Male Victims of Female-Perpetrated Intimate Partner Violence: History, Controversy, and the Current State of Research

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Abstract

Intimate partner violence (IPV) by women against men is a controversial topic in the research, practice, and policy fields. In this chapter, the history of the research on IPV by women against men, the controversy regarding this research, and current information on its prevalence is reviewed. Discussion centers on different methods that have been used to understand men's experiences in these relationships and research conducted during the past 10 years. Emphasis is placed on the men's mental and physical health, and the impact that this type of IPV may have on the children involved, as well as the experiences that men have had when they

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try to seek help. The chapter concludes with the implications of this burgeoning area of research on current policy and practice for helping victims and perpetrators of IPV.

Keywords

Male victims · Intimate partner violence · Domestic violence · Abuse

Introduction

Men who are the targets of intimate partner violence (IPV) committed by women is a controversial topic in the research, practice, and policy professions. This chapter focuses on the history of the research concerning IPV by women against men, the nature of the controversy regarding this research, and current information on its prevalence and context, mostly in the United States. One of the unique contributions of this chapter is the discussion concerning the different methods that have been used to understand men's experiences in abusive relationships, especially the research which focuses on men who have sought help for IPV victimization. Toward that end, the chapter emphasizes men's mental and physical health, and the impact that this type of IPV may have on the children involved, as well as the experiences that men have had when they try to seek help. The chapter concludes by discussing the implications of this developing area of research on policy and practice approaches for the prevention of IPV and for treatment of survivors and perpetrators of IPV.

History and Controversy of the Research on IPV by Women Against Men

Feminist advocacy movements of the 1970s moved IPV from a private to a public issue and soon, it received attention from researchers, the public, policymakers, and the criminal justice system. The first National Family Violence Survey (NFVS) in 1975 (Straus et al. 1980) was a population-based, nationwide study of the extent of family violence in the United States. This survey, and a replication of it 10 years later, showed how much of a concern both men's *and* women's use of IPV toward each other was. In 1985, the NFVS found that 11.6% of men used some type of violence against their female partners in the previous year, and 3.4% used severe violence, which included violence that had a high likelihood of causing an injury. In parallel, 12.4% of women used some type of violence against their male partners and 4.8% used severe violence (Straus and Gelles 1988).

These results have been replicated by dozens of studies over the decades (Straus 1999), including a meta-analysis of IPV research (Archer 2000). Generally, estimates of IPV in the USA range from 8.4% to 18.4% for any type of violence and from 3.2% to 5.5% for severe violence, with similar rates of perpetration for males and females (e.g., Caetano et al. 2008; Hines and Douglas 2015; Smith et al. 2018).

Despite decades of research with fairly consistent findings regarding prevalence rates, some theorists argue that female-perpetrated IPV is different because of the context of patriarchy that leads to differential power relations between men and women (Stark 2010). Stark (2010) argues that women use IPV "to create an environment in which they enjoy the same autonomy, liberty, and dignity" they have achieved in the outside world and that they "feel entitled to punish male partners who fail" to be equals in an intimate relationship (p. 208). According to this perspective, women's IPV warrants being interpreted in a gender-sensitive way that doesn't focus on blame (Swan et al. 2008). These arguments are bolstered with statistics showing that women are more likely to be killed by an intimate partner than by anyone else (Bureau of Justice Statistics 2011), that women sustain more IPV-related injuries than men (Cascardi et al. 1992) and are more likely to be sexually assaulted by a partner than men (Tjaden and Thoennes 2000), and that women experience more fear related to IPV than men do (Swan et al. 2008).

At the same time, men comprised over 35% of all intimate partner homicide victims from 1980–2008 in the United States (Bureau of Justice Statistics 2011). The National Violence Against Women Survey found that female-perpetrated violence against men accounted for 40% of all IPV injuries in the previous year and 31% of all victims who feared bodily harm (Straus 2004; Tjaden and Thoennes 2000). IPV victimization is also associated with fear and depressive symptoms for both men and women (Kar and O'Leary 2010). Finally, an analysis of more than 600 male victims of female-perpetrated IPV showed that 48.6% experienced sexual aggression, ranging from coercive acts to forced sex (Hines and Douglas 2016b). This shows that female-perpetrated IPV is not insignificant.

Some research shows that in about one quarter of violent relationships, women are the sole perpetrators of IPV (e.g., Langhinrichsen-Rohling et al. 2012b) and according to women's reports of their own violence, they are slightly more likely to initiate IPV within the family (Straus 2004). Also, it is often theorized that women primarily use IPV against a partner as a form of self-defense or retaliation as motives for IPV perpetration, but a comprehensive review of 75 different research studies failed to support this idea (Langhinrichsen-Rohling et al. 2012a). Instead, the major reasons women report for using physical force against their male partners include to show anger, to retaliate for emotional hurt, to express feelings that they had difficulty communicating verbally, to gain control over the other person, to get their partner's attention, because he was not sensitive to her needs, because he was being verbally abusive, because he was not listening, and because of stress and jealousy (Langhinrichsen-Rohling et al. 2012a).

Current Estimates of IPV by Women Towards Men in the United States

Although research demonstrates that men experience acts of IPV from their female partners, research on male IPV victims' experiences remains controversial. To properly capture IPV, patriarchal theorists argue that family conflict surveys like

the NFVS are too limited in focusing on acts of physical IPV. Stark (2010), in particular, says that better data comes from surveys like the National Crime Victimization Survey (NCVS) that define IPV as a crime. The NCVS collects crime victimization data (whether reported to the police or not) of approximately 100,000 individuals living in approximately 50,000 households, and in comparison to the NFVS, it provides much lower estimates of IPV prevalence. Between 2003 and 2012, the NCVS data show that overall, 3.9/1000 individuals in the USA sustained a physical assault from an intimate partner. For women this was 6.2 per 1000, and for men it was 1.4 per 1000. Overall, men represented about 24% of IPV victims between 2003 and 2012 (Truman and Morgan 2014). Note that the NCVS rates are less than 1/20th that of the NFVS because most people do not consider violence perpetrated against them by family members to be a crime (Straus 2004).

The 2015 National Intimate Partner and Sexual Violence Survey (NISVS) is a national study of 5,758 women and 4,323 men that provides information on victimization from sexual violence, partner physical violence, stalking, and psychological aggression (Smith et al. 2018). According to the NISVS, 31.0% of men reported any physical IPV in their lifetimes, 8.2% reported contact sexual violence from an intimate partner (e.g., made to penetrate), and 2.2% reported intimate partner stalking. Taken together, 33.6% of men reported lifetime IPV that encompassed any contact sexual violence, physical violence, and/or stalking. In addition, over one's lifetime, 34.2% reported experiencing any psychological aggression from an intimate partner. Past-year rates were also available for physical violence, contact sexual violence, and stalking. Overall, 3.8% of men reported past-year physical IPV victimization, 1.6% reported contact sexual violence in the past year, and 0.8% reported intimate partner stalking, with 5.2% of men reporting any physical violence, sexual violence, and/or stalking perpetrated by an intimate partner (Smith et al. 2018).

When considering the percent of IPV victims by sex, NISVS reports that a substantial portion are men. For lifetime rates, the NISVS showed that approximately 46.1% of all IPV victims, which includes any contact sexual violence, physical violence, and/or stalking victimization by an intimate partner, were men. Similarly, approximately 46.8% of all IPV victims (contact sexual violence, physical violence, and/or stalking) in the **past year** were men (calculated from Smith et al. 2018). Thus, according to a comprehensive definition of IPV that encompasses physical violence, sexual violence, and stalking, the NISVS shows that close to half of IPV victims over a lifetime and in a 1-year time period are men.

Methods for Studying IPV by Women Against Men

Research on male IPV victimization has taken many forms. Large scale, national studies provide information about the nature, scope, and prevalence of IPV and IPV by sex of the perpetrator in a given country or region. As previously discussed, research on family violence began with the large, nationally representative NFVS in the 1970s and 1980s. In addition, government surveys that assess IPV include the

NISVS conducted by the Centers for Disease Control and Prevention (Smith et al. 2018) and the NCVS (Truman and Morgan 2014). Similarly, the government agency Statistics Canada conducts large-scale national studies of roughly 20,000 Canadians which contains questions about crime, justice, and victimization, including IPV (Laroche 2008).

A substantial amount of research on IPV and gender has also been carried out on college student populations (e.g., Edwards et al. 2015; Hines and Straus 2007), in part because of ease of access to participants. These studies have largely focused on prevalence rates, the correlates of perpetration and victimization, and prevention programs. Another body of research has focused on couples who receive treatment for partner aggression (e.g., O'Leary et al. 2007). Research in this domain both provides information about the level of violence and aggression that is displayed by couples seeking treatment and also reports on the efficacy of different treatment modalities. Finally, some researchers have considered prevalence rates among individuals seeking treatment in emergency rooms or trauma centers (e.g., Zakrison et al. 2018).

One line of research collected data from men who self-identified as male IPV victims by calling a domestic abuse helpline (Hines et al. 2007). Another focused on men who responded to advertisements to participate in online quantitative studies of men who experienced aggression from a female partner and sought some sort of assistance (Douglas and Hines 2011; Hines and Douglas 2010a, 2015); sample sizes for this latter group of studies ranged from roughly 300 to 600 participants. For the studies using advertisement to recruit, the researchers discussed the need for this approach because, unlike with work on women's victimization, there is no obvious physical location to recruit men to participate, such as at a domestic violence agency or a shelter. Because male victims of IPV meet the criteria of a "hard to reach" population (Douglas et al. 2018), unique approaches to access research participants are required. Research which explores and emphasizes the personal narratives of men who experience IPV is often very compelling and shows parallels between men's and women's experiences with IPV victimization (Bates 2019; Douglas et al. 2018).

Intimate Partner Violence Experiences Among Samples of Male Victims

The experiences of male victims in the United States – as expressed in their own voices and through quantitative methods – were extensively studied in two sets of research projects by Hines and Douglas using funding from the National Institutes of Health (Douglas and Hines 2011, 2016a, b; Hines and Douglas 2010a, b, 2015, 2016a, b, 2019; Hines et al. 2015). In the first study, 302 male victims of female-perpetrated physical IPV who sought help for their IPV experiences participated; for men in this sample, their IPV experiences had to have taken place sometime within the previous year (e.g., Hines and Douglas 2010a, b). For the second study, 611 male victims of female-perpetrated physical IPV who sought help participated, but their

victimization could have occurred at any point in their adulthood (e.g., Hines and Douglas 2016a, b). Men were recruited online through various agencies that specialize in male IPV victimization, gender-inclusive IPV victimization services, men's health, men's mental health, fathering issues, and men's divorce issues.

The surveys were online, and men completed a range of questionnaires assessing their demographics, their IPV experiences, their mental and physical health, their experiences seeking help, and their children's mental health. For both studies, IPV was measured with an expanded version of the Revised Conflict Tactics Scales (CTS2) (Straus et al. 1996) to assess multiple forms of IPV, including physical, sexual, and severe psychological IPV, injuries, controlling behaviors, and legal/administrative aggression.

For both studies, the men were on average in their early 40s (Study 1: 40.5 years, SD = 8.98; Study 2: 43.9 years, SD = 9.18). Their female partners were on average about 2 years younger. The majority of participants identified as White (Study 1: 86.8%; Study 2: 75.5%), but their abusive female partners were more racially/ethnically diverse (Study 1: 74.2% White; Study 2: 67.4% White). The men were, on average, middle class. Their abusive relationships were typically long-term and established: In Study 1, the average relationship length was 8.2 years (SD = 6.84), with 46% still married and 25% divorced/separating. In Study 2, the average relationship length was 9.4 years (SD = 7.30), with 20% still married and 52% divorced/separating. In Study 1, 56.5% reported they were still in a relationship with their abusive partner, while only 26.3% were still in their abusive relationship in Study 2. Of the relationships that had ended, in Study 1, they had ended on average 6.1 months prior (SD = 7.69), and in Study 2, they had ended 45.2 months prior (SD = 54.33). The majority of men in both samples parented minor children with their abusive partner: 73.2% in Study 1 and 67.7% in Study 2 (Hines and Douglas 2019).

Physical IPV. In the first study, the extent of different forms of physical IPV sustained was measured, along with how frequently physical IPV occurred in the previous year. All of the men experienced physical IPV, an average of 46.72 times in the previous year (SD = 53.48). When looking at different types of physical IPV, 98.7% reported minor physical IPV (e.g., slapping, pushing, and grabbing), an average of 32.01 times in the previous year; 90.4% reported severe physical IPV victimization (e.g., punching, slamming against a wall, beating up), an average of 16.74 times in the previous year, and 54% experienced very severe physical IPV (e.g., using a knife or gun, choking), an average of 7.46 times in the previous year (Hines and Douglas 2010a, b). Overall, the frequency with which men sustained physical IPV in the previous year was comparable to the frequency of IPV sustained in samples of battered women (e.g., Johnson 2006).

In the second study, there were similar prevalence rates of physical IPV: 98.8% reported minor physical IPV, 85.1% reported severe physical IPV, and 50.4% reported very severe physical IPV. Because this study focused on lifetime experiences of IPV, frequency of past-year victimization could not be calculated. Instead, the researchers calculated the number of different acts of each form of IPV the men experienced (e.g., if they reported being punched and slammed against a wall, that

would be two different acts of severe physical IPV). Overall, men reported an average of 6.16 different acts of physical IPV (SD = 2.86), with 3.75 different acts of minor, 2.98 different acts of severe physical, and 1.71 different acts of very severe physical IPV (Hines and Douglas 2015, 2016a, 2019).

Below are some examples of what the men reported:

- "She would intentionally pick up the 2-year-old child and then beat on me. After beating me she would then spit in my face and beg me to hit her. I never did."
- "Then our son walked into the bathroom (he was five at the time). My wife's back was to our son, so I brought both knives in close to me so he could not see her with the knives. Instead of helping me hide the knives from our son, my wife stuck one of the blades under my rib-cage and the other near my chin, threatening me with them." (Hines and Douglas 2019)

Injuries. Men also reported being injured from IPV. In the first study, 78.5% of the men reported an injury, with an average of 11.68 injuries in the previous year (SD = 15.61). The majority of these injuries were minor (e.g., cuts, bruises, scrapes): 77.5% reported minor injuries, an average of 9.73 times in the previous year; however, 35.1% reported at least one severe injury, something that needed medical attention (e.g., broken bone, passed out from being hit on the head), with an average of 4.64 severe injuries in the previous year (Hines and Douglas 2010a, b). Again, there were similar numbers in the second study, with 72.8% of men reporting any injury, with an average of 2.70 (SD = 1.29) different types of injuries reported, and 72.3% reported a minor injury, while 40.9% reported a severe injury (Hines and Douglas 2015, 2016a, 2019). Below are some of the injuries the men talked about:

- "Well I have scars from my head down, I have 30 burn marks, had a gun pointed at my head, was pushed down a flight of stairs, was beaten up."
- "I was admitted to the hospital with a separated shoulder, a fractured nose, 2 dislocated thumbs, and a through-and-through puncture wound in my forearm (and many minor injuries)." (Hines and Douglas 2019)

Severe Psychological IPV and Controlling Behaviors. In both studies, severe psychological IPV was measured with four items from the CTS2 (Straus et al. 1996). These items included threats to harm him or someone he cares about, destroying something belonging to him, calling him fat or ugly, and calling him a lousy lover. In both studies, about 95% of men reported such behaviors (Study 1: 96%; Study 2: 94.9%). In the first study, men reported these behaviors an average of 28.9 times (SD = 26.2) in the previous year (Hines and Douglas 2010a, b), while in the second study, men reported an average of 2.94 (SD = 1.03) different types of severe psychological IPV (Hines and Douglas 2015, 2016a, 2019).

Controlling behaviors were measured with nine items that were added on to the CTS2. They included such behaviors as monitoring his time and whereabouts, not allowing him to see family and friends, and not allowing him out of the house. In both studies, over 93% of men (Study 1: 93.4%; Study 2: 93.3%) reported such behaviors. In the first study, they occurred an average of 42.62 times in the previous year (Hines and Douglas 2010a, b), and in study 2, they reported experiencing an

average of 4.42 (SD = 2.24) different types of controlling behaviors (Hines and Douglas 2015, 2016a, 2019). Below are some examples of the types of severe psychological IPV and controlling behaviors these men reported:

- "My phone activity was monitored and my text messages were monitored. My Facebook was monitored. I was always being accused of cheating. Arguments were always being about who I was talking too. I was accused of wanting to sleep with every female that walked by."
- "My wife has stepped up her verbal abuse of me. Her rationale is that her father was abusive and she will never be the victim like her mom. Frankly it's ironic because she is nasty and withholds affection and gives the silent treatment just like her father. . .she controls who we see, who I talk to, what I do with my time, and all our money (I have to hand her my checks)." (Hines and Douglas 2019)

Sexual IPV. Sexual IPV experiences among the men were assessed in the second study. Almost half (48.6%) of the men reported experiencing some form of sexual aggression within their abusive relationship, with 28% reporting sustaining threatened or forced vaginal, oral, or anal sex (Hines and Douglas 2015, 2016a, b, 2019). These rates of any sexual aggression are within range of what has been estimated among battered women who have sought help (e.g., McFarlane and Malecha 2005), whereas rates of threatened or forced sex are slightly below what has been found with battered women (e.g., Monson et al. 2009). Also similar to the literature on battered women (e.g., Monson et al. 2009) was the finding that severity level of sexual IPV victimization was significantly associated with other forms of violence and abuse in their relationships (Hines and Douglas 2016b). Thus, sexual aggression is another major concern among male victims of physical IPV who seek help. Below are their own words describing some of the men's sexual IPV experiences:

- "She forces me into sex, even when I am injured."
- ". . .many things she tried to get me to do but I was not into. Urination on a person, female to male anal sex, bondage...etc." (Hines and Douglas 2019)

Legal/Administrative IPV. Legal/administrative IPV occurs when one partner makes inappropriate use of the legal and administrative system (e.g., courts, law enforcement, child protection services) either during or after the termination of a relationship in an abusive way. An example would be making false accusations of child abuse or IPV against one's partner. Hines et al. (2015) conceptualized and measured both threats of aggression and actual aggression with a scale specifically developed for the second study; the victimization scale demonstrated good construct validity and reliability (Hines et al. 2015). Overall, 91.4% of the male victims reported that their partner threatened to carry out at least one form of legal/administrative IPV, and 78.9% reported that their partner actually carried out at least one form of legal/administrative IPV. Below are some of the men's voices:

- "I went to sleep. She said she was calling police. I said fine. She did. They arrested me with no proof or evidence of me doing anything. . .. They dropped charges but not before

a 6-month restraining order on me which destroyed my family and business, all based on her false allegations."

- "Ex-wife pulled gun on me and threatened violence before leaving then calling 911 and saying I threatened to kill her and she was acting in self-defense. Injured herself to lend credibility to her story and I was arrested and charged. While I was in jail, ex-wife stole everything and cleaned out bank account, police refused to investigate her actions, never recovered any assets. Case never went to trial and was dismissed but arrest is still on record causing problems with housing/jobs/restoration of rights." (Hines and Douglas 2019)

Why Do They Stay?

In the first study, Hines and Douglas (2016b) analyzed the various reasons that men choose to stay in their relationships. Some researchers have argued that in comparison to battered women, it is not difficult for men to leave their relationships – they have the financial and occupational resources to leave (e.g., Saunders 1988), and they are not as psychologically invested in their family (Loseke and Kurz 2005). Hines and Douglas' (2010b) findings contradict these assumptions. The overwhelming reasons the men chose to stay in their abusive relationships typically related to their commitment to the marriage and their children. They stated that when they married, it was "for life" (85%), and that they are concerned about their children (89.6%). In addition, the vast majority (71%) of men in this study indicated that they stayed in the relationship because of love and because they feared that they may never see their children again if they left (70.8%). Additionally, 54.7% of the men indicated that they did not leave because they had no place to go, and 55.3% said they did not have enough money to leave (Hines and Douglas 2010b), results that do not support the assertion that men have enough resources to leave if they wish (e.g., Saunders 1988). Other common barriers included: thinking she'll change (59.3%), embarrassed that others will find out (54.7%), not wanting to take the children away from their mother (49.6%), she threatened suicide if he left (29.2%), and she threatened to kill someone else if he left (25.7%) (Hines and Douglas 2010b). Their voices here indicate that overall, male IPV victims report substantial barriers to leaving.

- "'For better or for worse,' and, well, this was worse. I didn't care that she was too psychologically disturbed to love me back, I didn't care. I loved her. And I hoped I could get help for her condition before it was too late."
- "She has promised to lie and accuse me of physical abuse against her, sexual abuse of our daughter, if that helps her win custody." (Hines and Douglas 2010b)

Mental and Physical Health of Male IPV Victims

A main focus of the above-mentioned research has been to document the mental and physical health experiences reported by male IPV victims who sought help. In the first study, the focus was on posttraumatic stress disorder (PTSD) reactions to

the men's IPV experiences. In the second study, the potential health outcomes were expanded to include depression and a variety of physical health impacts.

In the first study, increasing frequency of physical IPV, severe psychological IPV, controlling behaviors, and injuries were significantly associated with increasing symptoms of PTSD (Hines and Douglas 2011b). For the PTSD measure, the PTSD Checklist was administered (Weathers et al. 1993). The men were asked to consider the symptoms listed with respect to their most recent argument with their female partner; symptoms were reported for the previous month. Significant associations were found among the sample of male victims, and also among a comparison community sample of men, 16% of whom reported physical IPV victimization. Among the male victim sample, 57.9% exceeded the clinical cut-off on the PTSD scale, in comparison to 8.2% of the men in the community sample who sustained physical IPV, a significant difference (Hines and Douglas 2011b). The rate of men reaching the clinical cut-off in the male victim sample is similar to the rates of PTSD in samples of battered women (e.g., Golding 1999).

In the second study, the mental and physical health of male IPV victims was investigated. Analyses focused on the impact of sexual IPV (Hines and Douglas 2016b) and legal/administrative IPV (Berger et al. 2015). Hines and Douglas (2016a) also investigated the relative impact of various forms of IPV on the health and mental health symptoms reported by a sample of male IPV victims, and they further compared the male IPV victims to a comparison population-based sample of men on a variety of health indicators (Hines and Douglas 2015). Specifically, the contribution of six forms of IPV – physical IPV, injuries, sexual IPV, severe psychological IPV, controlling behaviors, and legal/administrative IPV – to men's health was investigated. Four measures captured men's PTSD symptomatology, depression symptomatology, general physical health, and symptoms of poor health. Potential covariates, including various demographics, childhood trauma experiences, and adult trauma experiences, were controlled. One key finding was that the combined variance among the six types of IPV was the strongest contributor to all health indicators measured (Hines and Douglas 2016a). Individual types of IPV also contributed significant unique variance to the health outcomes, although the proportion of unique variance they explained was relatively small. The most consistent unique IPV predictors across the various health indicators were controlling behaviors, injuries, sexual IPV, and legal/administrative IPV (Hines and Douglas 2016a).

The unique associations between poor health indicators and sexual IPV are important findings, given that sexual IPV is often overlooked as a form of IPV that women can perpetrate against men, even within romantic relationships (Martin et al. 2007). The findings that sexual IPV victimization is a unique predictor of poor health outcomes (Hines and Douglas 2016a, b) are consistent with the literature on female IPV victims (e.g., Mechanic et al. 2008) and point towards the necessity of assessing sexual IPV among male victims of physical IPV.

Hines and Douglas (2015) also compared the health of the male IPV victims with the health of a comparison population-based sample of men. Men in the male victims sample were significantly more likely to report various health problems, particularly PTSD symptoms, depression symptoms, and various diagnoses related to

cardiovascular disease. These differences remained significant after controlling for sample differences in demographics, substance use, and additional traumas. Taken together, these studies provide evidence that male IPV victimization represents a risk to men's physical and mental health.

Men's Experiences Seeking Help for IPV Victimization

There are numerous ways in which victims of IPV seek help. The core of the domestic violence response system includes domestic violence agencies, domestic violence hotlines, and the police. Victims may also contact attorneys for advice on how to leave a violent relationship, how to document the abuse, and how to protect children in the process (e.g., Krugman et al. 2004). IPV victims may seek help from healthcare professionals (such as in emergency rooms), mental health professionals (e.g., McNamara et al. 2008), and members of the clergy (El-Khoury et al. 2004). Finally, victims also use informal sources of support, such as via the Internet (websites for information about IPV, forums, listserv, email groups) (Douglas and Hines 2011).

In the above-mentioned first study on male IPV victims, Douglas and Hines (2011) specifically recruited men who sought help from at least one of the previously mentioned sources. Men were then asked about their experiences seeking help. Among the 302 male IPV victims in the sample, 46% said that they had called the police because of their partner's violence, and 56% found the police not at all helpful. It was equally likely that the man would be arrested and placed in jail as it was that the female partner would be. In addition, 23% of the men contacted a domestic violence hotline, and of those, 68.7% found it not at all helpful, with the main reason being that the hotline said that they only helped women, followed by the hotline referring them to a male batterers' program. Almost half (44%) of the men contacted a local domestic violence agency, and again, 65.2% said it was not at all helpful, primarily because the agencies appeared to be biased against men, said they did not help male victims, and suggested he was the batterer. These findings are consistent with other studies (e.g., Hines et al. 2007) that found that a majority of men who sought help from these services have been turned away, told that the abuse must be their fault, that they did something to deserve it, that they must be the real abuser, or that they are lying.

Male IPV victims, however, report better experiences with medical professionals and mental health professionals (Douglas and Hines 2011). Almost two-thirds (66.2%) of men sought help from a mental health provider, and 70.6% reported that this resource was at least somewhat helpful. The majority (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, though. A smaller percentage (18.1%) ever sought help from a medical provider, and 78.4% of these men found this resource at least somewhat helpful. Stark (2010), an outspoken critic of the existence of female-on-male IPV, argues that there are plenty of services available to help male victims of IPV, that such services are

nonbiased, and that there is no need for services targeted towards the needs of male IPV victims. These results do not support that assertion.

Child Witnesses of Female-on-Male IPV

National estimates show that each year, 29.4% of children live in homes where male- or female-perpetrated IPV is present, and 13.3% live in homes where severe forms of physical IPV are present, including kicking, biting, beating up, burning/scalding, choking, or threatening with a knife or gun (McDonald and Grych 2006). The extent to which children are exposed to and aware of this IPV is unknown. Research using child self-reports (or proxies for young children) has found that on an annual basis, 6.2% of US children are exposed to physical IPV (Finkelhor et al. 2009). A national study of adolescents found that 8.9% of participants witnessed some form of physical IPV, with 2.2–2.4% having witnessed a parent choke or beat-up another parent (Zinzow et al. 2009).

The above-mentioned second study on male IPV victims had a particular focus on children's exposure to IPV and their mental health (Douglas and Hines 2016a, b). Data gathered from help-seeking battered women indicates that 82–90% of children are exposed to psychological aggression from the male adult to the female adult (e.g., Bø Vatnar and Bjørkly 2011). Similarly, among the sample of help-seeking male victims, 91.8% indicated that their children were exposed to the psychological aggression (Douglas and Hines 2016a). However, children's exposure to physical and sexual IPV may be somewhat higher among samples of battered women. Exposure to physical IPV has been estimated at 80–98% (e.g., Bø Vatnar and Bjørkly 2011), compared to 62.6% of the children of the male IPV victims (Douglas and Hines 2016a). Exposure to sexual IPV among children of battered women is estimated at 30% (Bø Vatnar and Bjørkly 2011), compared to 7.2% of the children of the male IPV victims (Douglas and Hines 2016a). Even though these prevalence rates are low in comparison to rates of children's exposure to sexual IPV against women, multiplied across a nation, they can have a significant impact.

Mental Health of Child Witnesses. In their conceptual writing about treating partner aggressive women, Leisrig and colleagues (2002) suggest that children of female-to-male IPV may be at an increased risk for emotional and behavioral problems. This hypothesis has been supported by several studies using diverse populations (e.g., Paterson et al. 2008; Watkins et al. 2008). In the study on children of male IPV victims (Douglas and Hines 2016b), similar issues among children whose fathers are IPV victims were found. In comparison to children of men from a population-based sample, children of male IPV victims had more behavioral health concerns in almost all of the domains assessed: affective problems, anxiety, attention-deficit/hyperactivity, conduct problems, oppositional defiant, pervasive developmental issues, and somatic problems (Douglas and Hines 2016b). This was true for both preschool and school-aged children. When entered into a multivariate analysis to control for sociodemographic differences between the samples, all of the relationships between being a child of a man in victims sample and increased behavioral health concerns remained for school-aged children (similar analyses were

not done for preschool children because of small sample size). Specifically, children of male IPV victims – in comparison to children of men in the population-based sample – were more 9.53 and 2.65 times likely to meet the borderline/clinical cutoff for the externalizing problems of conduct and attention-deficit/hyperactivity problems, respectively; and 6.52 and 6.38 times more likely to meet the borderline/clinical cutoff for the internalizing problems of anxiety and somatic problems, respectively (Douglas and Hines 2016b).

Policy and Practice Implications

All over the world, the theory that has the strongest influence on policy, prevention, offender treatment, and victim services is patriarchal theory. Both the United Nations (UN) and the World Health Organization (WHO) have issued recommendations for policy review and development, primary prevention programming, and treatment protocols that are consistent with this theory. They state that IPV is rooted in gender biases, stereotypes, and socializations (United Nations Women 2012; World Health Organization 2005), and the UN calls upon all nations to adopt national action plans to prevent violence against women without reference to preventing violence against men.

Policy. Both the UN and WHO have had considerable influence on the development of policies throughout the world. At least 115 governments have revised or adopted laws to address violence against women or IPV specifically (Ortiz-Barreda et al. 2011). These include the Violence Against Women Act in the United States, the Law on the Protection of Women's Rights and Interests in China (Zhang 2009), and the Protection of Women from Domestic Violence Act in India (Germain 2007). Moreover, the African Charter on Human and People's Rights on the Rights of Women, the Council of Europe, the European Parliament of the European Union, and the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence Against Women have urged all member states to take necessary action to protect women and eradicate violence against women (United Nations Women 2012).

Although the revision and development of policy to prevent violence is good practice, legislation has been developed under the misleading premise that IPV only happens to women in heterosexual relationships. There is a danger to forming policy that protects only heterosexual women from IPV. Such policy "may implicitly encourage a lack of understanding and relaxed response to other types of physical assault towards intimate partners, such as same sex, female to male, or reciprocal [I]PV" (Dixon and Graham-Kevan 2011, p. 1152). Without acknowledging that same-sex, female-to-male, and reciprocal violence occurs, a nation cannot protect a substantial portion of IPV victims. Thus, we argue that it is important for all nations to adopt policies to reflect research-based information, which shows that IPV doesn't discriminate based on gender, gender-identity, or sexual orientation.

Prevention Programming. As part of national action plans, the UN (2012) urges that all nations develop prevention strategies. They explicitly state that the

prevention of and response to violence against women "will necessarily be distinct to other forms of violence" (p. 12), despite overwhelming evidence that IPV is linked to other forms of violence (e.g., Decker et al. 2018; World Health Organization 2005). Both the UN and the WHO call for prevention plans to address the root causes of violence against women, which they say are "gender inequality, gendered social constructions, and inadequacies in education" (United Nations Women 2012, p. 32).

Such widespread calls for this type of prevention programming are premature because there is little evidence that prevention programs that take these strategies reduce IPV, particularly all forms of IPV. One large-scale review of IPV prevention studies between the years 1993 and 2012 found that there were 19 experimental or quasi-experimental studies, only nine of which were methodologically sound (Whitaker et al. 2013). They found that the Safe Dates program in schools was one of the only prevention programs that reduced IPV perpetration and victimization over 4 years. It was also equally effective for boys and girls, across races/ethnicities, and for adolescents who had previously experienced IPV and those who had not. Notably, the Safe Dates program is a gender-neutral, mixed-gender program (Foshee and Langwick 2004). We recommend that the development of prevention programs that take this multifaceted and inclusive perspective should be more widely supported, as well as public education which states that all forms of violence are unacceptable, so that the rates, severity, and frequency of all forms of IPV are reduced.

Victims Services. The research reported here shows that male IPV victims report unhelpful experiences when trying to access services for domestic violence victims (Douglas and Hines 2011). Other populations also cite difficulty in obtaining assistance, including gay men, lesbians, and older women; these populations report that services are not available for them or are not tailored to meet their specific needs (Beaulaurier et al. 2007; Donnelly et al. 1999; McClennen et al. 2002). This research is consistent with analyses of US domestic violence agencies which widely report being able to serve straight women, but less able to support older men and women, adolescents, gay men, and transgender men (Hines and Douglas 2011a). The field needs a concerted effort to train victim service providers to be inclusive in their approach and outreach, so that all IPV victims can obtain necessary services.

Key Points

- There is a significant body of research, which since the 1970s, has shown that men and women both perpetrate IPV against one another and that it occurs at roughly similar rates.
- Men's experiences with female-perpetrated IPV include violence that is significant and even life-threatening.
- Men who are victims of female-perpetrated IPV have poorer physical and mental health, when compared with population-based samples of men.

- Men who are victims of female-perpetrated IPV report their children have poorer behavioral health when compared with children of men from a population-based sample.
- When men seek help for IPV victimization, they largely report having negative experiences from the helping professional fields, including law enforcement and domestic violence agencies and helplines.
- Policy and practice approaches are currently based in patriarchy theory, which means that men who seek help for victimization are often denied services or receive less-than optimum services. There is a significant need for the field to adopt gender-inclusive practices that recognize that IPV victimization or perpetration is not bound by demographic or social location.

Summary and Conclusions

This chapter has provided evidence to show that men can be and are victims of IPV that is perpetrated by their female partners. The arguments and controversy concerning this phenomenon have also been outlined, as well as the poor physical and mental health conditions that are associated with male victimization of female-perpetrated IPV. Policy and practice approaches are largely based in patriarchy theory, which makes it difficult to honor and reflect the experiences of men who seek help. This likely sheds light on the general negative experiences that men have when they do seek help. The literature cited in this chapter supports recommendations highlighting the need for new approaches and practices for working with this population.

Cross-References

► A History of Interpersonal Violence: Raising Public Concern
► Fundamentals of Understanding Interpersonal Violence and Abuse
► Integrating Types of Interpersonal Violence Across the Lifespan
► Intimate Partner Violence and Family Court
► Intimate Partner Violence and Masculinity
► Intimate Partner Violence in College Settings
► Intimate Partner Violence: Mental Health Response
► Intimate Partner Violence: Female Offenders
► Intimate Partner Violence: Terms, Forms, and Typologies
► National Plan to reduce Interpersonal Violence across the lifespan
► Other Theories and Models of Intimate Partner Violence
► Perspectives on System Responses to Interpersonal Violence
► Psychological Theory of IPV
► Stigma and IPV Victimization
► Teen Dating Violence and Stalking – Prevalence and Statistics

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