mostly or very satisfied with the services that they received. Their reasons for satisfaction included that the group leaders were supportive, they were able to hear about other women's experiences with abuse and were supported by them, they received referrals for additional support/services and they were able to learn about DV. These findings are consistent with other literature which states that women are often very satisfied with the services that they have received for IPV (Bowker and Maurer 1985; McNamara et al. 1997; Molina et al. 2009). Similar results with regard to satisfaction among battered women have been found in relation to police assistance. For example, one study of 95 female IPV victims indicated that the female victims found the police to be very helpful and 80% would contact the police again for assistance (Apsler et al. 2003).

Our findings concerning male victims of IPV seeking and receiving help are consistent with previous qualitative research and accounts (Cook 2009; Hines et al. 2007) of men who encountered barriers to obtaining help for IPV victimization. The men in these studies reported that service providers often failed to take action. Police did not respond to calls for help, and men's accounts of abuse were not believed by DV agencies or hotlines. Our findings about seeking help from police are consistent with other research which has showed that male victims are especially dissatisfied with this form of assistance. One study found that male victims did not feel that the police took their concerns seriously, and were significantly less satisfied with the police response than female victims of IPV (Buzawa and Austin 1993).

At the same time, men in heterosexual relationships are not the only population to have encountered barriers to helpseeking for IPV victimization. Older women, who also fall outside the established norm of being the target of any form of IPV, report having trouble gaining access to services for IPV, fear of police brutality, and a feeling that DV services are not available or tailored to their needs (Beaulaurier et al. 2007). Some lesbian women victims also find shelter and police services to be lacking, and their experiences with DV agencies, as of 10 years ago, range from lack of outreach to outright exclusion (Donnelly et al. 1999). In one study of battered lesbian women, 15 of the 19 women who had called the police found them not at all helpful or just a little helpful (Renzetti 1989). Our results also parallel those of a study of gay men seeking help for IPV victimization from a range of sources: friends, relatives, clergy, mental health and medical providers, DV service system, and the police (McClennen et al. 2002). The most helpful were relatives and neighbors. The gay men overwhelmingly and consistently rated the other sources as "not helpful at all" to "a little helpful." None of the formal resources were given an approval rating of higher than 25%.

Our fourth and final research questions concerned whether male helpseekers have more positive or negative helpseeking experiences, and then how these experiences are related to their mental health status. Male helpseekers in our sample had twice as many negative as positive experiences when searching for assistance with what we have documented as serious physical and psychological IPV victimization (Hines and Douglas 2010a, b). Moreover, the quality of their experiences seems to have lasting implications for their mental health. Our hypotheses concerning helpseeking experiences and mental health status were supported. Specifically, for each additional negative experience with helpseeking, men's odds of meeting the cut-off for PTSD increased 1.37 times. For each additional positive experience, these helpseekers were about 40% less likely to have abused alcohol in the previous year. These findings hold even after controlling for other traumatic experiences, such as childhood victimization and being injured by a partner.

These findings suggest that positive experiences may act as a protective factor against mental health problems and that the men may be traumatized or further traumatized by their negative experiences. At the same time, we cannot imply causality from these findings since this study is cross-sectional. It is possible that individuals with PTSD are more likely to conclude that they have had a negative experience, perhaps because their symptoms lead them to interpret their experiences negatively. It is also possible that individuals who consume less alcohol will have more positive helpseeking experiences,

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possibly because there is a lesser likelihood that they will have consumed a large amount of alcohol prior to seeking help.

Limitations and Future Research

The limitations of this study need to be considered in future research. First, we cannot assess the legitimacy of the accounts and reports of abuse and helpseeking in this study. Since the men were recruited via the Internet we have no way to confirm the legitimacy of their reports. Moreover, it is possible that some men, especially those recruited through men's advocacy groups, may have "an axe to grind" and thus, reported false information. In addition, it is possible that such men would have been more likely to have had negative helpseeking experiences and therefore, joined such a group. That said, it is unlikely that the majority of the 302 men in this study fabricated the experiences that they reported in this 30 min Internet study. These men likely had to overcome several societal and internal barriers to seeking help (Addis & Mahalic, 2003) and by this very factor are likely reporting legitimate concerns. Also, it is not unusual for the experiences of victims to be denied when they first surface (Schatzow and Herman 1989), and we believe that given enough research, the service needs of this group will be recognized as a reality just as it has for other groups.

Second, we were not able to recruit men who could not access the Internet or the DAHMW. Thus, we are likely missing the experiences of important groups who are potentially in need of help and whose experiences could differ from those of the men we surveyed. Third, and perhaps on a related note, the men in this study are primarily White and well educated. It is possible that men with lower levels of education or from other ethnic backgrounds might have different experiences with help-seeking. Fourth, the men in this study were asked to recall events that primarily occurred over the past year, but also some events that happened in their childhood (e.g., childhood violence socialization). As with all retrospective studies, the questions that dealt with childhood issues are subject to potential problems with recall, in that people currently experiencing any form of IPV might overestimate their childhood experiences with aggression, while those not experiencing IPV might underestimate them. Nonetheless, adult recall is a standard method for assessing childhood trauma (Derevensky and Deschamps 1997; Finkelhor et al. 1990; Ruggiero et al. 2004; Wonderlich et al. 1996), and for this study, childhood trauma was used solely as a covariate. If childhood experiences of aggression were overestimated by the helpseekers, that would result in an underestimation of the association between helpseeking experiences and mental health outcomes, in which case, the associations we measured would be underestimated. Fifth, in-depth experiences with more potential service providers, such as members of the clergy, social workers, and attorneys, should be assessed to investigate the extent to which men find these resources helpful and how they may impact their mental health. And finally, a wider array of mental health outcomes should also be assessed, including depression and anxiety.

Recommendations for Practice and Future Research

This paper is the first to use a large, U.S. national-based, sample to quantitatively document the helpseeking experiences of men who sustain female-to-male IPV. The results indicate that men use a variety of resources when seeking help and that they more often have negative, rather than positive, experiences. More important, the nature of their helpseeking experiences has significant links to their current mental health status, even when controlling for other potentially confounding factors, such as other traumatic events. Our findings suggest the need for change in a number of different areas in order for all people who sustain any form of IPV and seek help to be able to receive the services that they need. Our research also has implications for future research. Thus, we recommend:

1. An increase in training about the diversity of IPV victims for members of the DV service system and all helping professionals who might come into contact with IPV victims.
2. A re-examination by faculty in the social sciences who prepare future social service practitioners concerning their family violence curricula. Education should include the common experiences of all IPV victims, regardless of victim and perpetrator gender, and the important role that frontline staff plays in validating those experiences and providing services to all who need assistance.
3. A re-examination by police departments with regard to how they handle incidents of IPV and how police officers respond when victims do not meet our gendered notions of the dynamics of IPV.
4. Screening of all clients for abusive experiences. Any client, male or female, who indicates that s/he is the target of aggressive behaviors should receive information on getting help for IPV.
5. Public education concerning IPV and outreach materials for potential victims be gender-inclusive, because previous research shows that men are often not the recipient of outreach materials concerning IPV victimization (Hines and Douglas 2011a, b).

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6. Future research examining the effectiveness of any of the training, screening, and public education techniques already recommended in this study.
7. Future research on men who sustain partner violence from their female and male partners, especially to examine other potential correlates or consequences of IPV, such as other types of mental health problems and an examination of potential physical health problems.
8. Future research on how female-perpetrated IPV may have an impact on a family system, especially children who live in these households.

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